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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2012</div> <div>Open to Public Inspection</div> </div>

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC		D Employer identification number 31-1678679	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 620 W LEXINGTON STREET Suite 2ND FLR	Room/suite	E Telephone number (410) 706-3386	
	City or town, state or country, and ZIP + 4 BALTIMORE, MD 212011508		G Gross receipts \$ 77,671,641	
	F Name and address of principal officer MICHAEL B DOWDY 620 LEXINGTON STREET BALTIMORE, MD 212011508		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.UMARYLAND.EDU/UMBF				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1999	
			M State of legal domicile MD	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	63
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,925,793	33,033,360
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	354,116	307,966
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,332,305	9,895,405
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,327	162,759
		41,875,541	43,399,490
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,138,531	16,011,501
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>950,644</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,240,498	7,948,625
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,379,029	23,960,126
	19 Revenue less expenses Subtract line 18 from line 12	19,496,512	19,439,364
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	197,588,137	217,050,290
	21 Total liabilities (Part X, line 26)	4,111,449	2,835,164
	22 Net assets or fund balances Subtract line 21 from line 20	193,476,688	214,215,126

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div> <div></div> <div>Signature of officer</div> </div>				<div> <div>2014-02-13</div> <div>Date</div> </div>		
	<div> <div>MICHAEL B DOWDY PRESIDENT</div> <div>Type or print name and title</div> </div>						
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name PricewaterhouseCoopers LLP					Firm's EIN	
	Firm's address 1301 K STREET NW SUITE 800W WASHINGTON, DC 20005					Phone no (202) 414-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part IIIStatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

THE PRIMARY MISSION OF THE UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC IS TO SOLICIT AND RECEIVE CONTRIBUTIONS, GIFTS, AND GRANTS FROM THE GENERAL PUBLIC AND TO HOLD, INVEST, AND ADMINISTER THESE FUNDS AND PAY EXPENDITURES FOR THE BENEFIT OF THE UNIVERSITY OF MARYLAND IN BALTIMORE

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?





















If “Yes,” describe these changes on Schedule O

4Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 1,789,023 including grants of \$ 934,756) (Revenue \$ 35,794)
THE UMB FOUNDATION MANAGES AND INVESTS PRIVATE GIFTS AND/OR PROPERTY FOR THE BENEFIT OF THE UNIVERSITY OF MARYLAND IN BALTIMORE (UMB), FACILITATES FUNDRAISING PROGRAMS AND CONTRIBUTIONS FROM PRIVATE SOURCES, AND ENGAGES IN OTHER ACTIVITIES TO FURTHER EDUCATIONAL, RESEARCH AND SERVICE MISSIONS OF UMB UMB IS MARYLAND'S PUBLIC ACADEMIC HEALTH AND LAW UNIVERSITY DEVOTED TO PROFESSIONAL AND GRADUATE EDUCATION, RESEARCH, PATIENT CARE, AND PUBLIC SERVICE UMB INCLUDES THE SCHOOLS OF MEDICINE, LAW, PHARMACY, DENTISTRY, NURSING, PUBLIC HEALTH, AND SOCIAL WORK, THE HEALTH SCIENCES & HUMAN SERVICES LIBRARY, AND THE NATIONAL MUSEUM OF DENTISTRY USING STATE-OF-THE-ART TECHNOLOGICAL SUPPORT, UMB EDUCATES LEADERS IN HEALTH CARE DELIVERY, BIOMEDICAL SCIENCES, SOCIAL SERVICES, AND LAW BY CONDUCTING INTERNATIONALLY RECOGNIZED COLLABORATIVE RESEARCH TO CURE DISEASE AND TO IMPROVE THE HEALTH, SOCIAL FUNCTIONING AND TREATMENT OF THE PEOPLE IT SERVES, THE UNIVERSITY FOSTERS ECONOMIC DEVELOPMENT IN THE CITY, STATE AND REGION UMB IS A MAJOR EMPLOYER IN BALTIMORE, GENERATING \$15 IN ECONOMIC ACTIVITY FOR EVERY \$1 OF STATE GENERAL FUNDS INVESTED IN FY 2013 UMB WAS AWARDED OVER \$479.8 MILLION IN RESEARCH AND GRANT FUNDING	
4b	(Code) (Expenses \$ 12,295,315 including grants of \$ 9,898,072) (Revenue \$ 223,922)
THE UMB FOUNDATION SUPPORTS ACADEMIC PROGRAMS, CLINICAL ACTIVITIES AND RESEARCH IN THE UMB SCHOOL OF MEDICINE (SOM) ESTABLISHED IN 1807, SOM IS THE FIRST PUBLIC AND FIFTH OLDEST MEDICAL SCHOOL IN THE U.S. AND THE FIRST TO INSTITUTE A RESIDENCY TRAINING PROGRAM. IN 2013, THE SOM GRADUATED 158 NEW MEDICAL DOCTORS WHO JOINED THE RANKS OF MORE THAN 13,000 LIVING ALUMNI. A SIGNIFICANT NUMBER, 43 PERCENT, HAVE CHOSEN TO CONTINUE THEIR TRAINING IN PRIMARY CARE FIELDS. THIS PAST YEAR, THE SOM ADMITTED ONE OF THE STRONGEST ACADEMIC CLASSES IN ITS HISTORY. MORE THAN HALF OF THE PRACTICING PHYSICIANS IN MARYLAND RECEIVE THEIR TRAINING AT THE SOM OR ITS CLINICAL PARTNER, THE UNIVERSITY OF MARYLAND MEDICAL CENTER. THE SCHOOL'S CONTINUING EDUCATION PROGRAMS SERVE MORE THAN 29,000 PHYSICIANS AND OTHER HEALTH PROFESSIONALS ANNUALLY. THE SOM IS COMMITTED TO THE EDUCATION AND TRAINING OF MD, PHD, GRADUATE, PHYSICAL THERAPY, AND REHABILITATION SCIENCE AND MEDICAL RESEARCH TECHNOLOGY STUDENTS.	
4c	(Code) (Expenses \$ 3,558,268 including grants of \$ 2,713,547) (Revenue \$ 5,190)
THE UMB FOUNDATION SUPPORTS ACADEMIC PROGRAMS AND CLINICAL AND RESEARCH ACTIVITIES IN THE UNIVERSITY OF MARYLAND FRANCIS KING CAREY SCHOOL OF LAW (CAREY SOL) ESTABLISHED IN 1816, THE CAREY SOL BEGAN REGULAR INSTRUCTION IN 1824. IT IS THE THIRD OLDEST LAW SCHOOL IN THE NATION, BUT ITS INNOVATIVE PROGRAMS MAKE IT ONE OF THE LIVELIEST AND MOST DYNAMIC TODAY. THE CAREY SOL'S EXPERIENTIAL PROGRAMS ARE AMONG THE MOST EXTENSIVE IN THE COUNTRY, INCLUDING THE NATIONALLY RECOGNIZED CLINICAL LAW PROGRAM. INTERDISCIPLINARY SPECIALTY PROGRAMS ARE OFFERED IN ENVIRONMENTAL LAW AND LAW AND HEALTH CARE. OTHER PROGRAMS INCLUDE ADVOCACY, ALTERNATIVE DISPUTE RESOLUTION, BUSINESS LAW, CLINICAL LAW, INTELLECTUAL PROPERTY LAW AND INTERNATIONAL AND COMPARATIVE LAW. THE CAREY SOL SEEKS TO PROMOTE A MORE JUST SOCIETY BY EDUCATING OUTSTANDING LAWYERS BY ADVANCING THE UNDERSTANDING OF LAW AND LEGAL INSTITUTIONS AND BY ENHANCING ACCESS TO JUSTICE. A CROSS-CULTURAL COMPONENT WILL EXPAND THE LAW SCHOOL'S CLINICAL PROGRAM TO DISADVANTAGED COMMUNITIES ACROSS THE COUNTRY AND THE GLOBE. EXCELLENCE IN TEACHING PREPARES STUDENTS FOR PRODUCTIVE LEADERSHIP AND PROFESSIONAL SUCCESS IN A WIDE RANGE OF CAREERS AND PROMOTES IN BOTH STUDENTS AND FACULTY THE HIGHEST STANDARD OF PUBLIC AND PROFESSIONAL SERVICE.	
	(Code) (Expenses \$ 977,506 including grants of \$ 764,862) (Revenue \$ 14,697)
NURSING (SEE SCHEDULE O)	
	(Code) (Expenses \$ 815,902 including grants of \$ 443,468) (Revenue \$ 11,097)
PHARMACY (SEE SCHEDULE O)	
	(Code) (Expenses \$ 1,253,193 including grants of \$ 959,672) (Revenue \$ 15,526)
SOCIAL WORK (SEE SCHEDULE O)	
	(Code) (Expenses \$ 724,819 including grants of \$ 297,124) (Revenue \$ 1,740)
DENTISTRY (SEE SCHEDULE O)	
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 3,771,420 including grants of \$ 2,465,126) (Revenue \$ 43,060)
4e	Total program service expenses

Part 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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> 		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> 		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	158	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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.	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
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	No
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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
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			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against 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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	30	
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	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section 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	No
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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AK , AZ , CA , CO , DC , KY , ME , MD , MA , MI , MN , NH , NJ , NY , OH , OK , OR , SC , UT , WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☑ Own website ☐ Another's website ☑ 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, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PAMELA HECKLER 620 LEXINGTON STREET BALTIMORE, MD (410) 706-3386

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELLING SERVICE CO LL , PO BOX 824885 PHILADELPHIA PA 19182	CONSULT/FUNDRAISING	357,000
HILTON BALTIMORE CONVENTION CENTER , 410 WEST PRATT STREET BALTIMORE MD 21201	PGRM EVENT SERVICE	203,634
EVENTEQ LLC , 9529 GERWIG LANE SUITE T COLUMBIA MD 21046	PGRM EVENT SERVICE	152,029
CENTERPLATE AT BALTIMORE CONVENTION , 1 WEST PRATT STREET BALTIMORE MD 21201	CONFERENCE/SEMINAR	140,712
PRICEWATERHOUSECOOPERS LLP , PO BOX 7247-8001 PHILADELPHIA PA 19170	ACCOUNTING	121,857

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	74,184					
	b	Membership dues	1b	0					
	c	Fundraising events	1c	396,419					
	d	Related organizations	1d	0					
	e	Government grants (contributions)	1e	0					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	32,562,757					
	g	Noncash contributions included in lines 1a-1f \$		2,232,976					
	h	Total. Add lines 1a-1f						33,033,360	
Program Service Revenue	2a	CONFERENCES/EDUCATIONAL PROGRAMS	Business Code	611710	224,932	224,932	0	0	
	b	CONTRACTS & PUBLICATION		611710	58,455	58,455	0	0	
	c	ALUMNI,FACULTY, AND STAFF FUNCTIONS		900099	24,579	24,579	0	0	
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f			307,966				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,527,004	0	0	2,527,004	
4		Income from investment of tax-exempt bond proceeds . . .		0					
5		Royalties		435	0	0	435		
6a		Gross rents	(i) Real	(ii) Personal	0	0	0	0	
		b	Less rental expenses	0					0
		c	Rental income or (loss)	0					0
		d	Net rental income or (loss)						0
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	7,368,401	0	0	7,368,401	
		b	Less cost or other basis and sales expenses	41,475,290					
		c	Gain or (loss)	34,106,889					
		d	Net gain or (loss)						7,368,401
8a		Gross income from fundraising events (not including \$ 396,419 of contributions reported on line 1c) See Part IV, line 18			162,324	0	0	162,324	
		a	327,586						
		b	Less direct expenses						165,262
c		Net income or (loss) from fundraising events . . .							
9a		Gross income from gaming activities See Part IV, line 19			0	0	0	0	
		a							
		b	Less direct expenses						
c		Net income or (loss) from gaming activities . . .							
10a		Gross sales of inventory, less returns and allowances			0	0	0	0	
	a								
	b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code		0					
11a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d								
12	Total revenue. See Instructions			43,399,490	307,966	0	10,058,164		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	15,751,455	15,751,455		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	260,046	260,046		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0	0	0	0
9	Other employee benefits.	0	0	0	0
10	Payroll taxes.	0	0	0	0
11	Fees for services (non-employees):				
a	Management.	2,383,752	873,484	1,091,244	419,024
b	Legal.	107,263	306	106,950	7
c	Accounting.	129,357	0	129,357	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	1,432,558	1,260,311	172,247	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0	0	0	0
12	Advertising and promotion.	129,369	99,287	845	29,237
13	Office expenses.	179,814	140,131	5,889	33,794
14	Information technology.	119,489	77,481	20,308	21,700
15	Royalties.	0	0	0	0
16	Occupancy.	145,635	144,943	0	692
17	Travel.	448,210	439,777	860	7,573
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	2,200,303	1,997,119	20,450	182,734
20	Interest.	0	0	0	0
21	Payments to affiliates.	24,568	0	21,004	3,564
22	Depreciation, depletion, and amortization.	0	0	0	0
23	Insurance.	44,537	17,570	24,983	1,984
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):				
a	PRINTING & PUBLICATIONS	169,147	143,783	1,319	24,045
b	EQUIP PURCHASE, RENT, REPAIRS	49,082	49,082	0	0
c	OTHER EXPENSES	385,541	159,251	0	226,290
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	23,960,126	21,414,026	1,595,456	950,644
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			0	2	157,014
	3	Pledges and grants receivable, net			23,998,378	3	29,866,525
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	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 instructions) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b		0	10c	
	11	Investments—publicly traded securities			6,783,824	11	6,249,377
	12	Investments—other securities See Part IV, line 11			162,953,492	12	178,416,973
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			3,852,443	15	2,360,401
	16	Total assets. Add lines 1 through 15 (must equal line 34)			197,588,137	16	217,050,290
Liabilities	17	Accounts payable and accrued expenses			3,108,741	17	1,600,761
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	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			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,002,708	25	1,234,403
	26	Total liabilities. Add lines 17 through 25			4,111,449	26	2,835,164
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			19,113,761	27	20,128,368
	28	Temporarily restricted net assets			61,143,494	28	71,015,380
	29	Permanently restricted net assets			113,219,433	29	123,071,378
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			193,476,688	33	214,215,126
	34	Total liabilities and net assets/fund balances			197,588,137	34	217,050,290

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,399,490
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,960,126
3	Revenue less expenses Subtract line 2 from line 1	3	19,439,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	193,476,688
5	Net unrealized gains (losses) on investments	5	1,299,074
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	214,215,126

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID:

Software Version:

EIN: 31-1678679

Name: UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION
INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANET S OWENS TRUSTEE/CHAIR	10 00	X		X				0	0	0
EDWARD J BRODY TRUSTEE/V CHAIR/PRES 7/2-1/31	10 00	X		X				0	0	0
JAMES A EARL TRUSTEE/SECRETARY	10 00	X		X				0	0	0
HAROLD E CHAPPELEAR TRUSTEE	5 00	X						0	0	0
CHARLES W COLE JR TRUSTEE	10 00	X						0	0	0
JAMES D'ORTA TRUSTEE	5 00	X						0	0	0
MORTON P FISHER JR TRUSTEE	5 00	X						0	0	0
BRIAN J GIBBONS TRUSTEE	5 00	X						0	0	0
JOSEPH R HARDIMAN TRUSTEE	10 00	X						0	0	0
DAVID H HILLMAN TRUSTEE	5 00	X						0	0	0
SANDRA S HILLMAN TRUSTEE	5 00	X						0	0	0
RICHARD J HIMELFARB TRUSTEE	5 00	X						0	0	0
WALLACE J HOFF TRUSTEE	5 00	X						0	0	0
KEMPTON M INGERSOL TRUSTEE	10 00	X						0	0	0
DONALD M KIRSON TRUSTEE	5 00	X						0	0	0
HARRY C KNIPP TRUSTEE	5 00	X						0	0	0
KYLE P LEGG TRUSTEE	10 00	X						0	0	0
THOMAS P O'NEILL TRUSTEE	10 00	X						0	0	0
THEO C RODGERS TRUSTEE	5 00	X						0	0	0
DONALD E ROLAND TRUSTEE	5 00	X						0	0	0
DEVY PATTERSON RUSSELL TRUSTEE	5 00	X						0	0	0
ALAN S SILVERSTONE TRUSTEE	5 00	X						0	0	0
FREDERICK G SMITH TRUSTEE	5 00	X						0	0	0
C WILLIAM STRUEVER TRUSTEE	5 00	X						0	0	0
RICHARD L TAYLOR TRUSTEE	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN C WEISS III TRUSTEE	1 0 0 0	X						0	0	0
GARLAND O WILLIAMSON TRUSTEE	5 0 0	X						0	0	0
WILLIAM T WOOD TRUSTEE	1 0 0 0	X						0	0	0
DONALD N BROTMAN TRUSTEE (UNTIL FEB 2013)	5 0 0	X						0	0	0
PETER S GREENLEAF TRUSTEE (UNTIL DEC 2012)	5 0 0	X						0	0	0
MICHAEL B DOWDY PRESIDENT/CEO (AS OF 1/22/13)	20 0 0 0	X		X				0	0	0
JUDITH S BLACKBURN TREASURER, CFO & EX-OFFICIO TR	20 0 0 0	X		X				0	0	0
T SUE GLADHILL PRESIDENT/CEO (UNTIL 7/1/2012)	20 0 0 0	X		X						

SCHEDULE A
(Form 990 or 990EZ)

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 the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC	Employer identification number 31-1678679
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

An organization organized and operated exclusively to test for public safety See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,452,138	19,288,903	31,062,425	33,925,793	33,033,360	140,762,619
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	23,452,138	19,288,903	31,062,425	33,925,793	33,033,360	140,762,619
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)						4,007,338
6 Public support. Subtract line 5 from line 4						136,755,281

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	23,452,138	19,288,903	31,062,425	33,925,793	33,033,360	140,762,619
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,498,024	1,772,078	1,939,036	2,131,152	2,527,439	9,867,729
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-9,959	117,583	281,039	249,197	162,324	800,184
11 Total support (Add lines 7 through 10)						151,430,532
12 Gross receipts from related activities, etc. (see instructions)					12	1,233,416
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90 309 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	91 580 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 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		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION
INC

Employer identification number

31-1678679

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3
- Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a
- Did the organization include an amount on Form 990, Part X, line 21?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	130,171,416	123,684,056	95,545,584	82,012,328	101,603,860
b Contributions	10,686,051	10,162,565	16,198,518	6,126,908	7,335,523
c Net investment earnings, gains, and losses	8,146,506	918,532	14,592,880	9,541,675	-22,784,909
d Grants or scholarships	2,309,726	2,514,541	1,445,322	1,141,016	2,243,055
e Other expenditures for facilities and programs	136,621	416,075	52,254	196,392	213,697
f Administrative expenses	1,637,121	1,663,121	1,155,350	797,919	1,685,394
g End of year balance	144,920,505	130,171,416	123,684,056	95,545,584	82,012,328

- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

4 000 %

b

Permanent endowment

96 000 %

c

Temporarily restricted endowment

0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b
- If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b

- 4
- Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	43,468,985
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2e	
a	Net unrealized gains on investments	2a	1,299,074		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	1,299,074
3	Subtract line 2e from line 1			3	42,169,911
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,229,579		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	43,399,490
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	22,730,547
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2e	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	22,730,547
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,229,579		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	23,960,126

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 4		ENDOWMENT ACCOUNTS ARE ESTABLISHED AND FUNDED BY DONORS IN SUPPORT OF PROGRAMS AT THE UNIVERSITY OF MARYLAND IN BALTIMORE. THESE ENDOWMENTS ARE PREDOMINANTLY PERMANENTLY RESTRICTED AND THEY HAVE VARIOUS PURPOSES INCLUDING SCHOLARSHIPS, PROFESSORSHIPS, LECTURESHIPS, CHAIRS, CAPITAL EXPENDITURES, AND RESEARCH ACTIVITIES.
SCHEDULE D, PART X, LINE 2		THE FOUNDATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. SINCE THE FOUNDATION HAD NO MATERIAL UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. THE FASB ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. NO ASSET OR LIABILITY HAS BEEN RECORDED AS OF JUNE 30, 2013 AND 2012 FOR UNCERTAIN TAX POSITIONS. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR ENDED JUNE 30, 2007.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION
INC

Employer identification number
31-1678679

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Sub-Saharan Africa	0	0	Program Services	UNIVERSITY SUPPORT	96,629
Central America and the Caribbean	0	0	Program Services	UNIVERSITY SUPPORT	12,553
East Asia and the Pacific	0	0	Program Services	UNIVERSITY SUPPORT	93,821
Middle East and North Africa	0	0	Program Services	UNIVERSITY SUPPORT	9,121
3a Sub-total	0	0			212,124
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			212,124

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>CICL FUNDRAISER</u>	<u>FUND FOR MED</u>	<u>10</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	147,179	312,498	264,328	724,005	
	2	Less Contributions . . .	80,586	171,104	144,729	396,419	
3	Gross income (line 1 minus line 2)	66,593	141,394	119,599	327,586		
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Noncash prizes . . .	0	0	0	0	
	6	Rent/facility costs . . .	0	0	0	0	
	7	Food and beverages .	0		0	0	
	8	Entertainment	0		0	0	
	9	Other direct expenses .	56,373	82,786	26,103	165,262	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(165,262)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					162,324

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION
INC

Employer identification number
31-1678679

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

20

3

Enter total number of other organizations listed in the line 1 table

0

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 can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOOL OF DENTISTRY SCHOLARSHIPS & AWARDS	20	24,844			
(2) SCHOOL OF LAW SCHOLARSHIPS & AWARDS	20	51,615			
(3) SCHOOL OF MEDICINE SCHOLARSHIPS & AWARDS	56	46,518			
(4) SCHOOL OF NURSING SCHOLARSHIPS & AWARDS	2	80,000			
(5) SCHOOL OF PHARMACY SCHOLARSHIPS & AWARDS	4	6,350			
(6) SCHOOL OF SOCIAL WORK SCHOLARSHIPS & AWARDS	1	2,500			
(7) PROGRAMMATIC ASSISTANCE SCHOLARSHIPS & AWARDS	10	48,218			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		THE ORGANIZATION ESTABLISHES SEPARATE ACCOUNTS TO HOUSE GRANT FUNDS DONATED PURSUANT TO A GRANT AGREEMENT TO PROVIDE SUPPORT FOR A PARTICULAR PROGRAM THE GRANT AGREEMENT IS REVIEWED AND SIGNED BY THE ORGANIZATION'S TREASURER THE EXPENDITURES FROM THE GRANT FUND ARE THEN MONITORED TO CONFIRM THAT MONIES ARE SPENT IN ACCORDANCE WITH THE BUDGET INCLUDED IN THE GRANT AGREEMENT PERIODIC GRANT PROGRESS REPORTS AND FINANCIAL REPORTS ARE PREPARED UNDER THE DIRECTION OF THE PRINCIPAL INVESTIGATOR AND THEN REVIEWED AND SIGNED BY THE TREASURER SUBJECT TO THE LANGUAGE IN THE GRANT AGREEMENT REMAINING FUNDS ARE RETURNED TO THE GRANTING ORGANIZATION IN ADDITION, WE RECORD THE FEDERAL EMPLOYER IDENTIFICATION NUMBER AND INTERNAL REVENUE CODE SECTION UNDER WHICH THE TAX-EXEMPT STATUS WAS GRANTED FOR EACH GRANTEE

Software ID:

Software Version:

EIN: 31-1678679

Name: UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION
INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO DE LOS DERECHOS MIGRANTE INC PO BOX 025250 11540 MIAMI,FL 33102	20-2588279	501(C)(3)	14,730				PROGRAM SUPPORT
DOMINICAN DENTAL PROJECT INC1302 CONCOURSE DRIVE LINTHICUM,MD 21090	45-4181744	501(C)(3)	14,363				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL ALUMNI ASSOC OF THE UNIV OF MD522 W LOMBARD STREET BALTIMORE,MD 21201	52-0615433	501(C)(3)	8,500				TRANSFER/PROGRAM SUPPORT
PLANNED PARENTHOOD OF MARYLAND INC330 NORTH HOWARD STREET BALTIMORE,MD 21201	52-0607930	501(C)(3)	6,240				CLINICAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOCK TRAUMA ASSOCIATES PA (STAPA) 11 S PACA ST STE 500 BALTIMORE,MD 21201	52-1119350	501(C)(3)	283,945				CLINICAL SUPPORT
SOCIETY FOR SOCIAL WORK AND RESEARCH (SSWR)11240 WAPLES MILL RD FAIRFAX,VA 22030	13-3768131	501(C)(3)	6,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALBERT SCHWEITZER FELLOWSHIP330 BROOKLINE AVENUE BOSTON,MA 02215	13-1982786	501(C)(3)	15,071				PROGRAM SUPPORT
U OF MD ORAL-MAXILLOFACIAL SURGERY ASSOCIATES PA650 W BALTIMORE ST BALTIMORE,MD 21201	52-1908293	501(C)(3)	8,342				CLINICAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND DERMATOLOGISTS PA419 W REDWOOD ST BALTIMORE,MD 21201	52-1726248	501(C)(3)	42,420				CLINICAL SUPPORT
UNIVERSITY OF MARYLAND FAMILY MEDICINE PA29 S PACA STREET BALTIMORE,MD 21201	52-1274266	501(C)(3)	34,560				CLINICAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND MEDICAL CTR (UMMC)250 W PRATT ST BALTIMORE,MD 21201	52-1362793	501(C)(3)	11,025				CLINICAL SUPPORT
UNIVERSITY OF MARYLAND MEDICAL SYS (UMMS)22 S GREENE ST BALTIMORE,MD 21201	52-1362793	501(C)(3)	33,951				CLINICAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MARYLAND NEUROLOGY ASSOCIATES PA110 S PACA ST 3RD FLR BALTIMORE,MD 21201	52-1138284	501(C)(3)	16,285				CLINICAL SUPPORT
UNIV OF MARYLAND OBGYN ASSOCIATES PA 250 W PRATT ST STE 880 BALTIMORE,MD 21201	52-0913438	501(C)(3)	5,309				CLINICAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MARYLAND ORTHOPAEDIC ASSOCIATES PA22 S GREENE ST BALTIMORE,MD 21201	52-2122145	501(C)(3)	6,752				CLINICAL SUPPORT
UNIV OF MARYLAND PEDIATRIC ASSOCIATES PA737 WLOMBARD ST BALTIMORE,MD 21201	52-1182593	501(C)(3)	79,884				CLINICAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MARYLAND SURGICAL ASSOCIATES PA401 W REDWOOD ST BALTIMORE, MD 21201	52-1557551	501(C)(3)	306,862				CLINICAL SUPPORT
UNIVERSITY OF MARYLAND BALTIMORE LOMBARD GREENE BALTIMORE, MD 21201	52-6002033	115	12,363,840				EDUCATION/RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MD EMERGENCY MEDICINE ASSOCIATES PA110 S PACA ST STE 200 BALTIMORE,MD 21201	52-1403415	501(C)(3)	2,418,590				CLINICAL SUPPORT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT RD CHAPEL HILL,NC 27599	56-6001393	115	14,838				TRANSFER/RSRCH SUPT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION
INC

Employer identification number

31-1678679

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input checked="" type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>	
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div>	<div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PART I, LINE 1A		THE DISCRETIONARY SPENDING ACCOUNT AVAILABLE TO THE PRESIDENT/CEO OF THE ORGANIZATION IS USED EXCLUSIVELY FOR BUSINESS-RELATED ACTIVITIES AND EACH EXPENDITURE IS REVIEWED BY THE TREASURER OF THE ORGANIZATION FOR APPROPRIATE USE. THE PRESIDENT/CEO IS ALSO PROVIDED A MEMBERSHIP IN A PRIVATE DINING AND MEETING ESTABLISHMENT FOR THE SOLE PURPOSE OF CONDUCTING FOUNDATION BUSINESS. AS THESE BENEFITS ARE PROVIDED FOR THE SOLE PURPOSE OF CONDUCTING FOUNDATION BUSINESS, THEY HAVE NOT BEEN INCLUDED IN TAXABLE COMPENSATION.
PART II		FOR THE CALENDAR YEAR 2012, T. SUE GLADHILL RECEIVED COMPENSATION IN THE FORM OF SALARY AND BENEFITS FROM THE UNIVERSITY OF MARYLAND, A PORTION OF WHICH IS \$109,487.67 AND \$18,582.80 IN HER ROLE AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION. FOR THE CALENDAR YEAR 2012, JUDITH S. BLACKBURN RECEIVED COMPENSATION IN THE FORM OF SALARY AND BENEFITS FROM THE UNIVERSITY OF MARYLAND, A PORTION OF WHICH IS \$99,727.00 AND \$15,931.46 IN HER ROLE AS TREASURER AND CHIEF FINANCIAL OFFICER OF THE ORGANIZATION. NO OTHER OFFICER, DIRECTOR OR TRUSTEE RECEIVED COMPENSATION OR BENEFITS IN CONNECTION WITH SERVICE TO THE UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION
INC

Employer identification number
31-1678679

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	101	2,224,930	AVERAGE MKT HIGH/LOW
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	1	8,046	CASH EQUIVALENT
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 If "Yes," describe the arrangement in Part II

32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

33 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

33 If "Yes," describe in Part II

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

No

No

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE M, PART I, LINE 9, COLUMN (B)		THE ITEMS LISTED IN PART I, LINE 9, SECURITIES-PUBLICLY TRADED, REFERENCES THE NUMBER OF NON-CASH CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493044002374	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>► Attach to Form 990 or 990-EZ.</div>			OMB No 1545-0047
					<div>2012</div> <div>Open to Public Inspection</div>
		Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC			Employer identification number 31-1678679

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1		THE ORGANIZATION'S MISSION IS TO SOLICIT AND RECEIVE CONTRIBUTIONS AND GRANTS FROM THE GENERAL PUBLIC AND TO HOLD, INVEST, AND ADMINSTER THESE FUNDS AND PAY EXPENDITURES FOR THE BENEFIT OF THE UNIVERSITY OF MARYLAND IN BALTIMORE AND TO SERVE IN AN ADVISORY ROLE TO ITS PRESIDENT
FORM 990, PART VI, SECTION B, LINE 11B		A DRAFT VERSION OF FORM 990 IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES THIS COMMITTEE CONVENES TO REVIEW THE RETURN ANY CORRECTIONS OR SUGGESTIONS ARE MADE TO THE DRAFT RETURN WHICH IS THEN MAILED TO ALL OF THE MEMBERS OF THE FULL BOARD OF TRUSTEES UPON FORMAL APPROVAL BY THIS BODY , THE RETURN IS SIGNED BY A PUBLIC ACCOUNTING FIRM AND THE TREASURER OF THE ORGANIZATION AND ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE BY THE EXTENDED DUE DATE
FORM 990, PART VI, SECTION B, LINE 12C		THE BOARD OF TRUSTEES AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE FORM ANNUALLY TO INDICATE ANYTHING THAT THEY PERCEIVE TO BE A CONFLICT AS DESCRIBED IN THE POLICY THE PRESIDENT OF THE ORGANIZATION MAINTAINS A RECORD THAT INDICATES COMPLIANCE WITH THIS POLICY BY EACH BOARD MEMBER WHICH IS THEN PROVIDED TO THE AUDIT & FINANCE COMMITTEES
FORM 990, PART VI, SECTION C, LINE 19		THE ORGANIZATION MAINTAINS A PUBLIC DISCLOSURE FILE IN ITS OFFICE WHERE THE BOOKS AND RECORDS ARE MAINTAINED THIS FILE CONTAINS IRS FORM 1023 APPLICATION OF RECOGNITION OF EXEMPTION AND THE PUBLIC DISCLOSURE VERSION OF IRS FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE THREE MOST RECENT FISCAL YEARS THESE DOCUMENTS PLUS THE ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST & NEPOTISM POLICY, AND FINANCIAL STATMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990, PART III, LINE 4D		THE UMB FOUNDATION SUPPORTS ACADEMIC PROGRAMS AND CLINICAL RESEARCH ACTIVITIES IN THE UNIVERSITY OF MARYLAND SCHOOL OF NURSING (UMSON) UMSON WAS FOUNDED IN 1889 AND IS ONE OF THE OLDEST AND LARGEST NURSING SCHOOLS IN THE NATION THE SCHOOL ACHIEVES ITS MISSION TO SHAPE THE PROFESSION OF NURSING BY DEVELOPING NURSE LEADERS IN EDUCATION, RESEARCH, AND PRACTICE THROUGH EXCELLENT BACCALAUREATE, GRADUATE, AND CONTINUING EDUCATION PROGRAMS, CUTTING EDGE SCIENCE AND RESEARCH, AND INNOVATIVE CLINICAL ENTERPRISE ITS 146 FACULTY ARE ALSO DEDICATED PRACTITIONERS WITH AN AVERAGE ANNUAL ENROLLMENT OF MORE THAN 1,600 STUDENTS, 37% OF WHOM REPRESENT MINORITY/UNDERREPRESENTED POPULATIONS, UMSON IS THE LARGEST NURSING SCHOOL IN MARYLAND AND PRODUCES 41% OF THE STATE'S NURSING WORKFORCE MORE THAN 19,000 ALUMNI SERVE AS CLINICAL PRACTICE, RESEARCH, EDUCATIONAL, AND POLICY LEADERS ACROSS THE COUNTRY UMSON IS RANKED ELEVENTH AMONG ALL NURSING SCHOOLS NATIONALLY BY U S NEWS & WORLD REPORT AND FOUR OF ITS MASTER'S SPECIALTIES ARE RANKED IN THE TOP 10 THE SCHOOL CURRENTLY ENROLLS 1,745 STUDENTS, INCLUDING 641 BACCALAUREATE STUDENTS, 951 MASTERS STUDENTS, AND 146 DOCTORAL students - PhD (57) and DNP (89) THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY, THE FOURTH OLDEST IN THE UNITED STATES, LEADS PHARMACY EDUCATION, SCIENTIFIC DISCOVERY, PATIENT CARE, AND COMMUNITY ENGAGEMENT IN THE STATE OF MARYLAND AND BEYOND WITH AN ENROLLMENT OF NEARLY 700 DOCTOR OF PHARMACY AND GRADUATE STUDENTS, THE HIGHLY RANKED SCHOOL CONDUCTS CUTTING EDGE RESEARCH IN DRUG DELIVERY MECHANISMS, COST IMPACT STUDIES, BASIC DRUG DISCOVERY AND DEVELOPMENT, AND DISEASE MANAGEMENT, AND ENGAGES IN A WIDE VARIETY OF PROFESSIONAL PRACTICE ACTIVITIES, PARTNERING WITH OVER 200 COMMUNITY PHARMACIES, HOSPITALS, ASSISTED LIVING FACILITIES, AND OTHER AGENCIES TO PROVIDE SERVICES TO CITIZENS AND PRACTITIONERS AROUND THE STATE AND ACROSS THE NATION THE UMB FOUNDATION SUPPORTS ACADEMIC PROGRAMS AND RESEARCH AND COMMUNITY WORK IN THE UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK (SSW) SSW'S MISSION IS TO DEVELOP LEADERS AND SCHOLARS TO ADVANCE THE WELL-BEING OF POPULATIONS AND COMMUNITIES AT RISK SSW IS A HIGHLY-RANKED INSTITUTION THAT PRODUCES OUTSTANDING SOCIAL WORKERS WHOSE PRACTICE ADVANCES THE WELL-BEING OF ALL THE PEOPLE THEY SERVE U S NEWS & WORLD REPORT RANKS THE SCHOOL 16TH IN THEIR 2012 LIST OF BEST GRADUATE SCHOOLS IN AMERICA THE SCHOOL SERVES SOCIETY THROUGH THE DEVELOPMENT OF KNOWLEDGE IN EDUCATION, RESEARCH, SCHOLARSHIP, SERVICE INNOVATION, AND ADVOCACY SSW WAS CREATED IN 1961 AND HAS GROWN TO BECOME ONE OF THE LARGEST AND MOST RESPECTED SCHOOLS OF SOCIAL WORK IN AMERICA PART OF A PUBLIC UNIVERSITY IN A DIVERSIFIED STATE AND REGION, THE SCHOOL PROMOTES SOCIAL AND ECONOMIC JUSTICE IN ALL OF ITS ACTIVITIES SSW PROVIDES 500,000 HOURS OF SOCIAL WORK SERVICES A YEAR WITHIN THE STATE OF MARYLAND AND SURROUNDING COMMUNITIES THE STUDENT BODY CONCENTRATION BREAKOUT IS GENERALLY 80% CLINICAL AND 20% MACO (MANAGEMENT & COMMUNITY ORGANIZATION), THE LARGEST MACO CONCENTRATION PROGRAM IN THE COUNTRY IN ADDITION TO THE SCHOOL'S ACADEMIC SIDE, SSW HAS MULTIPLE COMMUNITY SERVICE PROGRAMS ONE EXAMPLE, SWCOS (SOCIAL WORK COMMUNITY OUTREACH SERVICES) ALLOWS STUDENTS TO PROVIDE THEIR FIELD SERVICE TO SMALL NON-PROFITS THROUGHOUT THE REGION AND THEN CONNECT THIS WORK BACK TO RESEARCH THE UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY (SOD), FOUNDED IN 1840, IS THE FIRST DENTAL SCHOOL IN THE WORLD ESTABLISHING THE FIRST DOCTOR OF DENTAL SURGERY DEGREE IN 1841 AS THE ONLY DENTAL SCHOOL IN THE STATE OF MARYLAND, THE SOD PROVIDES ESSENTIAL DENTAL CARE FOR MORE THAN 30,000 RESIDENTS, MANY OF WHOM ARE UNDERSERVED SOD SCIENTISTS,SPECIALIZING IN CANCER, PAIN AND MICROBIOLOGICAL RESEARCH, DISCOVER TREATMENTS THAT INFORM PATIENT CARE THE SOD BUILDING, COMPLETED IN 2006, IS ONE OF THE MOST TECHNOLOGICALLY ADVANCED DENTAL EDUCATIONAL FACILITIES IN THE WORLD THROUGH THE INNOVATIVE TECHNOLOGY BASED CURRICULUM, EACH CLASS OF 130 STUDENTS IS EQUIPPED WITH SKILLS TO EXCEL IN 21ST CENTURY DENTISTRY UPON GRADUATION, SOD STUDENTS JOIN A NETWORK OF MORE THAN 7,000 ALUMNI WHO ARE LEADERS IN THE ORAL HEALTH CARE FIELD