DLN: 93491317012827

2016

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| For | caler | ndar year 2016, or tax yea | r beginning 01-01-20 | 016 , a | nd er | nding 12-31- | 2016 | |
|-----------------------------|---------|---|---|------------------------------|----------|-----------------------|-------------------------|------------------------------------|
| | | indation ST JOHN FOUNDATION INC | | | | A Employer ıd | entification numbe | r |
| | .,,,,,, | | | | | 20-1397204 | | |
| | | I street (or P O box number if mail is n | not delivered to street address) |) Room/suite | | B Telephone nu | mber (see instructio | ns) |
| 2560 LORD BALTIMORE DRIVE | | | | | | (410) 788-0100 |) | |
| | | , state or province, country, and ZIP o , MD 212442666 | r foreign postal code | | | C If exemption | application is pendin | g, check here |
| c (| neck al | I that apply Initial return | Initial return of a | former public charity | | D 1 Foreign or | ganizations, check h | ere - |
| u c. | ieck ai | Final return | Amended return | | | _ | rganizations meeting | ▶ ∟ |
| | | Address char | | | | | k here and attach co | |
| H C | neck tv | _ | 501(c)(3) exempt private | foundation | | | undation status was t | |
| _ | | 4947(a)(1) nonexempt charitable | - · · · · - | | | under sectio | n 507(b)(1)(A), ched | ck nere |
| | | ket value of all assets at end | J Accounting method | ✓ Cash ☐ Accru | ıal | F If the founda | ation is in a 60-mont | h termination $\qquad \qquad \Box$ |
| | | rom Part II, col (c), \$ 86,170 | Other (specify) (Part I, column (d) must | | | | n 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and | Expenses (The total | | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and | • | (a) Revenue and expenses per | (b) | Net investment income | (c) Adjusted net income | for charitable purposes |
| | | equal the amounts in column (a) (se | e instructions)) | books | | income | income | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc | , received (attach | 795,550 | | | | |
| | 2 | schedule) Check ▶ ☐ If the foundation is | not required to attach | | | | | |
| | | Sch B | | | | | | |
| | 3 | Interest on savings and tempora | • | | | | | |
| | 4 | Dividends and interest from secu | urities | | | | | |
| | 5a | Gross rents | | | | | | |
| a) | b | Net rental income or (loss) | | | | | | |
| Ξ | 6a | Net gain or (loss) from sale of a | ssets not on line 10 | | | | | |
| Revenue | b | Gross sales price for all assets o | | | | | | |
| ž | 7 | Capital gain net income (from Pa | | | 0 | | | |
| | 8 | Net short-term capital gain . | | | | | | |
| | 9 | Income modifications | ı | | | | | |
| | 10a | Gross sales less returns and allo Less Cost of goods sold | wances | 1 | | | | |
| | b | Gross profit or (loss) (attach sch | edule) | <u></u> | | | | |
| | C | Other income (attach schedule) | ledule) | | | | | |
| | 11 | , | | 705 550 | , | 0 | | |
| | 12 | Total. Add lines 1 through 11 | | 795,550 | | | | |
| | 13 | Compensation of officers, director | | 90,000 | | 0 | | (|
| _ | 14 | Other employee salaries and wa | <u> </u> | | | | | |
| ses | 15 | Pension plans, employee benefit Legal fees (attach schedule) . | | | | | | |
| ē | 16a | - , | | 95-1 4.075 | - | 0 | | , |
| and Administrative Expenses | b | Accounting fees (attach schedule | • | 4,975 | <u> </u> | | | |
| Ve | c c | Other professional fees (attach s | · | | | | | |
| rati | 17 | Interest | | | | | | |
| ₹ | 18 | Taxes (attach schedule) (see ins | • | | | | | |
| Ē | 19 | Depreciation (attach schedule) a | and depletion | | | | | |
| AG | 20 | Occupancy | | | | = | | |
| פַ | 21 | Travel, conferences, and meetin | - | 209 | 1 | 0 | | (|
| <u> </u> | 22 | Printing and publications Other expenses (attach schedule | | (4) | , | 0 | | , |
| Operating | 23 | Other expenses (attach schedule | | 2,827 | | U | | ' |
| er ei | 24 | Total operating and administ | <u>-</u> | 00.044 | | 0 | | |
| ă O | 25 | Add lines 13 through 23 | | 98,011 | - | 0 | | (30.70) |
| _ | 25 | Contributions, gifts, grants paid | | 628,789 | <u>'</u> | | | 628,789 |
| | 26 | Total expenses and disburses 25 | ments. Add lines 24 and | 726,800 | | 0 | | 628,789 |
| | 27 | Subtract line 26 from line 12 | | | | | | |
| | а | Excess of revenue over expendishussements | nses and | 68,750 | | | | |
| | ь | disbursements Net investment income (if neg | gative, enter -0-) | | | 0 | | |
| | c | Adjusted net income(if negative | - | | | | | |
| Ear. | L T | work Deduction Act Nation of | - instructions | I | <u> </u> | - I NI 44000 | <u></u> | 000 PE (2215 |

17,420

17,420

17,420

17,420

86,170

86,170

86,170

86,170

2

3

4

5

6

17,420

68,750

86,170

86,170 Form 990-PF (2016)

0

0

86,170

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

| | | Less allowance for doubtful accounts ▶ | |
|------|-----|--|----|
| | 4 | Pledges receivable ▶ | |
| | | Less allowance for doubtful accounts ▶ | |
| | 5 | Grants receivable | |
| | 6 | Receivables due from officers, directors, trustees, and other | |
| | | disqualified persons (attach schedule) (see instructions) | |
| | 7 | Other notes and loans receivable (attach schedule) | _ |
| | | Less allowance for doubtful accounts ▶ | |
| S | 8 | Inventories for sale or use | |
| sset | 9 | Prepaid expenses and deferred charges | |
| As | 10a | Investments—U.S. and state government obligations (attach schedul- | e) |

b

C

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

28

29

31 Part III

Liabilities

Balances

Fund

ö

Assets 27

Net 30

2

6 Enter 1% of net investment income (1% of Part I, line 27b) . 6 0 7 320,398 8 Enter qualifying distributions from Part XII, line 4 8 628,789 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions Form 990-PF (2016)

| Form 990-PF (2016) | Page 7 |
|--|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) | Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N | ONE". |
| (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 | 0 |
| Part IX-A Summary of Direct Charitable Activities | _ |
| List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| 1 | |
| | |
| | |
| 2 | |
| | |
| | |
| 3 | |
| | |
| | |
| 4 | |
| | |
| Part IX-B Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | |
| | |
| | |
| 2 | |
| | |
| All other program-related investments See instructions | |
| 3 | |
| Total. Add lines 1 through 3 | D |
| Iotal. Add lines 1 through 3 | Form 990-PF (2016) |

2.551

628,789

628.789

628.789

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1a

1b

2

3a 3h

4

5

| | organizations check here The and do not complete this part) | | | | |
|----|--|----|------|--------|---|
| 1 | Minimum investment return from Part X, line 6 | | | 1 | |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | 2a | | | |
| b | Income tax for 2016 (This does not include the tax from Part VI) | 2b | | | İ |
| С | Add lines 2a and 2b | | | 2c | İ |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | |
| | | | | | |

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Part XII

1

2

3

4

5

2016

Page 9

2,551

2,551

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0

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|-----------------|------|
| Part XIII | Und |

b Total for prior years

From 2011.

b From 2012. c From 2013. . .

d From 2014.

e From 2015.

XII, line 4 ▶ \$ a Applied to 2015, 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

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2016

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 e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only.

 - Excess distributions carryover, if any, to 2016 1,214,004 1,330,673

 - 1.202.376

 - 1.207.407
 - 755,059

1.330.673 1,202,376

1.207.407

755.059

626.238

- f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part
- - 5.709.519

626,238

6,335,757

1.214.004

5,121,753

(a)

Corpus

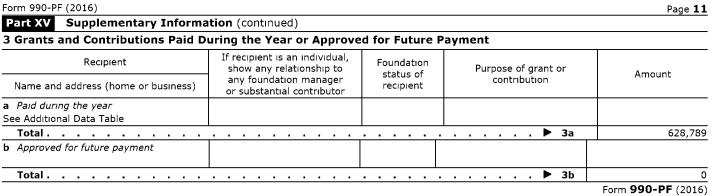
(b)

Years prior to 2015

(c)

2015

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|----|--|----------------------|--|---|--|-----------------|
| | Part XIV Private Operating Found | • | | | | |
| | If the foundation has received a ruling or defoundation, and the ruling is effective for 2 | .016, enter the date | of the ruling | ▶∟_ | ı ———————————————————————————————————— | |
| | Check box to indicate whether the organiza | <u></u> | ating foundation de | | 4942(j)(3) or ∟ | ا (4942(را)(5) |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | Γ | (e) Total |
| | investment return from Part X for each | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | |
| | year listed | | | | | |
| | 85% of line 2a | | | | | |
| | line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| _ | activities Qualifying distributions made directly | | | | | |
| _ | for active conduct of exempt activities | | | | | |
| - | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | |
| а | "Assets" alternative test—enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying | | | | | |
| b | under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3 | | | | | |
| _ | of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test—enter (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments | | | | | |
| | on securities loans (section 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public | | | | | |
| | and 5 or more exempt | | | | | |
| | organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support | | | | | |
| | from an exempt organization | | | | | |
| | (4) Gross investment income Supplementary Information | /Complete this | nart only if the | organization bar | \$5,000 or mor | l e in |
| Pa | assets at any time during the | | | organization nat | 1 \$5,000 OF INOT | |
| 1 | Information Regarding Foundation Mai | nagers: | • | | | |
| а | List any managers of the foundation who ha before the close of any tax year (but only i | ave contributed more | than 2% of the tota ed more than \$5.00 | al contributions receiv 10) (See section 507 | red by the foundation | n |
| ь | List any managers of the foundation who ov | | | | | |
| | ownership of a partnership or other entity) | of which the founda | tion has a 10% or g | reater interest | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Information Regarding Contribution, G | rant, Gift, Loan, Sc | holarship, etc., Pr | ograms: | | |
| | Check here $ ightharpoonup$ If the foundation only ma | | | | | |
| | unsolicited requests for funds. If the found other conditions, complete items 2a, b, c, | , , , | ants, etc (see instri | uctions) to individuals | s or organizations ur | nder |
| | | | | | | |
| а | The name, address, and telephone number | or e-mail address of | the person to whon | n applications should | be addressed | |
| | SHARON L AKERS 2560 LORD BALTIMORE DRIVE | | | | | |
| | BALTIMORE, MD 21244 | | | | | |
| | (410) 369-1273 | | | | | |
| b | The form in which applications should be su | | | • | | |
| | EACH APPLICANT SHOULD COMPLETE AN A | | | | | |
| | AND SUBMIT THE FOLLOWING INFORMATING FINANCIAL STATEMENT, CURRENT OPERAT | | | | | |
| | REQUESTED, LIST OF CURRENT BOARD & | | | | | |
| | MATERIALS | | | | | |
| С | Any submission deadlines | FD 4 | | | | |
| | MARCH 1, JUNE 1, SEPTEMBER 1, DECEMB | | | | | |
| d | Any restrictions or limitations on awards, si factors | uch as by geographic | al areas, charitable | fields, kinds of institu | itions, or other | |
| | THE FOUNDATION'S MISSION IS TO PROVI | IDE FINANCIAL ASSI | STANCE TO FORMAL | EDUCATION PROCE | AMS THROUGH THE | HIGH SCHOOL |
| | LEVEL AS SUCH, THE FOLLOWING TYPES | OF GRANT REQUESTS | S WILL BE CONSIDE | RED PROGRAMMATI | C SUPPORT SCHOLA | ARSHIPS THE |
| | FOUNDATION WILL ONLY MAKE GRANTS TO INDIVIDUALS, OR FOR DEFICIT FINANCING | | | AND ORGANIZATIO | NS, AND DOES NOT | AWARD GRANTS TO |
| | TINDIVIDUALS, OR FOR DEFICIT FINANCING | S, TRAVEL OR LUANS | , | | | |



| er gross | amounts unless otherwise indicated | Unrelated b | usiness income | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---|---|--|-----------------------------------|---------------------------------|----------------------|--|
| Program | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| | | | | | | |
| _ | and contracts from government agencies | | | | | |
| Intere | ship dues and assessments | | | | | |
| | ds and interest from securities | | | | | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | evestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| | ory | | | | | |
| | ome or (loss) from special events rofit or (loss) from sales of inventory | | | | | |
| | evenue a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| е | | | 0 | | | |
| е | | | 0 | 13 | 3 | |
| e Subtota Total. e worksh | Add Ine 12, columns (b), (d), and (e) | ns) | | | | 0 |
| e Subtota Total. , e worksh art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| eSubtota Total. A e worksh art XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to th Explain below how each activity for which it | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| eSubtota Total. A e worksh art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | C |
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| eSubtota Total. A e worksh art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| eSubtota Total. A e worksh art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| eSubtota Total. A e worksh art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | C |
| eSubtota Total. A e worksh art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| e Subtota Total. A e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| eSubtota Total. A e worksh art XVI | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | C |
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| e Subtota Total. A e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | C |
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| eSubtota Total. A e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | C |
| eSubtota Total. A e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | C |
| e Subtota Total. A e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| e Subtota Total. A e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| Subtota Total. e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |
| e Subtota Total. A e worksh art XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex | ns) e Accomplish ncome is report | ment of Exempled in column (e) of | pt Purposes Part XVI-A contribu | ted importantly to | 0 |

| orm 9 | 90-P | F (2016) | | | | | | Pa | ge 13 |
|---------|----------|--|------------------------|--|--------------|--|----------------|------------|--------------|
| Par | t XV | Information Re Exempt Organi | | fers To and Transact | ions and | Relationships With Nonchari | table | | |
| | | | | any of the following with a izations) or in section 527 | | ganızatıon described ın section 501 political organizations? | | Yes | No |
| a Tra | ansfer | rs from the reporting foun | ndation to a noncha | arıtable exempt organızatı | n of | | | | |
| (1 |) Ca: | sh | | | | | 1a(1) | | No |
| (2 |) Oth | ner assets | | | | | 1a(2) | | No |
| | | ansactions | | | | | | | |
| • | - | | | inization | | | 1b(1) | | No |
| | | | | npt organization | | | 1b(2) | | No |
| • | • | ntal of facilities, equipmer imbursement arrangemer | • | | | | 1b(3) 1b(4) | | No No |
| - | - | = | | | | | 1b(5) | | No |
| • | - | | | raising solicitations. | | | 1b(6) | | No |
| • | • | | | = | | | 1c | | No |
| of | the g | oods, other assets, or ser | vices given by the | reporting foundation If th | e foundatio | should always show the fair market n received less than fair market vali ther assets, or services received | | | |
| (a) Lin | e No | (b) Amount involved | (c) Name of nonch | arıtable exempt organization | (d) Des | cription of transfers, transactions, and sha | arıng arra | ngemen | ts |
| | | | | | | | | | |
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| | | | | | | | | | |
| de | scribe | , | Code (other than | s, or related to, one or modesection 501(c)(3)) or in se | | , , | □Yes | ☑ N | lo |
| | | (a) Name of organization | on | (b) Type of organiza | ition | (c) Description of relat | onship | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Sign | of wl | | f, it is true, correct | | n of prepare | companying schedules and statemer er (other than taxpayer) is based or ***** | | mation | n of |

Paid

with the preparer shown below Title Signature of officer or trustee (see instr)? Ves I No Date Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P00117425 employed ▶ 🔲 MEYER T WOLMAN 2017-11-08 **Preparer** ELLIN & TUCKER CHARTERED Fırm's EIN ▶52-0959934 **Use Only** Firm's address ▶ 400 EAST PRATT ST SUITE 200 Phone no (410) 727-5735 BALTIMORE, MD 21202

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation LAWRENCE MAYKRANTZ PRESIDENT/TRUSTEE 0 50 2560 LORD BALTIMORE DRIVE BALTIMORE, MD 21244 KELLAY ST JOHN VICE PRESIDENT & CHAIR/TRUSTEE 2560 LORD BALTIMORE DRIVE 0.50 BALTIMORE, MD 21244 LORI RICE TREASURER/TRUSTEE 0 50 2560 LORD BALTIMORE DRIVE BALTIMORE, MD 21244 SHARON AKERS **EXECUTIVE** 90,000 DIRECTOR/SECRETARY/TRUSTEE 2560 LORD BALTIMORE DRIVE 25 00

ASSISTANT

0 50

SECRETARY/TRUSTEE

BALTIMORE, MD 21244
RICHARD WILLIAMSON

BALTIMORE, MD 21244

2560 LORD BALTIMORE DRIVE

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ADAMS COUNTY SPCA 100 11 GOLDENVILLE ROAD

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

GETTYSBURG, PA 17325

| | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | |
|---------|-----|-------------------------|---------------------------|--|
| GREATER | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | |

| ALZHEIMER'S ASSOCIATION GREATER MARYLAND CHAPTER 1850 YORK ROAD SUITE D TIMONIUM, MD 21093 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 550 |
|---|-----|-------------------------|---------------------------|-------|
| BALTIMORE LEADERSHIP SCHOOL FOR YOUNG WOMEN 128 W FRANKLIN STREET BALTIMORE, MD 21201 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 200 |
| BALTIMORE WASHINGTON MEDICAL | N/A | TAX-EXEMPT | TO FURTHER EXEMPT PURPOSE | 2,500 |

| 11HON10H, HD 21093 | | | | |
|--|-----|-------------------------|---------------------------|-------|
| BALTIMORE LEADERSHIP SCHOOL FOR YOUNG WOMEN 128 W FRANKLIN STREET BALTIMORE, MD 21201 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 200 |
| BALTIMORE WASHINGTON MEDICAL CENTER FOUNDATION 300 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 2,500 |
| BOY SCOUTS - BALTIMORE AREA | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 1,750 |

| 128 W FRANKLIN STREET BALTIMORE, MD 21201 | | | | |
|--|-----|-------------------------|---------------------------|-------|
| BALTIMORE WASHINGTON MEDICAL CENTER FOUNDATION 300 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 2,500 |
| BOY SCOUTS - BALTIMORE AREA COUNCIL 701 WYMAN PARK DRIVE BALTIMORE, MD 21211 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 1,750 |

| BALTIMORE WASHINGTON MEDICAL CENTER FOUNDATION 300 HOSPITAL DRIVE GLEN BURNIE, MD 21061 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 2,500 |
|--|-----|-------------------------|---------------------------|---------|
| BOY SCOUTS - BALTIMORE AREA COUNCIL 701 WYMAN PARK DRIVE BALTIMORE, MD 21211 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 1,750 |
| Total | | | | 628,789 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CANTER PENNSYLVANIA N/A TAX-EXEMPT TO FURTHER EXEMPT PURPOSE AVE CONNICTED BOAD ODCANIZAT

50

500

250

| NEW OXFORD, PA 17350 | | URGANIZAT | | |
|--|-----|-------------------------|---------------------------|--|
| CAROLINE CENTER 900 SOUTH CATON AVENUE BALTIMORE, MD 21229 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | |

| ALTIMORE, MD 21229 | | ORGANIZAT | | |
|--|-----|-------------------------|---------------------------|--|
| ASEY CARES FOUNDATION 918 VERO RD ALTIMORE, MD 21227 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | |
| | | | | |

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| CASEY CARES FOUNDATION 3918 VERO RD BALTIMORE, MD 21227 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | |
|---|-----|-------------------------|---------------------------|--|
| CHESAPEAKE CATS & DOGS 326 WYE MILLS ROAD | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | |

| | I | | | |
|--|-----|-------------------------|---------------------------|-----|
| CHESAPEAKE CATS & DOGS 326 WYE MILLS ROAD QUEENSTOWN, MD 21658 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 500 |
| COMMUNITY FIRE CO INC PO BOX 255 | N/A | TAX-EXEMPT | TO FURTHER EXEMPT PURPOSE | 150 |

| 326 WYE MILLS ROAD QUEENSTOWN, MD 21658 | | ORGANIZAT | | |
|--|-----|-------------------------|---------------------------|---|
| COMMUNITY FIRE CO INC PO BOX 255 MILLINGTON, MD 21651 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 1 |

| QUEENSTOWN, MD 21658 | | ORGANIZAT | | |
|--|-----|-------------------------|---------------------------|---|
| COMMUNITY FIRE CO INC PO BOX 255 MILLINGTON, MD 21651 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | : |
| | | | | |

| COMMUNITY FIRE CO INC PO BOX 255 MILLINGTON, MD 21651 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 15 |
|--|-----|-------------------------|---------------------------|---------|
| Total | | | | 628,789 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CURED PO BOX 32 N/A TAX-EXEMPT TO FURTHER EXEMPT PURPOSE 500 LINCOLNSHIRE, IL 60069 ORGANIZAT CYSTIC FIBROSIS FOUNDATION N/A TAX-EXEMPT TO FURTHER EXEMPT PURPOSE 18,000 10626 YORK ROAD **ORGANIZAT** COCKEYSVILLE, MD 21030

| COCKETSTILLE, TIB LIGGO | | | | |
|---|-----|-------------------------|---------------------------|-----|
| EASTSIDE LUTHERAN CHURCH 2310 INDEPENDENCE LANE MADISON, WI 53704 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 500 |
| EXTRA LIFE 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 50 |
| | | | | |

| CT MAN COURS | 81/8 | TAN EVENDE | TO SUBTUSE EVENDE BURBOSE | |
|---|------|-------------------------|---------------------------|--|
| EXTRA LIFE 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | |
| 2310 INDEPENDENCE LANE MADISON, WI 53704 | | ORGANIZAT | | |

| SALT LAKE CITY, UT 84101 | 1477 | ORGANIZAT | TO TORRIBER EXEMIT TORRIBOR | 30 |
|---|------|-------------------------|-----------------------------|-----|
| GILMAN SCHOOL 5407 ROLAND AVENUE BALTIMORE MD 21210 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 500 |

| <u>'</u> | | | | |
|---------------------|-----|------------|---------------------------|---|
| GILMAN SCHOOL | N/A | TAX-EXEMPT | TO FURTHER EXEMPT PURPOSE | - |
| 5407 ROLAND AVENUE | | ORGANIZAT | | |
| BALTIMORE, MD 21210 | | | | |

Total . 628,789 3a

| lationship to status of on manager recipient al contributor | | |
|---|--|--|
| | | 1 |
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| | | 300 |
| | | 5,000 |
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| | | 5,000 |
| | | 500 |
| | TAX-EXEMIORGANIZA TAX-EXEMIORGANIZA TAX-EXEMIORGANIZA TAX-EXEMIORGANIZA | ORGANIZAT TAX-EXEMPT ORGANIZAT TO FURTHER EXEMPT PURPOSE TAX-EXEMPT ORGANIZAT TO FURTHER EXEMPT PURPOSE TAX-EXEMPT ORGANIZAT TO FURTHER EXEMPT PURPOSE |

| Form 990PF Part XV Line 3 - Gran | ts and contributions rate | During the | Teal of Approved for Future F | ayıncııc |
|---|---|-------------------------|----------------------------------|----------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| LEUKEMIA & LYMPHOMA SOCIETY 100 PAINTERS MILL ROAD OWINGS MILLS, MD 21117 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 150 |
| LIVING CLASSROOMS FOUNDATION 802 SOUTH CAROLINE STREET BALTIMORE, MD 21231 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 450,002 |
| LOYOLA UNIVERSITY OF MARYLAND 4501 N CHARLES STREET BALTIMORE, MD 21210 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 50 |
| MARYLAND ACADEMY OF SCIENCES AT THE MARYLAND SCIENCE CENTER 601 LIGHT STREET BALTIMORE, MD 21230 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 100,000 |
| MARYLAND CASA FOUNDATION 402 WEST PENNSYLVANIA AVENUE TOWSON MD 21204 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 250 |

| THE MARYLAND SCIENCE CENTER 601 LIGHT STREET BALTIMORE, MD 21230 | | ORGANIZAT | | |
|--|-----|-------------------------|---------------------------|-----|
| MARYLAND CASA FOUNDATION 402 WEST PENNSYLVANIA AVENUE | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 250 |

TOWSON, MD 21204

Total . 3a

628,789

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|--|---|-------------------------|----------------------------------|--------|--|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | | |
| a Paid during the year | | | | | |
| MARYLAND NATIONAL GUARD FREESTATE CHALLENGE ACADEMY 4230 BEAL ROAD GUNPOWDER, MD 21010 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 1,000 | |
| MARYLAND STATE DEPARTMENT OF EDUCATION 200 WEST BALTIMORE STREET BALTIMORE, MD 21201 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 5,000 | |
| MCDONOGH SCHOOL 8600 MCDONOGH ROAD OWINGS MILLS, MD 21117 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 2,500 | |
| MERCY HIGH SCHOOL 1300 EAST NORTHERN PARKWAY BALTIMORE, MD 21239 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 250 | |
| MOUNT DE SALES ACADEMY 700 ACADEMY ROAD CATONSVILLE, MD 21228 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 200 | |

| 8600 MCDONOGH ROAD OWINGS MILLS, MD 21117 | IN/A | ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 2,500 |
|--|------|-------------------------|---------------------------|-------|
| MERCY HIGH SCHOOL 1300 EAST NORTHERN PARKWAY BALTIMORE, MD 21239 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 250 |
| MOUNT DE SALES ACADEMY | N/A | TAX-EXEMPT | TO FURTHER EXEMPT PURPOSE | 200 |

Total . За

628,789

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|--|---|-------------------------|----------------------------------|--------|--|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | | |
| a Paid during the year | | | | | |
| MOUNT SAINT JOSEPH HIGH SCHOOL 4403 FREDERICK AVENUE BALTIMORE, MD 21229 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 15,000 | |
| NOTRE DAME PREPATORY SCHOOL 815 HAMPTON LANE TOWSON, MD 21286 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 250 | |
| OAK FLAT ELEMENTARY SCHOOL 334 CENTERVILLE RD NEWVILLE, PA 17241 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 100 | |
| OUR LADY OF PERPETUAL HELP SCHOOL 4801 ILCHESTER ROAD ELLICOTT CITY, MD 21043 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 100 | |
| OUR LITTLE JEWELS INC 9221 DUNLOGGIN RD | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 200 | |

628,789

ELLICOTT CITY, MD 21042

Total

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PASADENA BASEBALL CLUB N/A TAX-EXEMPT TO FURTHER EXEMPT PURPOSE 400 **7923 OUTING AVENUE** ORGANIZAT PASADENA, MD 21122 PROJECT ALS 801 RIVERSIDE DRIVE N/A TO FURTHER EXEMPT PURPOSE 150 TAX-EXEMPT

| NEW YORK, NY 10032 | | ORGANIZAT | | |
|---|-----|-------------------------|---------------------------|-----|
| RESURRECTIONST PAUL HOME SCHOOL ASSOCIATION 3155 PAULSKIRK DRIVE ELLICOTT CITY, MD 21042 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 500 |
| SACRED HEART SCHOOL P O BOX 3672 GLYNDON, MD 21071 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 50 |

| Total | | | | 628,789 |
|---|-----|-------------------------|---------------------------|---------|
| SEWARD JOHNSON ATELIER 14 FAIRGROUNDS ROAD HAMILTON, NJ 08619 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 3,192 |
| SACRED HEART SCHOOL P O BOX 3672 GLYNDON, MD 21071 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 50 |
| ELLICOTT CITY, MD 21042 | | | | |

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| If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
|---|--|---|--|
| any foundation manager or substantial contributor | recipient | | |
| | | | |
| N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 4,070 |
| N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 100 |
| N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 500 |
| N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 5,500 |
| N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 200 |
| | show any relationship to any foundation manager or substantial contributor N/A N/A N/A N/A | show any relationship to any foundation manager or substantial contributor N/A TAX-EXEMPT ORGANIZAT show any relationship to any foundation manager or substantial contributor N/A TAX-EXEMPT ORGANIZAT N/A TAX-EXEMPT TO FURTHER EXEMPT PURPOSE ORGANIZAT N/A TAX-EXEMPT TO FURTHER EXEMPT PURPOSE ORGANIZAT N/A TAX-EXEMPT TO FURTHER EXEMPT PURPOSE ORGANIZAT |

| orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|---|---|-------------------------|----------------------------------|--------|--|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | | |
| a Paid during the year | | | | | |
| UNIVERSITY OF MARYLAND ALUMNI ASSOCIATION 7801 ALUMNI DRIVE COLLEGE PARK, MD 20742 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 300 | |
| UNIVERSITY OF MARYLAND BALTIMORE COUNTY 1000 HILLTOP CIRCLE BALTIMORE, MD 21250 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 100 | |
| WALK THE WALK FOUNDATION PO BOX 342 MILLERSVILLE, MD 21108 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 1,175 | |
| WESTMINSTER BASEBALL ASSOCIATION PO BOX 2008 WESTMINSTER, MD 21157 | N/A | TAX-EXEMPT ORGANIZAT | TO FURTHER EXEMPT PURPOSE | 500 | |

628,789

Total . .

| efile GRAPHIC print - DO NOT F | ROCESS | As Filed D | ata - | | DLN: 93491317012827 |
|--------------------------------|----------|------------|--------------------------|-------------|---|
| TY 2016 Accounting Fe | ees Sche | edule | | | |
| | | | | | |
| | Name: | EDWARD | ST JOHN FOUND | ATION INC | |
| | EIN: | 20-1397 | 204 | | |
| Category | Amo | ount | Net Investment Income | Adjusted Ne | t Disbursements for Charitable Purposes |
| ACCOUNTING FEES | | 4,975 | | 0 | 0 |

DLN: 93491317012827

Name: EDWARD ST JOHN FOUNDATION INC.

As Filed Data -

EIN: 20-1397204

| General Explanation Attachment | | | | | |
|--------------------------------|------------------|-------------|--|--|--|
| Identifier | Return Reference | Explanation | | | |
| | | | | | |

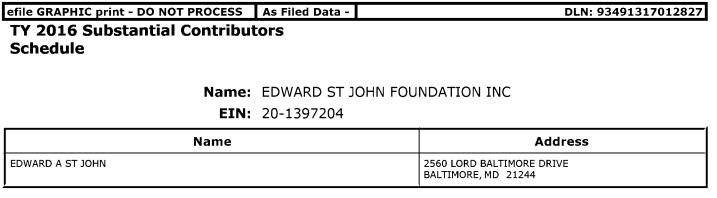
MANA GERS

EXECUTIVE DIRECTOR FORM 990-PF PART VIII OFFICERS. COMPENSATION REPORTED TO EXECUTIVE DIRECTOR COMPENSATION DIRECTORS, TRUSTEES, FOUNDATION REPRESENTS REIMBURSEMENT TO ISSUER OF W-2, ST

JOHN PROPERTIES, INC.

efile GRAPHIC print - DO NOT PROCESS

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLI | N: 93491317012827 |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| TY 2016 Other Expenses Schedule | | | | |
| | | | | |
| Name: | EDWARD ST JO | HN FOUNDATION | IINC | |
| EIN: 20-1397204 | | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| WEBSITE OPERATIONS | 1,721 | 0 | | 0 |
| INSURANCE | 945 | 0 | | 0 |
| BANK FEES | 161 | 0 | | 0 |



| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317012827 | | | | | |
|--|---|---|---|--|--|
| Schedule B (Form 990, 990-EZ, | Schedule of Contributors | | OMB No 1545-0047 | | |
| or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its ins <u>www irs gov/form990</u> | | 2016 | | |
| Name of the organizat EDWARD ST JOHN FOUN | | Employer ic | lentification number | | |
| Outromation true / -le | | 20-1397204 | | | |
| Organization type (ch | eck 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 foundation | | | | |
| | ☐ 527 political organization | | | | |
| Form 990-PF | √ 501(c)(3) exempt private foundation | √ 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | ration filing Form 990, 990-EZ, or 990-PF that received, during the year, con ir property) from any one contributor. Complete Parts I and II. See instruction | | | | |
| Special Rules | | | | | |
| under sections received from a | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-Eny one contributor, during the year, total contributions of the greater of (1) \$300 ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | EZ), Part II, line 13, | 16a, or 16b, and that | | |
| during the year. | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that total contributions of more than \$1,000 exclusively for religious, charitable, the prevention of cruelty to children or animals. Complete Parts I, II, and III | scientific, literary, c | | | |
| during the year. If this box is che purpose Do no | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no succeeded, enter here the total contributions that were received during the year for complete any of the parts unless the General Rule applies to this organization, contributions totaling \$5,000 or more during the year | ch contributions total or an <i>exclusively</i> re ation because it rec | aled more than \$1,000 eligious, charitable, etc., | | |
| 990-EZ, or 990-PF), bu | on that is not covered by the General Rule and/or the Special Rules does not it must answer "No" on Part IV, line 2, of its Form 990, or check the box or Form 990PF, Part I, line 2, to certify that it does not meet the filing requireme | n line H of its | | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | | Schedule B (Form 990 | , 990-EZ, or 990-PF) (2016) | | |

| Name of organiz EDWARD ST JOHN | zation I FOUNDATION INC | Employer identification 20-1397204 | number |
|-----------------------------------|--|---------------------------------------|--|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if ad | ditional space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | EDWARD A ST JOHN 2560 LORD BALTIMORE DRIVE BALTIMORE, MD21244 | \$ 795,000 | Person Payroll Noncash (Complete Part II for noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Complete Part II for noncash contributions) |

| Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2016) | | Page 3 |
|-----------------------|--|--|--------------------------------|
| Name of organization | | Employer ident | ification number |
| | | 20-13 | 397204 |
| Part II | Noncash Property | | |
| (a) No.from Part I | (see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| = | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (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 |
| | | | |
| | | Schedule B (Form | 990, 990-EZ, or 990-PF) (2016) |

| Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2016) | | Page 4 |
|--|--|---|--|
| Name of organizat EDWARD ST JOHN FO | | | Employer identification number 20-1397204 |
| than \$1, organiza the year | 000 for the year from any one contributo | r. Complete columns (a) through the columns (a) through the columns (a) through the columns (b) through the columns (a) through the columns (b) throu | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 | Relationship of transferor to transferee |
| | | | |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and | L | t Relationship of transferor to transferee |
| | | | |
| (a) No.from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | Relationship 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 | | Relationship of transferor to transferee |
| | | | |
| | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2016) |