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990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

De: Inte	partme emal R	ent of the Treasury evenue Service	Note The founda		reated as a Priva able to use a copy of th			ing requireme	ents Op	en to Pul	blic Inspection
Fo	or ca	lendar year 2012	or tax year beginn	ning	11	L/01 , 2012	, and endi	ng		10	/31, 20 13
	Name	of foundation							ployer identifi	ication nui	mber
	THE	BALTIMORE O	RIOLES FOUNDA	TION				52	-605864	5	
_	Numb	er and street (or P O	box number if mail is not	delivered to st	treet address)		Room/surt	e B Tel	ephone numb	er (see inst	tructions)
									(41	.0) 54	7-6147
	333	WEST CAMDEN	STREET						, –	. ,	
_	City o	r town, state, and ZIP of	code				·				
								C If e	xemption applica	ation is	ightharpoonup
]	BAL	TIMORE, MD 2	21201-2435					pen	dıng, check here	• • • •	
		ck all that apply	Initial return		Initial return	of a former r	oublic char	ity			
_			Final return		Amended re	•		, 12 , ,	oreign organizat oreign organiza		
			Address cha	nge	Name chang			8	5% test, check h	ere and atta	ch _
н	Che	ck type of organi	zation X Section					°	omputation .		
Ë	\neg		nonexempt charitable t		Other taxable pr		tion		rivate foundation		
		market value of a			ng method X C		crual		er section 507(b		
•		ear (from Part II, c	Ir		(specify)		Juai	I	e foundation is		
	-		1.7		ımn (d) must be on				er section 507(b))(1)(b), G1 e G	Kilele .
P			venue and Expense	- (7)		Cash basis)				(d) Di	sbursements
	en C	total of amounts in	columns (b), (c), and	(d) '	(a) Revenue and expenses per	(b) Net inve	I	(c) Adju	sted net	for	charitable
		may not necessari column (a) (see ins	rily equal the amounts i	n	books	incon	ne	Inc	ome		urposes
Т	4				792,406.				_	(casi	h basis only)
	1	a l lifthe	ts, etc., received (attach sched e foundation is not requir	ed to	7,72,400.						
ļ	2	Check ▶ ☐ attac	ch Sch B	· · ·	810.		810.			ATCH	
İ	3	-	nd temporary cash investr		010.		010.			AICH	<u> </u>
	4		erest from securities .					-			
			· · · · · · · · · · · · · · · · · · ·		•					-	
			(loss)								
enne		Gross sales price for a assets on line 6a	m sale of assets not on lin	e 10							
é	7	Capital gain net inc	come (from Part IV, line	e 2)	1407						
•	8	Net short-term cap	oital gain	L_					•		
	9		ons · · · · · · ·								
-	10 a	Gross sales less return and allowances · · ·									
ł	b	Less Cost of goods so	l l								
	С	Gross profit or (loss	s) (attach schedule) .	🖵							
	11	Other income (atta	ach schedule) ATCH	2	51.						
			through 11		793,267.		810.	חרה			
- 1			cers, directors, trustees, et		0			DEC		ן ד	
ဖွ	14		alaries and wages				Ţ				
w I	15		ployee benefits				39	SEP	1 5 2014	. 8	
8	16a		schedule)				153			S	
Щ	þ	Accounting fees (a	attach schedule)					A* 60 B		74	
<u>8</u>	С		fees (attach schedule)					Util).	EN. II		
rat	17		• • • • • • • • • • • •								
and Administrative	18		le) (see instructions)ATCH	1	95.						
틛	19		ch schedule) and deple					_			
회	20										
9	21		s, and meetings		1			 -			
au	22		ations								
嚌	23		ttach schedule) ATCH		118,807.						117,307
ati	23 24		nd administrative expe		,						
9	44		gh 23		118,902.						117,307
					229,120.		-				229,120
- 1			s, grants paid		348,022.						346,427
_	26		om line 12	110 25	340,022.		+			<u> </u>	
- [27	Subtract line 26 fro			445 345		j				
			expenses and disbursement	· · · 	445,245.		910			<u> </u>	
	b	net investment inc	come (if negative, ente	r -U-)			810.				

c Adjusted net income (if negative, enter -0-). . JSA For Paperwork Reduction Act Notice, see instructions.

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E	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
_	ar Cir	- Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
١	1	Cash - non-interest-beari	ing	561,332.	705,711.	705,711.
			cash investments	140,807.	441,673.	441,673.
	3	Accounts receivable				
		Less allowance for dou	btful accounts ▶			
	4	Pledges receivable				
		Less allowance for dou	btful accounts ▶			
	5			-		
			officers, directors, trustees, and other			
			tach schedule) (see instructions)			
			eceivable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
			btful accounts			
s			e			
ssets	9	Prenaid evaposes and d	eferred charges			
As			e government obligations (attach schedule)	1		
			stock (attach schedule)		···· <u>·</u>	
	11	Investments - land, buildings	bonds (attach schedule)			
		(attach schedule)	ation			
	12	Investments - mortgage	loans	0.70	70.764	
	13 14	investments - other (atta Land, buildings, and	ach schedule) ATCH 5	9,769.	10,164.	10,164.
			tion >			
		(attach schedule)	tion		<u>.</u>	
ı	15	Other assets (describe)	-			
			completed by all filers - see the			
_			age 1, item I)	711,908.	1,157,548.	1,157,548.
	17	Accounts payable and a	ccrued expenses			
es						
abilities			rs, trustees, and other disqualified persons			
티			tes payable (attach schedule)		<u>.</u>	
-	22	Other liabilities (describe	; ▶)			
			s 17 through 22)	0	0	
			ow SFAS 117, check here ▶ 🗓			
တ္က		and complete lines 2	24 through 26 and lines 30 and 31.			
ances	24	Unrestricted		711,908.	1,157,548.	
7	25					
밁	26	Permanently restricted .				
틹			not follow SFAS 117.			
닌		check here and com	plete lines 27 through 31. ▶ 🔲			
S	27	Capital stock, trust princ	cipal, or current funds			
set	28		land, bldg, and equipment fund	-		
Ą	29		ilated income, endowment, or other funds			
Net			balances (see instructions)	711,908.	1,157,548.	
Z			net assets/fund balances (see			
		instructions)		711,908.	1,157,548.	
Ρ	art III	Analysis of Cha	inges in Net Assets or Fund E			
			alances at beginning of year - Part		must agree with	
			on prior year's return)			711,908.
2	Enter	amount from Part I. I	ine 27a		2	445,245.
3	Other	increases not include	ine 27a ed in line 2 (itemize) ▶ ATCH 6		3	395.
4	Add I	nes 1, 2, and 3				1,157,548.
5	Decre	eases not included in	Ine 2 (itemize) ▶		5	2,137,340.
			lances at end of year (line 4 minus li	ine 5) - Part II, column (b)		1,157,548.
_	, otal	accord or rund ba	Tanada de ond or year time 4 milius i	ino oj - i arcii, columni (b)	, iii 6 JU 0	1,137,340.

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

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

(b) How acquired P - Purchase D - Donation

Part IV

<u>1a</u> b <u>c</u> Page 3

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

d				i
8				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss)) plus (f) minus (g)
		-	<u> </u>	- -
			-	
			-	
Complete only for assets	showing gain in column (h) and owne	ed by the foundation on 12/31/69	-	
	(j) Adjusted basis	(k) Excess of col (i)		ns (Col. (h) gain minus but not less than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		sses (from col (h))
		<u> </u>		
Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7		
	``` <b>`</b>	(loss), enter -0- in Part I, line 7	2	
<del>_</del>	or (loss) as defined in sections 12		,	
		tructions) If (loss), enter -0- in		
	Inda 0 - 4' - 40 40 (-) (- D	duced Tax on Net Investment	3	
		e section 4940(a) tax on net inves		<del></del>
Enter the appropriate amo	ount in each column for each year (b)	r, see the instructions before making (c)	ng any entries	(d)
elendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	(col	Distribution ratio (b) divided by col (c))
2011	505,024.	542,523.	_	0.930880
2010	538,871.	657,097.		0.820078
2009	572,160.	368,727.	<b>↓</b>	1.551717
2008	756,304.	583,048.	<u> </u>	1.297156
2007	555,683.	1,052,963.	<del> </del>	0.52773
Total of line 1, column (d)			2	5.127564
	for the 5-year base period - divide	the total on line 2 by 5, or by the		3.12/30-
		s than 5 years	3	1.025513
The state of the s				
Enter the net value of non	charitable-use assets for 2012 fro	om Part X. line 5	4	725,262
				,,
Multiply line 4 by line 3			5	743,766
Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6	8
	· · · · · · · · · · · · · · · · · · ·			_
Add lines 5 and 6			7	743,774.
• • • •				
Enter qualifying distributio	ns from Part XII, line 4		8	346,427
If line 8 is equal to or gre Part VI instructions	eater than line 7, check the box	in Part VI, line 1b, and complete	that part usir	ng a 1% tax rate See
430 1 000				Form <b>990-PF</b> (20
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• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict

with the state law remain in the governing instrument?

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

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· By language in the governing instrument, or

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charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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

Part VIII Information About Officers, Directors, Trustees, Foundation Manage and Contractors (continued)	rs, Highly Paid Employ	ees,
3 Five highest-paid independent contractors for professional services (see instruct	ions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infororganizations and other beneficianes served, conferences convened, research papers produced, etc.	rmation such as the number of	Expenses
1 NONE		
·		
2		
3		
4		
	<u> </u>	
Part IX-B Summary of Program-Related Investments (see instructions)		A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE		
		<del></del>
2		
All other program-related investments See instructions		
3 NONE		
Total. Add lines 1 through 3		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	10,148.
b	Average of monthly cash balances	1b	726,159.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	736,307.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	0.644101141	3	736,307.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	11,045.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	725,262.
6	Minimum investment return. Enter 5% of line 5	6	36,263.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete this p	part)	
1	Minimum investment return from Part X, line 6	1	36,263.
2 a	Tax on investment income for 2012 from Part VI, line 5 2a 16.		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	16.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	36,247.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	36,247.
6	Deduction from distributable amount (see instructions)	6	
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	36,247.
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	346,427.
b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	346,427.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		· ·
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	346,427.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal	culating whether t	
	qualifies for the section 4940(e) reduction of tax in those years	•	

Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2011 2011 2012 Distributable amount for 2012 from Part XI, 36,247. 2 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only . . . . . . . . . b Total for prior years 20 10 20 09 20 08 Excess distributions carryover, if any, to 2012 a From 2007 . . . . . . 503,079. **b** From 2008 . . . . . . 727,177. 553,731. c From 2009 . . . . . . **d** From 2010 . . . . . . 506,026. e From 2011 . . . . . . | 477,908. 2,767,921. f Total of lines 3a through e . . . . . . . . . . . Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 346,427. a Applied to 2011, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) . . . . . . . . . . . . 36,247. d Applied to 2012 distributable amount . . . . . 310,180. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: 3,078,101. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions . . . . . . . . . . . . . . . . f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 ......... Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not 503,079. applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013. 2,575,022. Subtract lines 7 and 8 from line 6a . . . . . . . . Analysis of line 9 727,177 a Excess from 2008 . . . 553,731. **b** Excess from 2009 . . . 506,026. c Excess from 2010 . . . d Excess from 2011 . . . 477,908. e Excess from 2012 . . . 310,180

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'3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for I	uture Payment	· · · · · · · · · · · · · · · · · · ·
'3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATCH 8				
Aton 0				
Total	<del> </del>	<del></del>	▶ 3a	229,120
<b>b</b> Approved for future payment				
Total			▶ 3b	NONE
				Form 990-PF (201

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Baness code   Amount   Exclusivostes   Amount   See instruction	Part XVI-A Analysis of Income-Produ	icing Activ	vities			
1 Program service revenue and season to the state of the				Excluded b	y section 512, 513, or 514	
By Fees and contracts from government agencies  Interest on savings and temborary cash investments  Districts on savings and temborary cas	1 Program consec revenue					function income
By Fees and contracts from government agencies  2 Membership dues and assessments 3 Interest no savings and temorery cash investments 4 Nordends and interest from securities 5 Net rental income or (loss) from real estate  3 Death-financed property 4 Not entire income or (loss) from prenoral property 5 Net rental income or (loss) from prenoral property 7 Other investment income 8 Gain or (loss) from seed osses other than inventory 9 Net income or (loss) from seed osses other than inventory 1 Officer investment income 1 Officer investment income 2 Subtrial Add columns (b), (d), and (e) 2 Subtrial Add columns (b), (d), and (e) 3 Total. Add line 12 columns (b), (d), and (e) 3 Total. Add line 12 columns (b), (d), and (e) 3 Total. Add line 12 columns (b) (a) and (e) 4 Total trial income or (loss) from seed of inventory 4 Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction in the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction)	•					(See instructions)
g Fees and contracts from government agencies 2 Membership dues and assessments 3 Membership dues and assessments 4 Dividends and interest from securities 5 Net rental income or (foss) from securities 5 Net rental income or (foss) from sele state 6 Debi-financed property 7 Debi-financed property 8 Net debi-financed property 9 Net income or (foss) from sale states store than inventory 9 Net income or (foss) from sales of servinetry 1 Other investment income 1 Officer sevenue a 1 Debi-financed property 1 Debi-financed						
f g Fee and contracts from government agencies  Membership dues and assessments  3 Interest no swangs and temcorary cash evisatiments  1 4 81.0.  Obvised and interest from securities  5 Net rental income or (loss) from real estate  5 Net rental income or (loss) from personal property  6 Net certal an accome or (loss) from personal property  7 Other reventions  9 Net income or (loss) from sales of assets other than newtory  9 Net income or (loss) from sales of assets other than newtory  9 Net income or (loss) from sales of assets other than newtory  10 Grass profit or (loss) from sales of assets other than newtory  10 Grass profit or (loss) from sales of assets other than newtory  10 Grass profit or (loss) from sales of assets other than newtory  11 Other revenue  12 Subtotal Add columns (lo), (d), and (e)  13 Total Add Ine 12, columns (lo), (d), and (e)  14 Septam below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly  2 accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction)  14 Septam below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction)				+		
Remarks from government agencies  2 Membership dues and assessments  4 Dividends and interest from securities  5 Not retent income or (toss) from releastie  a Dest-financed property  5 Not retent income or (toss) from personal property  6 Not rental income or (toss) from personal property  6 Not rental income or (toss) from personal property  7 Other investment income  8 Ret income or (toss) from sales of seventney  1 Other revenue a  5 APCH 9  6 Subtotal Add columns (b), (d), and (e)  2 Subtotal Add columns (b), (d), and (e)  7 Total Add line 12, columns (b), (d), and (e)  8 Explan below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction		<del></del>		+		
g Fees and contracts from government agences 2 Membership dues and assessments 3 Interest on swings and temocrary cash investments 4 Novidends and interest from securities 5 Not rental income or (loss) from real estate a Debth-financed property b Not debt-financed property 7 Nother investment norme 7 (loss) from pessonal property 9 Not incented or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not incented or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested in come or (loss) from securities 9 Not invested						· <u> </u>
g Fees and scontracts from government agencies  2 Membership dues and assessments  3 Membership dues and assessments  4 Overdeds and interest from securities  5 Net rental ancome of (loss) from realestate  a Debt-financed property  5 Net rental ancome or (loss) from personal property  7 Other investment income  6 Cara or (loss) from special events  9 Net income or (loss) from special events  1 Other revenue a  b ATCH 9  5 St.  c d  d  c 2 Subtotal Add columns (b), (d), and (e)  3 Total. Add line 12 columns (b), (d), and (e)  3 Total. Add line 12 columns (b), (d), and (e)  3 Total. Add line 12 columns (b) (d) and (e)  3 Total. Add line 12 columns (b) (d) and (e)  3 Total. Add line 12 columns (b) (d) and (e)  5 Reventsheet in line 13 instructions to werity calculations)  2 Tri XVIII-3 Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVII-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction)						
2 Membership duse and assessments. 3 Interest on savings and temorary cash invisionaris. 4 Dividends and interest from securities. 5 Net rental mome or (loss) from real estate a Debt-Innander property. 5 Not debt-financed property. 6 Net rental income or (loss) from personal property. 7 Other investment income. 7 Other investment income. 9 Net income or (loss) from sales of sasets other than inventory. 1 Other revenue a Petroreus a Petroreus a Substitution of Class from sales of inventory. 1 Other revenue a Substitution of Class from sales of inventory. 2 Subtoral Add columns (b), (d), and (e)				-		
3 Interest on savings and temocrary cash investments 4 Dividends and interest from securities . 5 Net rental income or (loss) from real estate a Debt-financed property . 5 Not debt-financed property . 6 Net rental income or (loss) from personal property . 7 Other investment income . 7 Other investment . 7 Oth	-					
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S Net rental income or (loss) from real estate a Debt-financed property. b Not debt-financed property.  6 Net rental income or (loss) from special events.  7 Other investment income.  8 Gain or (loss) from special events.  9 Net income or (loss) from special events.  10 Cincre evenue a b ATCH 9 c C C C C C C C C C C C C C C C C C C C	The state of the s			14	810.	
a Debt-financed property b Not debt-financed property 7 Other investment income 8 Net income or (loss) from special events 9 Net income or (loss) from special events 10 Gross profit or (loss) from special events 10 Gross profit or (loss) from special events 10 Gross profit or (loss) from special events 11 Other revenue a 2 Subtotal Add columns (b), (d), and (e) 2 Subtotal Add columns (b), (d), and (e) 3 Total, Add line 12, columns (b), (d), and (e) 13 Total, Add line 12, columns (b), (d), and (e) 15 Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction)  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction)	4 Dividends and interest from securities		_			
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7 Other investment income   Same or (loss) from sales of assets other than inventory   9 Net income or (loss) from sales of assets other than inventory   10 Gross profit or (loss) from sales of inventory   10 Gross profit or (loss) from sales of inventory   11 Other revenue a   Same or (loss) from sales of inventory   12 Other revenue a   Same or (loss) from sales of inventory   13 Other revenue a   Same or (loss) from sales of inventory   14 Other revenue a   Same or (loss) from sales of inventory   15 Other revenue a   Same or (loss) from sales of inventory   15 Other revenue a   Same or (loss) from sales of inventory   15 Other revenue a   Same or (loss) from sales of inventory   15 Other revenue a   Same or (loss) from sales of inventory   15 Other revenue a   Same or (loss) from sales of inventory   16 Other revenue a   Same or (loss) from sales of inventory   16 Other revenue a   Same or (loss) from sales of inventory   16 Other revenue a   Same or (loss) from sales of inventory   16 Other revenue a   Same or (loss) from sales of inventory   17 Other revenue a   Same or (loss) from sales of inventory   18 Other revenue a   Same or (loss) from sales of inventory   19 Other revenue a   Same or (loss) from sales of inventory   10 Other revenue a   Same or (loss) from sales of inventory   10 Other revenue a   Same or (loss) from sales of inventory   18 Other revenue a   Same or (loss) from sales of inventory   19 Other revenue a   Same or (loss) from sales of inventory   10 Other revenue a   Same or (loss) from sales of inventory   11 Other revenue a   Same or (loss) from sales of inventory   18 Other revenue a   Same or (loss) from sales of inventory   19 Other revenue a   Same or (loss) from sales of inventory   10 Other revenue a   Same or (loss) from sales of inventory   11 Other revenue a   Same or (loss) from sales of inventory   12 Other revenue a   Same or (loss) from sales of inventory   12 Other revenue a   Same or (loss) from sales of inventory   13 Other revenue a   Same or (loss) from sales of in						
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Of the revenue a bound of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction of the foundation's exempt purposes (other than by providing funds for such purposes) (See instruction of the foundation's exempt purposes) (See instruction o		1				
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b ATCH 9 c d d e Subtotal Add columns (b), (d), and (e)						
c d e 2 Subtotal Add columns (b), (d), and (e)					51.	
d e 2 Subtotal Add columns (b), (d), and (e)					31.	
e Subtotal Add columns (b), (d), and (e)				+		
2 Subtotal Add columns (b), (d), and (e)						
3 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	+		
	Explain bolow now odon down	•				
		·				
			<u>-</u>			
Form 990-PF						Form <b>990-PF</b> (201

Part	XVII	Information R Exempt Organ		ansfers To and Tr	ransacti	ons an	d Relation	ships With	Noncha		e
11	n sect	e organization direct	tly or indirectly	engage in any of the section 501(c)(3) org	_		-		<b>I</b>	Yes	No
			•	a noncharitable exen						-	
										)	X
								• • • • • • •	1a(2	)	X
		transactions les of assets to a no	ncharitable eve	mot organization					16/4		x
(	1) Sa 2) Piii	rchases of assets fro	om a noncharit	mpt organization able exempt organization					1b(1		X
ì	3) Re	ntal of facilities, equ	pment, or other	assets	··· · · · ·				1b(3		x
Ò	4) Re	imbursement arrang	ements						1b(4	1	Х
(	5) Loa	ans or loan guarantee	es				. <b></b> .		1b(5	i)	Х
(	6) Pe	rformance of service	es or membersl	nip or fundraising solic	itations .		. <b></b> .		1b(€	i)	X
				sts, other assets, or pa							Х
				es," complete the foll							
				ices given by the rep gement, show in colu							
(a) Line		(b) Amount involved		noncharitable exempt organi			scription of transf				
(4) =	-	N/A	(e) Hame of	TOTOTIZERODIO OXOTTPE OTGETT	Zallori	N/A	oription or trains	cro, iranocciono,	and snaming as	angeme	
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2a ls	s the	foundation directly	or indirectly af	filiated with, or relate	ed to, one	or moi	re tax-exemp	t organizatior	ns ┌┐、	. 5	J
		." complete the follo		ther than section 501	(c)(3)) or i	n sectio	n 52/7	• • • • • •	Ш	∕es <u></u>	-∏ NO
	165	(a) Name of organization		(b) Type of orga	anızatıon	Т		c) Description of	f relationship		
		<u> </u>						<u>'                                    </u>	<u>.</u>		
						. 1					
				<u> </u>							
		<del> </del>	<u> </u>								
	1										
Sign	Under	r penalties of penjury, I declar t, and complete Declaration o	are that I have exam f preparer (other than t	ned this return, including according according to a contract axpayer) is based on all informations.	ompanying sch tion of which p	edules and reparer has	statements, and t any knowledge	o the best of my	knowledge and	belief, if	i is true
_		Y	l ladel	n 1 9/0/14	Ì	Secon	tres /Tres	May	the IRS disci		
Here	Sign	nature of officer or trustee	1 mgg	Date	'	Title	<del>/ 1419 / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1</del>	with (see		shown X Yes	below
	""	<b>7v</b>	$\mathcal{I}$	24.0				(500	instructions)?	<u></u> ] 162 [	N
Paid	1	Print/Type preparer's	name	Preparer's signature			Date	Check	If PTIN		
		MARGARET A. E	BRADSHAW	Magazet a	. Brace	blace	5 915/14	/	ployed P00	50122	22
Prepa			MG LLP					Firm's EIN ▶			
Use (	Jnly	Firm's address ▶ 16	76 INTERNA	TIONAL DRIVE							
		MC	LEAN, VA			22	102	Phone no 7	03-286-8	000	

#### Schedule B

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

#### **Schedule of Contributors**

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

OMB No 1545-0047

**2012** 

THE BALTIMORE ORIOLES	S FOUNDATION	Employer identification number
Organization turn (about ana)		52-6058645
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	lation
	501(c)(3) taxable private foundation	
	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a	ı Special Rule See
X For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	) or more (in money or
Special Rules		
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % suppor a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 0,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) For III	the year, a contribution of
during the year, tota	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charineses, or the prevention of cruelty to children or animals Complete Parts I,	table, scientific, literary,
during the year, cont not total to more tha year for an <i>exclusive</i>	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but to \$1,000. If this box is checked, enter here the total contributions that we by religious, charitable, etc., purpose. Do not complete any of the parts unligization because it received nonexclusively religious, charitable, etc., continuous contributions.	hese contributions did ere received during the less the <b>General Rule</b>
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file t answer "No" on Part IV, line 2 of its Form 990, or check the box on line F, to certify that it does not meet the filing requirements of Schedule B (Fo	H of its Form 990-EZ or on
For Panerwork Reduction Act Notice	see the instructions for Form 990, 990-F7, or 990-PF Schedul	e B (Form 990 990-F7 or 990-PF) (2012)

JSA

Name of or	ganization THE BALTIMORE ORIOLES FOUNDATION	Employer identification number 52-6058645		
Part I	Contributors (see instructions) Use duplicate copies of Par	t I if additional space is ne	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	RBI PROGRAM  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$11,035.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2_	ORIOLES REACH  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$10,200.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3 _	CONTRIBUTIONS < 5000  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$123,433.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	MILITARY PROGRAM  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$18,958.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 5 _	BRIAN ROBERTS  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$50,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6_	NICHOLAS MARKAKIS  333 W CAMDEN STREET	\$75,000.	Person X Payroll Noncash	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

BALTIMORE, MD 21201

(Complete Part II if there is

a noncash contribution)

Name of organization THE BALTIMORE ORIOLES FOUNDATION

Employer identification number

•			52-6058645
Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is need	ded ,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7-	FANFEST MERCHANDISE/AUTOGRAPHS  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$117,222.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	VARIOUS CHARITY AUCTIONS  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$33,449.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 -	ADAM JONES  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$80,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10	TSUYOSHIA WADA  333 WEST CAMDEN STREET  BALTIMORE, MD 21201	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 11 _	J.J. HARDY  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 12 _	BIRD LICENSE PLATES PROGRAM  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$22,350.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )

Name of organization THE BALTIMORE ORIOLES FOUNDATION

Employer identification number 52-6058645

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 13 _	GAME DAY EXPERIENCE  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$53,333.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 14 _	ART OF THE GAME  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$147,276.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 15_	FATHER'S DAY CATCH  333 W CAMDEN STREET  BALTIMORE, MD 21201	\$15,150.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<b>-</b>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)				

Name of organization THE BALTIMORE ORIOLES FOUNDATION

Employer identification number

52-6058645

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

Employer identification number

52-6058645

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations
	that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.
	For organizations completing Part III, enter the total of exclusively religious, charitable, etc,

contributions of \$1,000 or less for the year (Enter this information once. See instructions) ▶\$

	Jse duplicate copies of Part III if additional	space is needed	d	, ·	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
			<del>-</del>		
		(e) Transfe	er of gift		
	Transferee's name, address, and ZI	P + 4	Relatio	enship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transfe	er of gift		
	Transferee's name, address, and ZII	P + 4	Relatio	enship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relatio	enship of transferor to transferee	
				·	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relatio	Relationship of transferor to transferee	
				··	

**;** 

ATTACHMENT 1

### V 12-7.12

INVESTMENTS	
CASH	
TEREST ON TEMPORARY CASH INVESTMEN	
ON	I
INTEREST	
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PART I	
990PF,	
FORM	

	NET	INVESTMENT	INCOME	810	
REVENUE	AND	EXPENSES	PER BOOKS	810.	1
	`	`1			
			N	K OF MARYLAND INTEREST	i I )
			DESCRIPTION	HARBOR BANK	

810.

810.

TOTAL

#### THE BALTIMORE ORIOLES FOUNDATION

52-6058645

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION

MISCELLANEOUS INCOME

REVENUE

AND EXPENSES

PER BOOKS

51.

TOTALS

51.

#### THE BALTIMORE ORIOLES FOUNDATION

52-6058645

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE AND **EXPENSES** PER BOOKS

DESCRIPTION

MARYLAND SALES TAX

95.

TOTALS

95.

ATTACHMENT

THE BALTIMORE ORIOLES FOUNDATION

## - OTHER EXPENSES PART I FORM 990PF,

	REVENUE
	AND
	EXPENSES
DESCRIPTION	PER BOOKS
ANNUAL REGISTRATION FEE	200.
BANK FEES	55.
BIRD LICENSE PLATE ROYALTIES	1,258.
PROGRAM EXP - RBI PROGRAM	44,368.
PROGRAM EXP - ORIOLES REA	.006,69
PROGRAM EXP - FANFEST	479.
PROGRAM EXP - SHANNON'S F	1,047.
DUES/COMMUNITY IMPROVEMENT	1,500.

CHARITABLE	<u>PURPOSES</u> 200.	55. 1,258.	44,368.	, 479. 1,047.	

ATTACHMENT 4 PAGE 24

521393

117,307.

118,807.

TOTALS

'' Ł

ATTACHMENT 5

VESTMENTS	
OTHER INVE	
) - II	
PART	
990PF,	
FORM	

ENDING <u>FMV</u>	10,164.
ENDING BOOK VALUE	10,164.
BEGINNING BOOK VALUE	9,769.
	TOTALS
DESCRIPTION	US SAVINGS BOND

S	Z.
ENT	GE 2
CHM	PA
ATTA	

THE BALTIMORE ORIOLES FOUNDATION

52-6058645

ATTACHMENT 6

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

DESCRIPTION TRUOMA

UNREALIZED GAIN 395.

395. TOTAL

ATTACHMENT 7

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

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

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2210190	CHICAGO
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F	:

52-6058645

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

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ATTACHMENT 8

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  AND  FOURDATION STATUS OF RECIPIENT  PURFOSE OF GRANT OR CONTRIBUTION  AMOUNT  AMOUNT	170(B)(1)(A)(VI) COMMUNITY IMPROVEMENT 500	TION 170(B)(1)(A)(VI) HEALTHCARE GRANT 15,000	ION 170 (B) (1) (A) (VI) 83,000	EGATION COMMUNITY SUPPORT 5,000	ETRO BALTIMORE, INC 170 (B) (1) (A) (VI) 75,000	AL OF THE ANNUNCIATION 170 (B) (1) (A) (I) 800
RECIPIENT NAME AND ADDRESS	ALL FAITHS FOOD BANK 8171 BLAIKIE COURT SARASOTA, FL 34240	AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	BALTIMORE CITY FOUNDATION 10 N CALVERT STREET BALTIMORE, MD 21202	BALTIMORE HEBREW CONGREGATION 7401 PARK HEIGHTS AVE BALTIMORE, MD 21208	BOYS & GIRLS CLUB OF METRO BALTIMORE, INC 11 W MOUNT VERNON PL BALTIMORE, MD 21201	GREEK ORTHODOX CATHEDRAL OF THE ANNUNCIATION 24 W PRESTON STREET

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ATTACHMENT 8 (CONT'D)

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PUREQSE OF GRANT OR CONTRIBULION	HEALTHCARE GRANT	VETERAN SUPPORT	COMMUNITY YOUTH SUPPORT	COMMUNITY SUPPORT	COMMUNITY SUPPORT	COMMUNITY SUPPORT-HURRICANE RELIEF
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	509(A)(3) TYPE II	509(A)(2)	170 (B)(1)(A)(1)	170 (B) (1) (A) (I)	170 (B)(1)(A)(1)	170 (B) (1) (A) (I)
RECIPIENT NAME AND ADDRESS	KENNEDY KRIEGER 707 NORTH BROADWAY BALTIMORE, MD 21205	LUKE'S WINGS, INC 1238 WISCONSIN AVE NW SUITE 401 WASHINGTON, DC 20007	ST DEMETRIOS GOYA 2504 CUB HILL ROAD BALTIMORE, MD 21234	ST DEMETRIOS GREEK ORTHODOX CHURCH 2504 CUB HILL ROAD BALTIMORE, MD 21234	ST GEORGE GREEK ORTHODOX CHURCH 7701 BRADLEY BOULEVARD BETHESDA, MD 20817	ST PAUL'S UNITED METHODIST CHURCH P O BOX 105 BAY HEAD, NJ 08742-0105

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

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ATTACHMENT 8 (CONT'D)

15,000 8,000 17,500 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION COMMUNITY YOUTH GRANT TUITION SCHOLARSHIPS HEALTHCARE GRANT RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT 170 (B) (1) (A) (VI) 170 (B) (1) (A) (VI) 509 (A) (2) THE V FOUNDATION FOR CANCER RESEARCH ONE HUDSON SQUARE, 75 VARICK STREET THE JACKIE ROBINSON FOUNDATION RECIPIENT NAME AND ADDRESS Y OF CENTRAL MARYLAND 303 W CHESAPEAKE AVE BALTIMORE, MD 21204 106 TOWERVIEW COURT NEW YORK, NY 10013 CARY, NY 27513 2ND FLOOR

TOTAL CONTRIBUTIONS PAID

229,120

PAGE 30 ATTACHMENT 8

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REVENUE	
OF OTHER F	
ANALYSIS (	
PART XVI-A - ANA	
J	
FORM 990-PE	

THE BALTIMORE ORIOLES FOUNDATION

52-6058645

6 1	RELATED OR EXEMPT FUNCTION INCOME		الد ا
ATTACHMENT 9	AMOUNT	51.	51.
	EXCLUSION	01	
	AMOUNT		
11	BUSINESS CODE		
FORM 990-PE, PART XVI-A - ANALYSIS OF OTHER REVENUE	DESCRIPTION	MISCELLANEOUS INCOME	TOTALS

ATTACHMENT 9 PAGE 31

#### Form **8868**

(Rev January 2013)

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

OMB No 1545-1709

Internal Revenue		<b>▶</b> File a	separate a	oplication for each return.				
• If you are	filing for an	Automatic 3-Month Extension, o	omplete c	only Part I and check th	is box			<b>▶</b> X
		Additional (Not Automatic) 3-Mo						
	-	<i>inless</i> you have already been grain		-			•	8
Electronic fi	ling <i>(e-file)</i> .	You can electronically file Form	8868 if yo	u need a 3-month auto	matic extension of time	e to	file (6	months for
		to file Form 990-T), or an addition						
		tension of time to file any of the						
		ssociated With Certain Persona						
		details on the electronic filing of th				ities	& Non	profits
		-Month Extension of Time. On		<del></del>				
		to file Form 990-T and requesting					te	
Part I only .								▶□
		including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use F	Form 7004 to request an	ext	ension (	of time
to file incom					Enter filer's identifyin			
Type or	Name of ex	empt organization or other filer, see in	structions		Employer identification nu	ımbe	∍r (EIN) ∈	or
print								
File by the		LTIMORE ORIOLES FOUNDAT			52-605864	5		
due date for	· '	reet, and room or suite no. If a P.O. box	x, see instruc	ctions	Social security number (S	SN)		
filing your		ST CAMDEN STREET	<del></del>					
return See instructions		or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
	BALTIMO	ORE, MD 21201						
Enter the Re	turn code f	or the return that this application i	is for (file a	separate application fo	r each return)			. 04
Application			Return	Application				Return
Is For			Code	ls For				Code
Form 990 or	Form 990-	EZ	01	Form 990-T (corporate	ion)			07
Form 990-Bl			02	Form 1041-A				08
Form 4720-			03	Form 4720				09
Form 990-PF	<del></del>		04	Form 5227				10
		a) or 408(a) trust)	05	Form 6069				11
Form 990-T			06	Form 8870	·			12
Telephone If the orga If this is fo	e No ▶ anization do or a Group F	ROBERT AMES  410 685-9800  The series of the	ousiness in ur digit Gro	up Exemption Number (	GEN)		_ If th	nis is
		eck this box		int of the group, check t	ms box	_	and att	acn
		d EINs of all members the extensionatic 3-month (6 months for a cor		aured to file Form 000	T) autonoian of time			
until	St all auton	06/16, 20 14, to file the				h a	. The	
	organizatio	n's return for	exempt org	janization return for the	organization named at	JOVE	; me e	xtension is
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			1 2012	, and ending	10/31,	20	12	
	lax year be	giiiiiig11/0		, and ending	10/31	20_		
	-	ered in line 1 is for less than 12 m ecounting period	onths, chec	ck reason Initial re	eturn	n		
3a If this	application	ıs for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any			
		dits See instructions				За	\$	0
<b>b</b> If this	application	n is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and			
		ments made Include any prior yea				3ь	\$	0
c Balanc	e due. Subt	ract line 3b from line 3a Include	your paym	ent with this form, if re	quired, by using EFTPS			
		Tax Payment System) See instruc				3с		0
Caution. If you	are going to	o make an electronic fund withdrawal	with this Fo	orm 8868, see Form 8453-	EO and Form 8879-EO fo	r pay	ment ir	structions
For Privacy A	ct and Pape	rwork Reduction Act Notice, see Instr	uctions.			For	n 8868	(Rev 1-2013)

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868  If you are filing for an Automatic 3-month Extension, complete only Part II and check this box	Form 8868 (Re	ev 1-2013)				Page 2	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868  • If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1)  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)    Name of exempt organization or other filer, see instructions			onth Exten	sion, complete only Part	II and check this boy		
Mount are filing for an Automatic 3-Month Extension, complete only Part   (on page 1)							
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)    Name of exempt organization or other files, see instructions   Employer identification number (EIN) or Type or Typ					Ton a proviously mean only door	,	
Name of exempt organization or other filer, see instructions   Employer identification number (EIN) or or print					ginal (no copies needed)		
Name of exempl organization or other filer, see instructions  THE BALTIMORE ORIOLES FOUNDATION  Number, street, and room or suite no if a PO box, see instructions  Social security number (SNN)  Number, street, and room or suite no if a PO box, see instructions  BALTIMORE, MD 21201  City, town or post office, state, and ZIP code For a foreign address, see instructions  Bright and the return code for the return that this application is for (file a separate application for each return)  Return is for Code Form 990-EZ  Command Promiser of See (and see the seed of the seed of the return that this application is for (file a separate application for each return)  Return is for Code Form 990-EZ  Command Promiser of See (and see the seed of the seed of the return that this application is for (file a separate application for each return)  Return is form 4720 (and population)  Form 990-EZ  Code Form 990-EZ  O1  Form 990-EZ  O1  Form 990-EZ  O1  Form 990-Form 990-EZ  O1  Form 990-Form 990-Form 990-EZ  O1  Form 990-Form 990-F	T di t ii	Additional (Not Additional of Children 2		·		n instructions	
Type or print THE BALTIMORE ORIOLES FOUNDATION THE BALTIMORE ORIOLES FOUNDATION THE BALTIMORE ORIOLES FOUNDATION THE BALTIMORE ORIOLES FOUNDATION SCORES FOR STREET Things your return see BALTIMORE, MID 21201 Tenter the Return code for the return that this application is for (file a separate application for each return).  Code The Return code for the return that this application is for (file a separate application for each return).  Return Code The Form 990 or Form 990-EZ  O1 Form 990 or Form 990-EZ  O1 Form 990-T (quidivdual) O3 Form 4720 O9 Form 990-T (see 401(a) or 408(a) trust) O5 Form 6069  O1 Form 990-T (trust other than above) O6 Form 8870  The books are in the care of ▶ ROBERT AMES Telephone No ▶ 410 685-9800 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If the side of the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return and attach a ist with the names and EliNs of all members the extension is for  If the side of the digit of the digi		Name of exempt organization or other filer, see in	nstructions				
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City, town or post office, state, and ZIP code For a foreign address, see instructions BALTINGRE, MD 21201  Code Form Security Code for the return that this application is for (file a separate application for each return)							
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Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A O8 Form 970-BL O3 Form 4720 O9 Form 990-PF O4 Form 990-T (sec 401(a) or 408(a) trust) O5 Form 6069 D1 10 Form 990-T (sec 401(a) or 408(a) trust) O5 Form 6069 D1 11 Form 990-T (trust other than above) O6 Form 8870 Telephone No ► 410 685-9800 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is with the names and EliNs of all members the extension is for I request an additional 3-month extension of time until I request an additional 3-month extension of time until I request an additional 3-month extension of time until O 685-9800 If the organization does not have an office or place of business in the United States, check this box I request an additional 3-month extension is for If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Return enter the organiza	• •						
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Change in accounting period  7 State in detail why you need the extension _INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8a \$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief its true, correct, and complete, and that I am authorized to prepare this form  Title CPA/AGENT  Date 6/02/14						<b>20</b> <u>13</u>	
State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  8a \$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  8c \$  Signature and Verification must be completed for Part II only.  Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form  Title CPA/AGENT  Date 6/02/14	6 If the t	ax year entered in line 5 is for less than 12 m	nonths, chec	ck reason Initial re	eturn Final return		
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