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SCANNED DEC 0 7 2

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2012

Open to Public Inspection

A I	or th	e 2012 calendar year, or tax year beginning a	nd ending		-
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	MUNIMAE FOUNDATION INC			
느	_Name _chang	Doing Business As			252149
	Initial return Termi ated		Room/su 200	' '	r)779-1225
X	Amen return Appli			G Gross receipts \$	-3,587,127.
L	⊥tion pendi			H(a) Is this a group re for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
7.1	Гах-ех	empt status. X 501(c)(3)	(1) or 5		list. (see instructions)
		te: N/A	(./_9 0	H(c) Group exemptio	
		organization X Corporation Trust Association Other	L Ye		A State of legal domicile MD
	art I	Summary	'	<u> </u>	
ģ	1	Briefly describe the organization's mission or most significant activities: ${f TO}$	ACQUIF	RE MULTI-FAMI	LY HOUSING
Activities & Governance	l	FACILITIES AND RELATED AMENITIES TO BEN	JEFIT T	THE HOMELESS,	ELDERLY,
ern	2	Check this box If the organization discontinued its operations or dis	sposed of m	ore than 25% of its net as	_
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
8	4	Number of independent voting members of the governing body (Part VI, line 1)	b)	4	· 1
ţį	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0 7
ξį	6	Total number of volunteers (estimate if necessary)	 1	6	0.
Ă	/ d	Total unrelated business revenue from Part VIII, column (C), line 12-1V)	7a 7b	0.
		The difference business taxable income from Form 350 ft, inference income		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h) 8 NOV 3 5 2015		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	' မွ	-2,458,040.	-13,296,474.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>	72,164.	2,401.
<u>a</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e, to		241,765.	9,706,946.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	-2,144,111.	-3,587,127.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	88,750.	51,101.
		Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	0.	31,854.
ë	l	Professional fundraising fees (Part IX, column (A), line 11e)	<u>, </u>	0.	0.
ŭ	1	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	68,409.	71,946.
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	F	157,159.	154,901.
		Revenue less expenses Subtract line 18 from line 12		-2,301,270.	-3,742,028.
<u> </u>		Total Control of the	-	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		-945,512.	-4,675,632.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	3,485.
		Net assets or fund balances Subtract line 21 from line 20		-945,512.	-4,679,117.
	ırt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
true,	correc	t, and complete, Declaration of preparer (other than officer) is based on all information o	f which prepa		
C:		Signature of officer		Date	9
Sigı Her		LAURA TUCKER, EXECUTIVE DIRECTOR		Date	
nei	e	Type or print name and title			
		Print/Type preparer's name Preparer's admanare	a es	Date Check	PTIN
Paid		JOEL B. CHARKATZ, CPA, CVJOEL B. CHARKA	ATZ, CI	2 1 1 / 0 6 / 1 5 self-employe	P00435274
Prep	arer	Firm's name KATZ ABOSCH		Firm's EIN ▶	52-1003788
Use	Only	Firm's address 9690 DEERECO RD, STE 500			
		TIMONIUM, MD 21093		Phone no (410)828-6432
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instru	ctions.		Form 990 (2012)

	990 (2012) MUNIMAE FOUNDATION INC	<u>52-2252149</u>	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	TO ACQUIRE, CONSTRUCT, DEVELOP, OPERATE AND PROVIDE MUL	TI-FAMILY	
	HOUSING AND ALL RELATED AMENITIES AND SERVICES TO BENEF		
	PERSONS, THE ELDERLY, AND/OR PERSONS OF MODERATE INCOME.		
	THROUGH INCOME.		
2	Did the experience undertake any clearficant average and according to the constitution of the constitution		
_	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	·	L Yes	No
_	If "Yes," describe these new services on Schedule O.		(TE)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'	No X
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$154,901 • including grants of \$) (Rever	-3,588,	411.
	IN 2012, THE FOUNDATION MET ITS PROGRAM OBJECTIVES TO B	ENEFIT HOMEI	ESS
	PERSONS, ELDERLY AND/OR PERSONS OF MODERATE INCOME BY M	AKING 18	
	CHARITABLE DONATIONS FOR A TOTAL OF \$51,101.		
			
			
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$	
			
			
			
4c	(Code) (Expenses \$	nue \$	
			_
		_	
		•	
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 154, 901.		
4e 232002 12-10-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 154, 901.) Form \$	990 (20

Form	990 (2012) MUNIMAE FOUNDATION INC 52-2	252149	P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	_ 2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			۱
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in e			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, F	Part I 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9]	х
10	If "Yes," complete Schedule D, Part IV			- 1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permar endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or			11
	as applicable	^		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule I	2		Í
ŭ	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part VII	11b		Х
С	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 reported in			
	Part X, line 16 ⁷ If "Yes," complete Schedule D, Part IX	11d	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		İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b	X	-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business	I		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-	ļ	x
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_^_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individual located outside the Lighted States? If "You " complete Schedule F. Parts III and IV	I	1	X
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line	-	 	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13		
	complete Schedule G, Part III	19		Х
	,	<u> </u>		1

Form **990** (2012)

20a

Х

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule ${\cal H}$

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
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 employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		!	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		İ	ŀ
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			.,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I			Х
32		31		
JZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 	-	
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				2012)

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable garning	7		
	(gambling) winnings to prize winners?	•	1c	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a ()		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	iction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tay deductible as about the contributions?	ne organization solicit	6.		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut	ione or aifte	6a		A
-	were not tax deductible?	ions or gires	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		"		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7 <u>g</u>	<u> </u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes,	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D				
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		-
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	•	9b		
10	Section 501(c)(7) organizations. Enter.		00		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ŀ		
	amounts due or received from them)	11b	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1426			
_	organization is licensed to issue qualified health plans	13b	-{		
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	130	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O .	14b		
		<u> </u>		990	(2012)

Form 990 (2012)

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year3			
	If there are material 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_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8ь	X	
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
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	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		W
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	ļ'	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?	:		V
	The organization's CEO, Executive Director, or top management official	15a		<u>х</u> х
D	Other officers or key employees of the organization	15b		Λ.
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		X
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
U	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		
Sac	tion C. Disclosure	TOD		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filled NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) (availah	ıle	
	for public inspection Indicate how you made these available Check all that apply.	. runal		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finer	ncial	
	statements available to the public during the tax year.	u miai	ioiai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	LAURA TUCKER - 410-779-1225			
	1340 SMITH AVENUE, SUITE 200, BALTIMORE, MD 21209			
3200			000	(2012)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization											
(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per	box	, unle cer ar	ss pe	rson is both an irector/trustee)		h an tee)	compensation	compensation	amount of	
	week (list any		ğ				ΓÉ	from the	from related organizations	other compensation	
	hours for	direc				D.		organization	(W-2/1099-MISC)	from the	
	related	8	35 25			nsate		(W-2/1099-MISC)	(,	organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		, ,		and related	
	below	wdua	tutio	页	emb	loyee	귤			organizations	
	line)	ם	lust	Officer	Ş.	E E	Former				
(1) MICHAEL FALCONE	1.00										
CHAIRMAN		Х		Х				0.	0.	0.	
(2) LAURA TUCKER	20.00										
SECRETARY/EXECUTIVE DIRECTOR				X				31,354.	0.	0.	
(3) DARYL JONES	1.00									_	
DIRECTOR		Х		Х		ļ.,	L	0.	0.	0.	
(4) JOEL CHARKATZ	1.00										
DIRECTOR		Х						0.	0.	500.	
(5) JAMES MITCHELL	1.00			Ì						_	
DIRECTOR		Х		Х				0.	0.	0.	
(6) LISA ROBERTS	1.00			İ	l						
CHIEF FINANCIAL OFFICER		<u> </u>		X		ļ		0.	0.	0.	
(7) TIM TARRANT	1.00	l			İ				_		
SENIOR VICE PRESIDENT				Х				0.	0.	0.	
(8) ROXANNE WALTON	1.00	ļ									
SENIOR VICE PRESIDENT			_	Х	ļ	<u> </u>		0.	0.	0.	
(9) VIRGINA CONNOLLY	1.00			l							
SECRETARY			_	Х	_			0.	0.	0.	
		ļ					l				
		<u> </u>			_						
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	<u> </u>	{									
		<u> </u>		<u> </u>	L	Ц.	L	L	L	5 000 (0040)	

Form 990 (2012)

	990 (2012) MUNIMAE I									52-2	<u> 252</u>	149	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average	erage Position (do not check more than one						(D) Reportable	(E) Reportable		Es	(F) timate	ed
		hours per week (list any hours for related organizations below line)	tee or director	, unle	ss pe	rson Irecto	Highest compensated employee	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	d s	com fr org	nount other pensa om th anizat d relat	ation e ion ed
		iii le)	<u>u</u>	<u> </u>	5	ă.	¥.P	<u>.</u>						
													-	
										<u> </u>				_
		·												
														_
	- - - - -					<u>-</u>								
									21 254					0.0
c	Sub-total Total from continuation sheets to Part VI	l, Section A					>		31,354.		0.			00.
<u>d</u>	Total (add lines 1b and 1c) Total number of Individuals (including but no	ot limited to th	ose	liste	ed at	oove	e) wh	no re	31,354. eceived more than \$100	,000 of reportabl	0 . e		5	00.
	compensation from the organization												Yes) Na
3	Did the organization list any former officer,		ıstee	e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on			res	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su		le co	mpe	ensa	ation	anc	d oth	ner compensation from t	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			-						dual for services		4		Х
	rendered to the organization? If "Yes," com	olete Schedule	e J fo	or su	ıch j	oers	on			<u> </u>		5		X
1	ion B. Independent Contractors Complete this table for your five highest contractors	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for t (A)					/Ith (or w	ithin	(B)			(C	;)	_
	Name and business	address	NC	NE	<u> </u>	_		\dashv	Description of s	ervices		omper	nsatio	<u> </u>
								\dashv	-				<u>.</u> .	
			_					\dashv						
								_				_	_ _	
	Total number of independent	د د داسرام	-4 f:		A -	4h -				Ab				
2	Total number of independent contractors (in		ot IIn	nte	J 10	thos		sted	above) who received m	ore than				

232008 12-10-12

Page 8

			Check if Schedule O cont		to any question in	n this Part VIII			
	•			anio a reoponee	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 8	а	Federated campaigns	1a					
<u>Sra</u>	ı	b	Membership dues	1b					
s, (Am	(С	Fundraising events	1c					
ar la	(d	Related organizations	1d					
ïs,	(е	Government grants (contribut	ions) 1e					
rior S	1	f	All other contributions, gifts, gran	ts, and					
t te			similar amounts not included abo	ve 1f					
d d	و ا	g	Noncash contributions included in lines	1a-1f \$					ŧ
ည် န	ı	h	Total. Add lines 1a-1f]
					Business Code				
e	2 8	а	ADMINISTRATIVE FEES		531390	81,935.	81,935.		
ه کّ	ı	b	INVESTMENT IN PARTNERS	HIPS	900099	-13,378,409.	-13,378,409.		
Program Service Revenue	,	С							
eve	,	d							
<u>Б</u>		е							-
<u>.</u>	f	f	All other program service reve	enue					
	و	g	Total. Add lines 2a-2f		•	-13,296,474.			
	3		Investment income (including	dıvıdends, ınter	est, and				
			other sımılar amounts)		>	2,401.	1,117.		1,284.
	4		Income from investment of ta	x-exempt bond ;	oroceeds ►		·		
	5		Royalties		▶ [
				(ı) Real	(II) Personal				
	6 a	а	Gross rents						
	ŧ	þ	Less rental expenses						
	(c	Rental income or (loss)						
	•	d	Net rental income or (loss)		•				
	7 a	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
	k	b	Less: cost or other basis						F
			and sales expenses						
	•	С	Gain or (loss)						
	c	đ	Net gain or (loss)						
<u>o</u>	8 a	а	Gross income from fundraising	g events (not					
e e			including \$	of					İ
Other Reven			contributions reported on line	1c). See					
i e			Part IV, line 18	а					
훈	t	b	Less direct expenses	b					
-	(С	Net income or (loss) from fund	draising events					
	9 a	а	Gross income from gaming ac	tivities See					•
			Part IV, line 19	а					
			Less direct expenses	b					-
į			Net income or (loss) from gam		•				
	10 a	а	Gross sales of inventory, less	returns					<u> </u>
			and allowances	а					
	t	b	Less cost of goods sold	b					-
		<u>c</u>	Net income or (loss) from sale	s of inventory	D				
			Miscellaneous Revenu	•	Business Code				
			NET LONG TERM CAPITAL	GAIN	900099	10,076,305.	10,076,305.		
	t		OTHER K-1 INCOME		900099	4,010,703.	4,010,703.		
	c	C	NET SECTION 1231 LOSS		900099	-4,380,062.	-4,380,062.		
	c	ď	All other revenue					· ····	
	e	е	Total. Add lines 11a-11d		▶	9,706,946.			
20000	12		Total revenue. See instructions		<u> </u>	-3,587,127.	-3,588,411.	0.	1,284.
23200 12-10-	9 ·12								Form 990 (2012)

Form 990 (2012) MUNIMAE FOUNDATION INC Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
Do	Check if Schedule O contains a response not include amounts reported on lines 6b.	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	51,101.	51,101.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				······································
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,	21 054	21 054		
_	trustees, and key employees	31,854.	31,854.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				:
	Management				
b		12,322.	12,322.		
	Accounting	4,738.	4,738.		
	Lobbying	27.000			
e					
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O)	11,625.	11,625.		
12	Advertising and promotion		,		·
13	Office expenses	5,714.	5,714.		
14	Information technology				
15	Royalties				
16	Occupancy	3,600.	3,600.		
17	Travel	1,720.	1,720.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0.400	2 422		
23	Insurance	9,430.	9,430.		
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)				
а	OTHER K-1 DEDUCTIONS	21,366.	21,366.		
b	LICENSES AND PERMITS	1,158.	1,158.		
С	PUBLICATION	155.	155.		
d	MEALS AND ENTERTAINMENT	93.	93.		
е	All other expenses	25.	25.		
25	Total functional expenses Add lines 1 through 24e	154,901.	154,901.	0.	0.
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 If following SOP 98-2 (ASC 958-720)				
23201	0 12-10-12				Form 990 (2012)

52-2252149 Page 11 Form 990 (2012) Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 1,049,659. 705,107. Cash - non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 1,667. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr) Complete Part II of Sch L 6 200,000. Notes and loans receivable, net 7 Inventories for sale or use 8 7,949. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 -2,005,023.-5,688,312.12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 9,852. 97,957. 15 Other assets See Part IV, line 11 15 -945,512.**-4**,675,632. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 0. 3,485. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -945,512. 27 -4,679,117. Unrestricted net assets Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.

Form 990 (2012)

-4,679,117. -4,675,632.

30

31

32

33

-945,512.

-945,512.

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

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

2012

Open to Public Inspection

Name of t	he organizati	on						E	mploye	r ıdentificati	ion nu	mber
			FOUNDATION						_ 5	2-2252	149)
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t) See inst	ructions.				
1	A church, co A school des A hospital or	nvention of churche cribed in section 17 a cooperative hospi	because it is (For lines 1 s, or association of church (0(b)(1)(A)(ii). (Attach Social service organization of operated in conjunction	ches desc hedule E) described	ribed in se	ction 170	(b)(1)(A)(i) (A)(iii).		ii). Enter	the hospital	l's nan	ne,
	city, and stat											
5 📖		on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II)	niversity o	wned or op	erated by	a governi	mental uni	t describ	oed in		
6 🔲	A federal, sta	ite, or local governm	ent or governmental unit	t describe	d ın sectio	n 170(b)(1	I)(A)(v).					
7			eives a substantial part					r from the	general	public desc	ribed	ın
	section 170(b)(1)(A)(vi). (Comple	ete Part II)									
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support f	om contri	butions, m	nembershi	p fees, a	and gross re	ceipts	from
	activities rela	ted to its exempt fui	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	suppor	t from gross	: Inves	tment
	income and i	inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	30, 197	7 5
	See section	509(a)(2). (Complete	e Part III)									
10	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	ee sect io	n 509(a)(4	I).				
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit	of, to perfo	rm the f ur	nctions of,	or to carr	y out the	e purposes d	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	n 509(a)(2	2). See se c	tion 509(a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	ן b 	ype II c T	ype III - Fu	nctionally	ntegrated	c	I Тур	e III · No	on-functional	ly inte	grated
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	more dis	qualified	persons oth	ner tha	an
	foundation m	anagers and other t	han one or more publicly	supporte	ed organiza	itions des	cribed in s	ection 509	9(a)(1) or	section 509)(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									
9	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			,
	(i) A perso	n who directly or ind	lirectly controls, either al-	one or tog	ether with	persons o	lescribed i	n (II) and ((III) below	/,	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	<u> </u>	<u> </u>
	(ii) A famıly	member of a persor	n described in (i) above?					-		11g(ii)	ļ	<u> </u>
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) abov	e [?]					11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported org	ganization	(s)							
• •	of supported inization	(ii) EIN		n col (I) li governing	sted in your document?	(v) Did you organizat (i) of you	ion in col r support?	(vi) Is organizati (i) organiz U S	on in col	(vii) Amount sup	t of mo	netary
			(000	Yes	No	Yes	No	Yes	No			
					}							
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Total			<u> </u>	<u> </u>	1	<u>,</u>	<u> </u>	<u> </u>	1			
LHA For P	aperwork Re	auction Act Notice	, see the Instructions for	or				Schedul	le A (For	m 990 or 99	}0-EZ)	2012

232021 12-04-12

Form 990 or 990-EZ.

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

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

Se	ction A. Public Support				-		· · · · · · · · ·		
Cale	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and					-3-	,,		
	membership fees received (Do not								
	ınclude any "unusual grants ")								
2	Tax revenues levied for the organ-								
	ization'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								
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)								
6	Public support. Subtract line 5 from line 4					 			
	ction B. Total Support		<u></u>	.1	F	.1			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	7-7	1-7	(3/23.3	10/2011	(0, 20.12	(1) 70101		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources						•		
9	Net income from unrelated business								
Ŭ	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)			1					
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc /eee Instruct	E	<u>-L</u>	£,	12	<u> </u>		
	First five years. If the Form 990 is for			rd fourth or fifth t	ay waar aa a aastis		-		
	organization, check this box and stop		s mst, second, tri	ra, louitil, or little	ax year as a section)	▶□		
Sec	ction C. Computation of Publi	c Support Pe	rcentage		 				
	Public support percentage for 2012 (li			column (fl)		14	%		
	Public support percentage from 2011			001011111 (1))		15			
	33 1/3% support test - 2012. If the o			on line 13, and line	14 is 33 1/3% or i				
	stop here. The organization qualifies a					more, emeen and ee	▶ □		
b	33 1/3% support test - 2011. If the o		•		l line 15 is 33 1/39	% or more, check th	nis box		
	and stop here. The organization qualif					o or more, emecical	▶ □		
17a	10% -facts-and-circumstances test				e 13. 16a or 16b	and line 14 is 10%	or more		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances test					17a and line 15 in	10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organization								
	The organization	. Signification a	200, 011 1110 10, 10	za, 100, 17a, 01 171		edule A (Form 990			

Schedule A (Form 990 or 990-EZ) 2012 MUNIMAE FOUNDATION INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

80	ction A. Public Support	elow, please comp	olete Part II.)			 	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(a) 2010	(d) 2011	(a) 2012	(f) Total
	· .	(a) 2006	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(i) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	6,432.	12,375.	4,509.			23,316.
^	· · · · · · · · · · · · · · · · · · ·	0,432.	12/3/3.	4,307.			23,310.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,019,602.	1,766,757.	524,664.	362,927.	4,092,638.	14,766,588.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon'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 organization without charge						
6	Total. Add lines 1 through 5	8,026,034.	1,779,132.	529,173.	362,927.	4,092,638.	14,789,904.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
Ŀ	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						0.
•	Add lines 7a and 7b				_		0.
8	Public support (Subtract line 7c from line 6)						14,789,904.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	8,026,034.	1,779,132.	529,173.	362,927.	4,092,638.	14,789,904.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,452.	780.	63,423.	72,164.	2,401.	151,220.
t	Unrelated business taxable income			,	,		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	12,452.	780.	63,423.	72,164.	2,401.	151,220.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,	7 7 2			,	
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)	13,596,908.			4,989.		13,601,897.
13	Total support (Add lines 9, 10c, 11, and 12)	21,635,394.	1,779,912.	592,596.	440,080.	4,095,039.	28,543,021.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organız	ation,
	check this box and stop here						<u> </u>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2012 (li	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	51.82 %
<u>16</u>	Public support percentage from 2011	Schedule A, Part	III, line 15			16	50.64 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.53 %
18	Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	.35 %
19a	33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3% , and line 1	
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2011. If the		-		• •		▶ X
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						▶ □

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012
Open to Public Inspection

Name of the organization

MUNIMAE FOUNDATION INC

Employer identification number

	MUNIMAE FOUNDATION		52-2252149
Par	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, III	ne 6.	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	ation (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	released, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation e	easement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements	·	
Par	t III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, of	education, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1	-	► \$ ► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tr	reasures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

SCHEDULE 1 (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. ▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization MUNIMAE FOUNDATION	OUNDATION	INC					Employer identification number 52-2252149
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	llon
	stance?						X Yes
핡	ocedures for moni	toring the use of grant	funds in the United	States			
Part II 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	Governments an	d Organizations in the	United States. C	omplete if the orga	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additive	onal space is need	led.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER STAGE							
/00 N CALVERT ST BALTIMORE, MD 21202	52-0780194	501(C)(3)	5 000.	0	CASH		GENERAL PURPOSE
				.			
PARKS AND PEOPLE FOUNDATION, INC.							
BALTIMORE, MD 21211	52-1349346	501(C)(3)	5,000.	0.	саѕн		GENERAL PURPOSE
DARTMOUTH COLLEGE							
~							
HANOVER, NH 03755	02-0222111	501(C)(3)	10,000.	0.	CASH		GENERAL PURPOSE
MCDONOGH SCHOOL, INC.							
8600 MCDONOGH RD							
OWINGS MILLS, MD 21117	56-6001577	501(C)(3)	5,000.	0.0	CASH		GENERAL PURPOSE
VMTOGOTH MODEOU DAKE							
ACA TOTAL COLONIAL TOTAL	,						
1834 WAKE FOREST ROAD							
WINSTON-SALEM, NC 27109	52-0582138	501(C)(3)	10,000.	0.0	саѕн		GENERAL PURPOSE
CATHOLIC CHARITIES							
320 CATHEDRAL STREET							
BALTIMOE, MD 21201	52-0591538	501(C)(3)	5,000.	0	CASH		GENERAL PURPOSE
2 Enter total number of section 501(c)(3) and government organizations	and government or		listed in the line 1 table				9
3 Enter total number of other organizations listed in the line 1 table	s listed in the line						• 0

232101 12-18-12

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

Schedule I (Form 990) (2012)

52-2252149

Schedule I (Form 990) (2012) MUNIMAE FOUNDATION INC

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Schedule I (Form 990) (2012)

232102 12-18-12

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MUNIMAE FOUNDATION INC 52-2252149 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND/OR PERSONS OF MODERATE INCOME AS WELL AS HELP THE ENVIRONMENT BY PROMOTING THE USE OF RENEWABLE ENERGY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO ALSO HELP THE ENVIRONMENT BY PROMOTING THE USE OF RENEWABLE ENERGY TO INVEST IN RESEARCH AND DEVELOPMENT OF RENEWABLE ENERGY SOURCES, SOURCES, TO ENCOURAGE AND PROMOTE THE COST EFFECTIVE FINANCING AND OPERATING OF RENEWABLE ENERGY FACILITIES IN ORDER TO REDUCE THE COST OF BUILDING AND OPERATING SUCH FACILITIES AND TO REDUCE THE COST OF THE ENERGY PRODUCED BY SUCH FACILITIES; TO ACQUIRE, DEVELOP, IN, OWN INVEST AND OPERATE RENEWABLE ENERGY SOURCES IN ORDER TO DEMONSTRATE THEIR EFFICIENCY, PROMOTE THEIR USE, AND REDUCE RELIANCE UPON FOREIGN ENERGY SOURCES, AND TO PARTICIPATE IN PROGRAMS DESIGNED TO ACCOMPLISH ANY OF THE FOREGOING. FORM 990, PART VI, SECTION A, LINE 2: CERTAIN OFFICERS AND DIRECTORS OF MUNIMAE FOUNDATION ALSO SERVE AS DIRECTORS OF MMA, FORM 990, PART VI, SECTION B, LINE 11: THERE IS AN ACCOUNTING MANAGEMENT REVIEW OF THE 990 FOR REASONABLENESS AND COMPLETENESS. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS, POLICIES, AND STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)		Page 2
Name of the organization MUNIMAE FOUNDATION INC	Employer identifi 52-2252	cation number
ADJUSTMENT FOR TRANSFERS OF PARTNERSHIP INTERESTS		8,423.
FORM 990, PAGE 1, LINE B		
AMENDED RETURN		
MUNIMAE FOUNDATION, INC. IS AMENDING ITS 2012 FORM 990 TO	REPORT TH	E
PASSTHROUGH INVESTMENT INCOME AND LOSSES FROM THE INVESTM		
PARTNERSHIPS REPORTED ON SCHEDULE R.		
TIMINDROITE REFORED ON BEHEBUIE R.		
	· . 	
	· · · · · ·	
		
		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047

Department of the Treasury Internal Revence Service	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. 	Yes" to Form 990, Part IV, line 33, 3 ► See separate instructions.	e 33, 34, 35, 36, or ctions.	37.	Ō	Open to Public Inspection
ation MUNIMAE	FOUNDATION INC				Employer identification number 52-252149	cation number I 49
Part 1 · Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Yes	" to Form 990, Part IV, line 33.				
(a)	(q)	(2)	(p)	(e)		(£)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets		Direct controlling entity
SCA UMBRELLA LLC - 86-1099202						
1340 SMITH AVE, SUITE 200						
BALTIMORE, MD 21209	REAL ESTATE	MARYLAND	-3,676,764		-63,309,898. MUNIMAE FOUNDATION	NDATION
	·					
	T					
Part II Identification of Related Tax-Exempt Organizations (Complete If organizations during the tax year)	cations (Complete if the organization	f the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 beca	use it had one or n	ore related tax-exen	npt
(a)	(q)	(0)	Ð	(e)	(2)	(6)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code Sta	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?
				501(c)(3))		Yes No

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

52-2252149

Page 2

Schedule R (Form 990) 2012 MUNIMAE FOUNDATION INC

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.) Part III

General or Percentage managing ownership 99.00% 800.66 800.66 800.66 3 Yes No × × × Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/AN/AN/AN/A ate allocations? Disproportion-Yes No Ξ 9,716,524. 7,326,060 9,062,283 5,599,213 Share of end-of-year assets -1,311,347. -538,213. -104,135. -676,476. Share of total income € Predominant income (related, unrelated, excluded from tax under sections 512-514) e RELATED RELATED RELATED Direct controlling entity SCA SUCCESSOR SCA SUCCESSOR SCA SUCCESSOR SCA SUCCESSOR ত্ত Legal domicile (state or foreign country) MD MD M <u>છ</u> MD Primary activity REAL ESTATE REAL ESTATE REAL ESTATE REAL ESTATE STEEPLECHASE FALLS II LIMITED 1340 SMITH AVE, SUITE 200 1340 SMITH AVE, SUITE 200 1340 SMITH AVE, SUITE 200 1340 SMITH AVE, SUITE 200 Name, address, and EIN of related organization PARTNERSHIP - 52-2252149, PARTNERSHIP - 52-2252149 PARTNERSHIP - 52-2252149 PARTNERSHIP - 52-2252149 NEWPORT VILLAGE LIMITED WHISPERING LAKE LIMITED NICOLLET RIDGE LIMITED 21209 BALTIMORE, MD 21209 21209 21209 BALTIMORE, MD BALTIMORE, MD BALTIMORE, MD

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 first clump the tax year.) Part IV

Organizations treated as a corporation of those during the tax year.)	uiiig iiie lah year.)								
(a)	(q)	(2)	(p)	(e)		(6)	æ	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or	Direct controlling Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled	² €(3)2 ~
		country)		or trust)		assets		Yes	2
MMA FINANCIAL, INC - 52-2252149									
621 E. PRATT STREET								•	
BALTIMORE, MD 21202	REAL ESTATE	MD		c corp					×
	T								
	·						, -		
	T								
	Γ								

Schedule R (Form 990) 2012

232162 12-10-12

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) (k) General or Percentage managing ownership partner/
SCA MEADOWS LIMITED PARTNERSHIP - 52-2252149, 1340 SMITH AVE, SUITE 200, BALTIMORE, ND 21209	REAL ESTATE	MD	SCA SUCCESSOR	RELATED	-1,092,547,	3,048,936,		N/A		*00°66
HALLMARK HOMES AT REDBANK ROAD, L.P 52-2252149, 1340 SMITH AVE, SUITE 200, BALTIMORE, MD 21209	REAL ESTATE	MD	SCA SUCCESSOR	RELATED	-49.	5,284,632.	×	N/A	×	.018
BARKLEY PLACE II, LP - 52-2252149, 1340 SMITH AVE, SUITE 200, BALTIMORE, MD 21209	REAL ESTATE	MD	SCA SUCCESSOR II	RELATED	-501,312.	5,964,068.	X	N/A	×	800.66
ASHTON WINDMILL, LP - 52-2252149, 1340 SMITH AVE, SUITE 200, BALTIMORE, MD 21209	REAL ESTATE	MD	SCA SUCCESSOR	RELATED	67.	610,521.	×	N/A	×	.018
ASHTON GROVE, LP - 52-2252149 1340 SMITH AVE, SUITE 200 BALTIMORE, MD 21209	REAL ESTATE	MD	SCA SUCCESSOR II	RELATED	-14.	630,257.	×	N/A	×	.018
ASHTON POWDER SPRINGS, L.P 52-2252149, 1340 SMITH AVE, SUITE 200, BALTIMORE, MD 21209	REAL ESTATE	MD	SCA SUCCESSOR	RELATED	-23.	2,058,165.	X	N/A	×	.018
THE MONTCLAIR LIMITED PARTNERSHIP - 52-1619299, 1340 SMITH AVE, SUITE 200, BALTIMORE, MD 21209	REAL ESTATE	MD	SCA SUCCESSOR	RELATED	547,266.	482,024.	×	N/A	×	*00.66

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
1 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?	is with one or more re	lated organizations listed	in Parts II·IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
 Gift, grant, or capital contribution to related organization(s) 				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				1e		×
						>
r Dividends from related organization(s)				=		۲
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				11		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
(A) mathematical backglass most attached and the sea forementation and little of the control of				;		>
	anization(s)			= =	×	4
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			: [×	
Sharing of facilities aguinement mailing lists or other assets with relate	ion(s)			÷	×	
	(c)			2	:	×
 P Reimbursement paid to related organization(s) for expenses 				1p		×
q Reimbursement paid by related organization(s) for expenses				19		$ \times $

r Other transfer of cash or property to related organization(s)				1,		×
اء.				18		×
2 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	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)		•				
(5)						
(4)						
(5)		7, 7				
(9)						
232163 12-10-12	28		Schedule R (Form 990) 2012	R (Form	(066	2012

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, activas, and EIN Primary activity Legal comule relating to controls of antity activates and EIN Primary activates an	that was not a related organization. See instructions regarding exclusion for certain investment partnerships	Istructions regarding excid	Sion for certain inve	samen parmersings				[[
Trimary activity Tegal country) Tegal country) Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary activity Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country) Trimary Tegal country Tegal co	(a)	a	ි ල	Đ	(e)	€ ((6) (7)	Ê	(3)	3	€ .
under section 512-514) Yes No Income assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income part (related, unrelated, 50 excluded from fax	ners sec 1(c)(3) rigs ?	Share of total	Share of end-of-year	Urspropor- tronate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
				under section 512-514) Ye	S No	Income	assets	Yes No	(Form 1065)	Yes No	,
	:										
		·									
						_					
						-					
		_,									
						_		_			
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Schedule R (Form 990) 2012