Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	Α	For the	2016 cale	endar year, or			July 1		, 2016, a	and end	ing	June	10	, 20 17	
ENVELOPE	В	Check if	applicable	C Name of org	janization Ba	altımore Rota	ry Foundation	, inc				D	Employe	er identification n	umber
n	$ \mathbf{V} $	Address	change	Doing busine	ess as Sam	ne								52-6054895	_
Ä		Name ch	nange	Number and	street (or P (O box if mail is	not delivered to	street add	ress)	Room/s	suite	E.	elephor	ie number	
5		Initial reti	urn I	18 Buchanan	ı Rd					į		- 1		410 377 7189	
n		Final retur	rn/terminated	City or town,	, state or pro	vince, country,	and ZIP or forei	gn postal co	ode	•					
		Amended	d return	Baltimore, Mo	d 21212-10)45						G	Gross re	ceipts \$	382038
1		Applicati	on pending	F Name and ac	ddress of prin	ncipal officer					H(a) I	s this a group	return for s	ubordinates? Yes	☑ No
j		• •		,	18 Buchan	an Rd Baltim	ore, Md 2121	2-1045		_				included? Yes	
	ī	Tax-exer	npt status.	✓ 501(c)(3	3)	501(c) () ◀ (insert ne	0) 4947	(a)(1) or	527				list (see instructio	
3 3	J	Website		w baltimorero					1		H(c)	Group exe	mption i	number 🕨	
	$\overline{\mathbf{K}}$	Form of a	organization	✓ Corporation	Trust [Association	☐ Other ►		L Yea	r of form				of legal domicile	Md
	P	art I	Summ	nary					Ī					 	
•				escribe the o	rganizatio	n's mission	or most sign	nificant ac	tivities:	То со	ntribute t	to and sur	port lo	cal and regional	
	ø	1	-	e, educational,	_		_						i		
	auc	1													
	Governance	2	Check th	nis box ▶☐ir	f the organ	nization disc	continued its	operatio	ns or dis	sposed	of more	than-25	%"\of i	ts net assets.	
	Š			of voting me							- II	(ED)	3	is not associa.	5
	ص ح	,		of independe		-					CEI		181		5
	es			mber of indivi							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		181		
	Χŧ	1		mber of volur		-	-	-010 (1 d)	12	J 14	1.K. 2 6	8103	1821		é
	Activities &	1		related busine	•		• •	· · · · · · · · · · · · · · · · · · ·	12	: " 'N			7a		
	•	1		lated busines				, ,	١.	سنسا"		ALL IA	-7b-		0
		<u> </u>	TTCT GITTCT	iated busines	30 taxable	111001110 1101	11 1 01111 000	1, 1110 04		- 0		rior Year		Current Ye	
		8	Contribut	tions and gra	ente (Part \	(ditable and b)		1	L				5,031		40,786
	ž	I		service rever	•	. 10 20 8 8 40 4	• • • •		• •				0		40,700
	Revenue		_	ent income (P	•			 7d)		•		11/	1,403		169,051
	Be	,						-		. }			,405	·	109,031
				venue (Part Vi						- 10		460),434		200 027
				enue-add lin						e 12)			3,649		209,837
		13	Grants an Domestite in	nd similar am paid to or for	PECE	VEDENT	TY DEP'T"	ies 1-3).		}			3,049		100,061
	l		•	•		-									
	ses			other compen						-10)			0		0
	en			onal fundraisii						. ; }					0
	Expenses			draising expe						0					
	_			oenses (Part i				•		[,352		14,988
	- 1			enses. Add li				⊭amn (A),	line 25)	· •			,001	- 	115,049
-		19 1	Hevenue I	less expense	es. Subtra	ct line 18 tre	en the 12	···	_ -				2,433		94,788
	sets or					RECE		(M)		ļ	Beginning	of Current		End of Yea	
	See			ets (Part X, III			2018	\mathcal{M}		[1,882		2,1	137,219
	Net Ass Fund Ba	21	l otal liabi	ilities (Part X, is or fund bal	, line 26) 	el ICER 9	0 2010	100 ·		}			0		0
_							1 from line-2	· 10°	<u> </u>	لنن		1,882	,092	2,	137,219
1		rt II		ure Block	<u> </u>										
	Und	ler penalti	ies of perjury	y, I declare that	I have exami	ined this leturn	affetuding acco	mpanying s	chedules	and state	ments, an	id to the be	st of my	knowledge and b	oelief, it is
_	true	, correct,	and comple	ete Declaration o	of preparer (c	other than office	er) is based on a	ii intormatio	n of which	n prepare	r has any	knowledge			
_		}		KOVE	ALA	ecs_							2//	3/2018	
	Sig		Signa	ature of officer	11/	17.	/ D/	بزير سرو	-16			Date		/	
•	Her	e		KAKL	<u>-17 · 5</u>	2115	- 11	ESIL	IEN.	<u>/</u>					
_		L	'	or print name an											
E	Pai	d	Print/Typ	oe preparer's nan	ne	Prep	arer's signature			Da	ate	C	neck [PTIN	
		parer											if-emplo		
		Only		ime 🕨								Firm's El	√ ►		
_			Firm's ad	idress 🕨								Phone no			
١	Лау	the IRS	discuss	this return w	vith the pre	eparer show	n above? (se	e instruc	tions)				·	Yes	No
F	or F	Paperwo	ork Reduct	tion Act Notic	ce, see the	separate in:	structions.			Cat. N	0 11282\	′		Form 99	(2016)

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . **√** 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X... 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14 a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

•					
Fo	rm 99	90 (2016)			Page
E	art	Checklist of Required Schedules (continued)			
. 2	0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
_	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		+
2	1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			+-
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
2	2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			1.
2	3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		+ <u> </u>
-		organization's current and former officers, directors, trustees, key employees, and highest compensated			
2	40	employees? If "Yes," complete Schedule J	23	 	+
2	4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	}	1	1
		through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		1
	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
		to defease any tax-exempt bonds?	24c		
2	d 5a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
~	Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	1
	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
		year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		If "Yes," complete Schedule L, Part I	25b		1
2	6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
		disqualified persons? If "Yes," complete Schedule L, Part II	26		1
2	7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
		substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			į
_		entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
2	В	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		,	
	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		1
		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
		Schedule L, Part IV	28b		1
	C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
۰.		was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30		Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
	-	conservation contributions? If "Yes," complete Schedule M	30		1
31	l	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
		Part I	31		1
32	2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			1
33	3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34		Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.5		or IV, and Part V, line 1	34	✓	<u> </u>
35		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
			35b		1
36	;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
		related_organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38		Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		✓
50		19? Note. All Form 990 filers are required to complete Schedule O.	38		
					(2016)

				_
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			<u>. L</u>
			Yes	No
1a		4	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	- ~ -	1	1
	reportable gaming (gambling) winnings to prize winners?	1c	L	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ļ	'
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2)] -	-] _
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	}	1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		"
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			l
	(FBAR).	1		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		į
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1	- [
_	and services provided to the payor?	7a	- (1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
•	required to file Form 8282?	7c	}	1
d	track to the second sec	76		<u> </u>
e	If "Yes," indicate the number of Forms 8282 filed during the year	-	Ì	,
f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		<u> </u>
g h	· · · · · · · · · · · · · · · · · · ·	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	•		1	, -
^	sponsoring organization have excess business holdings at any time during the year?	8	\longrightarrow	
9	Sponsoring organizations maintaining donor advised funds.		Į	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:]	•	
	Initiation fees and capital contributions included on Part VIII, line 12	1	. }	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	1 11
1	Section 501(c)(12) organizations. Enter:	1	1	
	Gross income from members or shareholders	[-	- {	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	}	1.	
_	[·····]	ł	1	
2a	armina and a second	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		ì	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		ŀ	
	Enter the amount of reserves the organization is required to maintain by the states in which	}		
	the organization is licensed to issue qualified health plans		}.	
	Enter the amount of reserves on hand			
		14a		<u>√</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	990 (2016)

Form 9	990 (2016)			Page 6
Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	for a	"No" tions.
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	· ·	<u>. U</u>
Seci	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		165	
b 2	Enter the number of voting members included in line 1a, above, who are independent. 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		\frac{1}{4}
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	-	_
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No √
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	1	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	116	-	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		√ √
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<u>√</u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17 18	List the states with which a copy of this Form 990 is required to be filed ► Maryland Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(d	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy,	and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	>	

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

Check if Schedule O contains a response or note to any line in this Part VII



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

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

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

Check this box if neither the organization no	r any relate	d org	aniz			ompe	ensa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	b officer or director	unles er an	Pos neck	rson	e that Highest compensated	h an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Karl H Silex , President	2	√		_				0	0	0
(2) Carl Hossfeld, Vice president	1	1		√				0		0
(3) C William Schneidereith, Treasurer	1	<u> </u>		V				0		0
(4) Karen Blake, Secretary	1	\ \ \		· ·				0	 	0
(5) Andrew Hahn, Director	1	*		<u> </u>				0	 	0
(6)					-					
		-								
(8)				-						
(9)										
(10)					_					
(11)										
(12)					+		-		,	
(13)					1		\dashv			
(14)				_	-		_			

` _	(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck is pe	erson	e than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reports compensati relate	on from	ап	(F) timated nount o other	f
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensati om the anizatio d relate inizatio	on d
(15)					_							 -		
(16)									<u> </u>	·				
(17)														
(18)														
	·			-										
		,												
(21)														
(22)			`											
(23)														
(24)													-	
(25)				1	7			_			1			
1b c	Sub-total	VII, Sectio	n A				. !	•	0		0			C
d	Total (add lines 1b and 1c)) wh		re than \$1		of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct						mpl	oyee, or highe	est compe	ensated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha		50,0	1007	? If								1
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue co	mpen	sati	on f	ron	n any le J fo	unre or su	elated organiza	ation or in	 dividual 			V
Section	on B. Independent Contractors	<u>-</u>												_ <u>`</u>
1	Complete this table for your five highest compensation from the organization. Represent.													ах
	(A) Name and business addre	ess							(B) Description of se	vices	((C) Compens	ation	
											!			
							-							
							二			· -				
2	Total number of independent contractor received more than \$100,000 of compensa	s (including tion from th	g but le org	noi aniz	ı iir atio	nite n ▶	d to	tho	se listed abov	/e) who				

Pai	t VIII								
		Check if Schedule	O contains	a res	ponse or note t	o any line in this (A) Total revenue	Part VIII (B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
							function revenue	revenue	under sections 512-514
ts ts	1a	Federated campaigr	ns	1a	T		. ,		
E Z	Ь			1b		1 ' '		}	
S, E	C			1c		1		ĺ	
Sifts	d	Related organization	ns	1d	31,425			}	
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (co	ntributions)	1e]			
to r	f	All other contributions,]	
혈粪		and similar amounts not in		_1f	9,361	[
a it	g	Noncash contributions inclu							
<u><u>a</u> <u>o</u></u>	h	Total. Add lines 1a-	<u>1f</u>	<u> </u>	· · · · •	40,786			<u> </u>
nue					Business Code				
eve	2a							r	
er er	b								<u> </u>
ΞŽ	C				}			· 	
Š	d					 			
Jrar	f	All other program se							
Program Service Revenue	g	Total. Add lines 2a-				o	·		<u> </u>
	3	Investment income	(including	dıvid	ends, interest,				T
	Ì	and other similar am				35,708	Ì		35,708.
	4	Income from investmen	nt of tax-exer	npt be	ond proceeds▶				
	5	Royalties	· <u>·</u>		🕨				
	{		(ı) Real		(ii) Personal				-
	6a	Gross rents							
	Ь	Less: rental expenses	ļ						
	C	Rental income or (loss)			L				
	d	Net rental income or		<u> </u>					ļ
	7a	Gross amount from sales of assets other than inventory	(i) Securiti		(ii) Other		,		
	_	Less cost or other basis	30:	5,544		j	j		
	b	and sales expenses .	17	2,201		}	Ĭ		
		Gain or (loss)		3,343		1	1		
	d	Net gain or (loss)			•	133,343	j		133,343
	•	(1033) .		٠.,		700,010			100,040
venue	8a	Gross income from fuevents (not including \$	undraising						
Other Reven		of contributions reported See Part IV, line 18 .							
£	b	Less: direct expenses	s	. b		1	ļ		
		Net income or (loss) f			events . ►				
	9a	Gross income from ga			}		ļ		
		See Part IV, line 19 .		-					
		Less: direct expenses							
ļ		Net income or (loss) f		_	/ities ▶				
}	ıva	Gross sales of in returns and allowance							
}	L			F		ł			
		Less: cost of goods s			ntony	1			
}	c	Net income or (loss) f		1 1110	Business Code				
}	11a			}		1			,
ł	b			i					
[C	***************************************				+			
1	d	All other revenue .							
}	e	Total. Add lines 11a-							
Į.	12	Total revenue See in				200 837			160.051

Part IX	Statement	t of Functional Expenses	

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lir		<u></u>	
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	. (D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1		•	
	and domestic governments. See Part IV, line 21	100,061	100,061		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			· · · · · · · · · · · · · · · · · · ·	
11	Fees for services (non-employees):				
а	Management				
Ь	Legal				
C	Accounting				
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17	11000			
f	Investment management fees	14,867		14,867	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				·
13	Office expenses	121		121	
14	Information technology				
15	Royalties				
16 17	Occupancy				L
17 18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		}		
	line 24e amount exceeds 10% of line 25, column			i	
	(A) amount, list line 24e expenses on Schedule O.)			,	
а					
b					
C					
đ					
е	All other expenses				
25	I otal functional expenses. Add lines 1 through 24e	115,049	100,061	14,988	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	(1	ļ	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,085 1 30.604 2 Savings and temporary cash investments . . . 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 8 inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b þ 10c 1.880.007 2,106,615 11 Investments—publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 . . . 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 1,882,092 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 2,137 219. 16 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 n 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,882,092 27 2,137,219 28 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 33 2,137,219 1,882,092 33

Total liabilities and net assets/fund balances

2,137 ,219

1,882,092

34

Pår	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20	9,837
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	5,049
3	Revenue less expenses. Subtract line 2 from line 1	3		9	4,788
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,88	2,092
5	Net unrealized gains (losses) on investments	5		16	0,339
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			·
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,13	7,219
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	· · · ·	·	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		1 1		}
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		1	- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or	, ,		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		} }	1	
ь			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	- { - {	1	
	separate basis, consolidated basis, or both:		1 1		
`	Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	~			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in		l	
•		fawih :-	-	}	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorui in	0-	}	,
			3a		√ _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь	-	
	required about or addits, explain why in ochedule of and describe any steps taken to diluting such a	Juits.		000	
			Form	990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

201

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

ZU16

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	more Rotary Foundation , Inc					52-6	054895		
	rt I Reason for Public Cha	arity Status (A	Il organizations mus	st compl	ete this	<u></u>			
_	organization is not a private found								
1	A church, convention of church	ches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	07		
2	A school described in section		•			• •	0 1		
3	A hospital or a cooperative ho								
4	A medical research organization		conjunction with a hos	spital des	cribed in	section 170(b)(1)(A	(iii). Enter the		
_	hospital's name, city, and sta		pollogo os universes						
5	An organization operated for section 170(b)(1)(A)(iv). (Corr		college or university	owned	or opera	ted by a governmen	tai unit described in		
6	A federal, state, or local gover								
7	An organization that normally described in section 170(b)(1)(A)(vi). (Comple	ete Part II.)	·	n a gove	rnmental unit or fro	n the general public		
8	A community trust described	in section 170 (b	o)(1)(A)(vi). (Complete	Part II.)					
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	O An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	☐ An organization organized and				-	•			
12	☐ An organization organized and	operated exclu	sively for the benefit of	of, to perf	orm the f	functions of, or to ca	my out the purposes		
	of one or more publicly supp								
	Check the box in lines 12a thro			-			_		
а	, , ,								
	the supported organization supporting organization. Y	ou must compl	ete Part IV, Sections	A and B	.				
b									
	control or management of		=		e persons	s that control or man	age the supported		
_	organization(s). You must	-				سينفسي والمساور والمارين	alter landa aranda ad condita		
С	its supported organization	(s) (see instructio	ons). You must comp	lete Parl	IV, Sect	ions A, D, and E.	•		
d	Type III non-functionally that is not functionally integree requirement (see instructional see instruc	grated. The orga	inization generally mu	st satisfy	a distrib	ution requirement ar			
е	Check this box if the organ functionally integrated, or						e II, Type III		
f	Enter the number of supported of								
g	Provide the following information	about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
		 			 	 			
(A)	!	,			}				
(B)									
(C)	·								
(D)							· · · · · · · · · · · · · · · · · · ·		
(E)									
Total									
						<u></u>			

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

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

	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(0) 2016	49 Total
1	Gifts, grants, contributions, and	(a) 2012	(0) 2013	(6) 2014	(u) 2013	(e) 2016	(f) Total
•	membership fees received. (Do not]			
	include any "unusual grants.")	27,650	60,850	40,710.	46,031	40,786	216,027
2		27,000	00,030	40,7 10.	40,031	40,700	210,027
2	Tax revenues levied for the organization's benefit and either paid				i		
	to or expended on its behalf						
_	· .						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	[ĺ	[
	-	27,650.	60,850	40,710	46,031	40,786,	210 027
4	Total. Add lines 1 through 3	27,030.	- 60,030	40,710	40,031	40,780.	216,027
5	The portion of total contributions by						
	each person (other than a		}	1			
	governmental unit or publicly	1		1	į	` `	
	supported organization) included on	}	'	•			
	line 1 that exceeds 2% of the amount	1			ļ	[
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	1					210,027
	ion B. Total Support	(-) 2012	(F) 0010	(=) 0014	(4) 0015	(.) 2010	/0.T.1.1
Caler	ndar year (or fiscal year beginning in)	(a) 2012 27.650	(b) 2013 60.850	(c) 2014 40,710	(d) 2015 46.031.	(e) 2016 40,786	(f) Total 210,027
		27,030	00,050	40,710	40,031.	40,786	210,027
8	Gross income from interest, dividends,		1	ł	İ		
	payments received on securities loans,	1	1	}			
	rents, royalties and income from similar	22.004	00.070	22.004	25.004	25 700	470 500
_	sources	33,991	32,973	33,994	35,924	35,708.	172,590
9	Net income from unrelated business				{	1	
	activities, whether or not the business		ì	}	j	ì	
	is regularly carried on						
10	Other income. Do not include gain or		}		1	ł	
	loss from the sale of capital assets	1	į	1	į	ĺ	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						388,617
12	Gross receipts from related activities, etc.				ı,	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						1 501(c)(3)
					· · · · · ·	<u> </u>	
	on C. Computation of Public Support						55.50.01
14	Public support percentage for 2016 (line 6,		-	i, column (f))		14	55 59 %
15	Public support percentage from 2015 School 331/3% support test—2016. If the organiz				 	15	62 75 %
iva	box and stop here. The organization quali						
b	331/3% support test—2015. If the organiz						
	this box and stop here . The organization of						
47-				=			
17a	10%-facts-and-circumstances test – 201 10% or more, and if the organization mee	io. Il the organ	iization did no	it check a box	on line 13, 16	a, or 166, and	line 14 is
	Part VI how the organization meets the "fa	ets the lacts-a	ario-circumstai	nces test, che	CK this box ar	na stop nere.	Explain in
	organization						▶ ⊔
b	10%-facts-and-circumstances test—20	15. If the organ	nization did no	t check a box	on line 13, 16	a, 16b, or 17a	i, and line
	15 is 10% or more, and if the organization	on meets the	"facts-and-ci	rcumstances"	test, check th	nis box and st	top here.
	Explain in Part VI how the organization me	eets the "facts			_	•	
	supported organization .						
18	Private foundation. If the organization did						
	instructions		· · · · ·				▶ 🔲

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

52-6054895

OMB No 1545-0047

□ No

Department of the Treasury Internal Revenue Service Name of the organization

Baltimore Rotary Foundation , Inc

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) McKim Community Center 1120 E Baltimore St. Baltimore Md 2120	52-0611110	501c(3)	10.000				operational support
(2) Camp Dudley	32 00 77710	55.0(5)	10,000		 		operational support
701 Wyman Park Dr. West Port, NY 129	14-1504974	501c(3)	13,500		}		Operational support/scholarsh
(3) The League for people w/disabilities							
111 E Coldspring Ln Baltimore, Md 212	52-0591579	501c(3)	7,500				operational support
(4) Orch Kids (BSO, Inc.)						_	
1212 Cathedral St. Baltimore, Md 21201	52-0629696	501c(3)	5,500			.	operational support
(5) Boy Scouts of America							
701 WymanPark Dr Baltimore, Md 2121	52-0591572	501c(3)	7,500				operational support
(6) Vehicles for Change 4111 Washington Blvd Balto Md 21227	54-1933692	501c(3)	15,000				operational support
(7)							
(8)							
(9)							
(10)	-						
(11)							
(12)							
2 Enter total number of section	501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table		 ,	6
3 Enter total number of other or	ganizations listed	in the line 1 table				•	• 0

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

Cat No 50055P

Schedule 1 (Form 990) (2016)

Grants and Other Assistance the Part III can be duplicated if additional and the property of the Part III can be duplicated and the property of the Part III can be duplicated as a second of the Part III can			ne organization answ	vered "Yes" on Form 990,	Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					•
IV Supplemental Information. Pro	vide the information re	equired in Part I, Ii	ne 2, Part III, columi	n (b), and any other addition	onal information.
are only made to 501c(3) organizations. Detaile	ed grant applications are rev	iewed by the appropria	ate committees and grant	ee representatives are interviewe	ed and make presentations as
operations. Follow up also occurs when grantee	es apply in the subsequent y	ear			
	····	***************************************	,		
	•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************		

,		*******			

Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Baltimore Rotary Founda	52-6054895						
Part III line 2 and line 3	: There was no change in operations nor in the grant approval and payment process	3.					
Part VI line 11b	. Every Director of the Board is given a copy of from 990 for their input and review pr	for to filing.					
Part VI line 19	. The articles of incorporation and bylaws are available to the public upon request. F	orm 990 is used and represents					
	the Foundations Financial Statements as no separate statements are prepared. The	conflict of interest policy is also					
•	available upon request.						
Part VI line 8a,b The Foundation is operated by a Board of Directors and written contemporaneously minutes are kept. Members of							
	The Board must also be members of the Rotary Club of Baltimore Committees of the	ne Rotary Club of Baltimore					
	Review all grant applications and make recommendations to the Board of the Foundations	dation for their final approval					
	and payment.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Part VII	The Foundation does not pay compensation to any person, director or officer. The control of the foundation does not pay compensation to any person, director or officer.	only expenses of the Foundation					
	are fees to an independent investment advisor and bank charges						

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Baltimore Rotary Foundation, Inc.

Open to Public Inspection

OMB No 1545-0047

2016

52-6054895

Part I	Identification of Disregarded Entities. Complete if the or	rganization answered "Yes	s" on Form 990, P	art IV, line 33		
	(a) . Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year. (c) Legal domicile (state or foreign country) (a) Public charity status (if section 501(c)(3)) (d) Exempt Code section (f) Direct controlling (a)
Name, address, and EIN of related organization (g) ation 512(b)(13) entity controlled entity? Yes No (1) Rotary International/Rotary club of Baltimore P O Box 13242, Baltimore, Md 21203-3242 Crvic Club Maryland 501c(4)

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

Cat No 50135Y

Schedule R (Form 990) 2016

			izations Taxable ed organizations					ed "Y	es" c	n Form 990	, Part i\	/, line	34
(a) Name, address, related organ		(b) Primary activ	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, untrelated, excluded from tax under sections 512-514)	d, income	(g) Share of end-of- year assets	Disprop	(h) (i) Disproportionale adocations? amount in to of Schedule (Form 10		i Gen 20 mar	(i) eral or laging tner?	(k) Percentage ownership
			<u> </u>	ļ		i	Yes	No		Yes	No	L	
_(!)						}	{						
(2)													
(3)									-		1		
(4)				 				-	-		+		
(5)								<u> </u>			+		
(6)								-					
7)											+-	 	
Part IV Identi	fication of I	Related Organi had one or mor	zations Taxable e related organiz	as a Corpora	tion or Trust. C as a corporation	omplete if the	e organization	n ans ar	were	d "Yes" on F	orm 99	90, Pa	art IV,
Name, address	(a)	d organization	(b) Primary activity	(c) Legal dom	(d)	olina Type o	a) of entity Share	(f)		(g) Share of	(h)	Sec	(i) tion 512(b)(13)

Name, address, and EIN of related organization

(a)

Name, address, and EIN of related organization

(b)

Primary activity

(c)

Legal domicie (state or foreign country)

(c)

(c)

Legal domicie (state or foreign country)

(c)

(c)

(c)

(d)

(d)

(d)

Type of entity

(C corp, S corp, or trust)

(d)

(e)

Share of total income

entity

Yes No

(f)

(g)

Share of total income

entity

Yes No

(g)

(h)

Share of total income

entity

Yes No

(f)

(g)

Share of total income

entity

(income

entity

Yes No

(f)

(g)

Share of total income

entity

(income

entity

Yes No

(f)

(g)

Share of total income

entity

(income

entity

Yes No

(f)

(g)

Share of total

Share of total

entity

Yes No

(f)

(g)

Share of total

Share of total

Entity

Yes No

(f)

(g)

Share of total

Schedule R (Form 990) 2016

_	

Schodulo B (Form 990) 2016

Schedu	le H (Form aan) 2016						Page 3
Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Forr	n 990, Part IV, line 3	14, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related orga	nizations listed in Parl	s II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_		•	1a		1
ь	Gift, grant, or capital contribution to related organization(s)				1b		1
С	Gift, grant, or capital contribution from related organization(s)			•	1c		1
đ	Loans or loan guarantees to or for related organization(s)				1d		1
е	Loans or loan guarantees by related organization(s)				1e		1
						· ,	
1	Dividends from related organization(s)				11		1
g	Sale of assets to related organization(s)				1g		1
ĥ	Purchase of assets from related organization(s)		•		1h		1
i	Exchange of assets with related organization(s)				11		1
j	Lease of facilities, equipment, or other assets to related organization(s)				11		1
_							
k	Lease of facilities, equipment, or other assets from related organization(s)			•	1k		1
1	Performance of services or membership or fundraising solicitations for related organization(s)	ı			11		1
m	Performance of services or membership or fundraising solicitations by related organization(s)	`			1m		1
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		1
0	Sharing of paid employees with related organization(s)				10		1
р	Reimbursement paid to related organization(s) for expenses				1p		✓
q	Reimbursement paid by related organization(s) for expenses				10		7
-							
r	Other transfer of cash or property to related organization(s)				1r	1	✓
5	Other transfer of cash or property from related organization(s)				18		7
2	If the answer to any of the above is "Yes," see the instructions for information on who must c	omplete this line, incli	uding covered relation	ships and transaction	on thre	shole	is .
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining	amour	t Involv	ved
				· · · · · · · · · · · · · · · · · · ·			
_(1)	, , , , , , , , , , , , , , , , , , ,		· - · - · · · · · · · · · · · · · · · ·				
(2)		 					
(3)							
(4)							
(5)							
(5)							
(G)			\				
(6)	· · · · · · · · · · · · · · · · · · ·			0.5.00	15	. 000'	0046
				Schedule R	(Form	1 990)	2016

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

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

(a) ame, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		<u> </u>	secuons 512-514)	Yes	No			Yes	No		Yes	No	
				}									
						·····							
,						······································							
								1					
		· · · · · · · · · · · · · · · · ·						1		·			
						`					_		
								1-	_			_	
	-												
											-		
									_				
											7	-	
												-	
									-			-	
	arne, address, and EiN of entity	ame, address, and EIN of entity Primary activity	ame, address, and ElN of entity Primary activity Legal domicile (state or foreign country)	ame, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income (related, urrelated, excluded from tax under sections 512-514)	ame, address, and EIN of entity Primary activity Legal domicile (state or foreign country) restrictions 512-514 Primary activity Legal domicile (state or foreign country) Income (related, excluded from lax under sections 512-514) Yes Yes	ame, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominam income (related, unrelated, excluded from tax under sections \$12-514) Yes No ame, address, and EtN of entity Primary activity Legal dormicile (state or froigh country) Predominant in come (related, excluded from lax under sections 512-514) Yes No Share of total income organizations O	ame, address, and EIN of entity Promary activity I legal domicile (state or foreign country) Promary activity I legal domicile (state or foreign country) Promary activity I legal domicile (state or foreign country) Promary activity I legal domicile (state or foreign country) Promary activity I legal domicile (state or foreign country) Promary activity I legal domicile (state or foreign section Share of total income end-of-year assets Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section Share of total income end-of-year assets No I legal domicile (state or foreign section s	arme, address, and ElN ol entity Primary activity Legal domicile (state or foreign (state) or foreign (activity) Preserved Prese	ame, address, and EIN of entity Primary activity Predominant Activity Predominant ame, address, and EIN of entity Primary activity Legal dominical (state or foreign country) Primary activity Primary activity Legal dominical (state or foreign country) Primary activity ame, address, and EIN of entity Primary activity Legal domicinic (state or foreign country) Predominant Income feetable activated a country feetable activated activated a country feetable activated activated activated a country feetable activated a	ame, address, and EiN of entity Primary activity Logial domicine (state or foreign country) Prescommant (state or foreign c			

Schedule R (Form 990) 2016

Octionale to (c	Page :
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.
The Baltimo	re Rotary Foundation is related to the Baltimore Rotary Club in that officers and board members must be current members of the Baltimore
Rotary Club	Furthermore Committees of the Baltimore Rotary Club review all Grant applications for approval and recommendation to the Baltimore Rotary
Foundation	for payment. All grantees must be 501c(3) organizations
· · · · · · · · · · · · · · · · · · ·	
	·
	·
	······································