

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ 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.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC. Doing Business As			D Employer identification number 31-1678679	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 220 N. ARCH STREET		E Telephone number (410) 706-5631		
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21201			G Gross receipts \$ 77,049,125.	
	F Name and address of principal officer: PAM HECKLER SAME AS "C" ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: WWW.UMARYLAND.EDU/UMBF					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1999				M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SOLICIT/RECEIVE CONTRIBUTIONS/GRANTS FROM GENERAL PUBLIC TO HOLD, INVEST AND ADMINISTER THESE FUNDS AND PAY EXPENDITURES FOR UNIVERSITY AND SERVE IN ADVISORY ROLE TO PRESIDENT.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	39.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	74.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	34,645,129.	27,005,706.
	9	Program service revenue (Part VIII, line 2g)	1,215,650.	1,328,322.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,411,910.	15,550,663.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,305.	76,292.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,387,994.	43,960,983.
Expenses			Prior Year	Current Year
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,963,144.	15,604,424.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,593,167.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,045,818.	12,375,467.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,008,962.	27,979,891.	
19	Revenue less expenses. Subtract line 18 from line 12	27,379,032.	15,981,092.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	328,466,910.	346,326,317.
	21	Total liabilities (Part X, line 26)	3,035,076.	2,951,475.
22	Net assets or fund balances. Subtract line 21 from line 20	325,431,834.	343,374,842.	

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	PAM HECKLER Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MARC BERGER	<i>Marc Berger</i>	5/13/2020	P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 703-893-0600

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 11,367,362. including grants of \$ 7,038,439.) (Revenue \$ 258,884.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 3,702,594. including grants of \$ 2,961,957.) (Revenue \$ 52,791.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 2,457,021. including grants of \$ 1,918,355.) (Revenue \$ 832,487.)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.) ATTACHMENT 5
(Expenses \$ 6,488,770. including grants of \$ 3,678,072.) (Revenue \$ 184,160.)

4e Total program service expenses ▶ 24,015,747.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	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	X
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 (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include 1a (39), 1b (39), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRY C. KNIPP CHAIR	1.00 0.	X		X				0.	0.	0.
(2) ELLEN H. YANKELLOW VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) JOHN C. WEISS SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) MOUNA AISSAOUI TRUSTEE	.50 0.	X						0.	0.	0.
(5) ANTHONY P. ASHTON TRUSTEE	.50 0.	X						0.	0.	0.
(6) SCOTT CANUEL TRUSTEE	.50 0.	X						0.	0.	0.
(7) MARCO A. CHACON TRUSTEE	.50 0.	X						0.	0.	0.
(8) HAROLD E. CHAPPELEAR TRUSTEE	.50 0.	X						0.	0.	0.
(9) CHARLES W. COLE TRUSTEE	.50 0.	X						0.	0.	0.
(10) STEVE CONLY TRUSTEE	.50 0.	X						0.	0.	0.
(11) LUKE T. COOPER TRUSTEE	.50 0.	X						0.	0.	0.
(12) STEVE DUBIN TRUSTEE	.50 0.	X						0.	0.	0.
(13) TISHA S. EDWARDS TRUSTEE	.50 0.	X						0.	0.	0.
(14) JENNIFER O. ESTABROOK TRUSTEE	.50 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) PATRICIA S. FLORESTANO ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
16) CAROLYN B. FRENKIL ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
17) BARRY L. GARBER ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
18) BRIAN J. GIBBONS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
19) MARY C. GREGORY ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
20) EMERSON "RANDY" HALL JR ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
21) JOSEPH R. HARDIMAN ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
22) JEFFREY JOHNSON ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
23) ALVIN D. KATZ ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
24) JAMES A.C. KENNEDY ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
25) RAY LEWIS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								750,583.	0.	120,474.
d Total (add lines 1b and 1c)								750,583.	0.	120,474.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **21**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SAMANTHA MELLERSON ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(27) DAMIEN MYERS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(28) MICHAEL E. MULDOWNEY ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(29) FRANK PALMER ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(30) TODD L. PARCHMAN ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(31) EDWARD L. PERL ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(32) NNEKA RIMMER ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(33) THEO C. RODGERS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(34) ALAN J. SILVERSTONE ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(35) FREDERICK G. SMITH ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(36) MICHAEL G. STANKUS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) C. WILLIAM STRUEVER TRUSTEE	.50 0.	X					0.	0.	0.	
(38) RICHARD L. TAYLOR TRUSTEE	.50 0.	X					0.	0.	0.	
(39) MEI XU TRUSTEE	.50 0.	X					0.	0.	0.	
(40) EDWARD J. BRODY EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
(41) JAMES A. EARL EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
(42) MORTON P. FISHER EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
(43) RICHARD J. HIMELFARB EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
(44) WALLACE J. HOFF EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
(45) KEMPTON M. INGERSOL EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
(46) KYLE P. LEGG EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
(47) THOMAS P. O'NEILL EMERITI TRUSTEE	.50 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) HON. JANET S. OWENS ----- EMERITI TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(49) WILLIAM T. WOOD ----- EMERITI TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(50) JAY A. PERMAN ----- EX-OFFICIO MEMBER	.50 ----- 0.	X					0.	0.	0.	
(51) BRUCE E. JARRELL ----- EX-OFFICIO MEMBER	.50 ----- 0.	X					0.	0.	0.	
(52) THOMAS J. SULLIVAN ----- PRESIDENT/CEO	20.00 ----- 0.			X			400,000.	0.	39,170.	
(53) PAM HECKLER ----- TREASURER & COO	40.00 ----- 0.			X			185,308.	0.	53,591.	
(54) JAN WRIGHT ----- ASSISTANT TREASURER	40.00 ----- 0.			X			165,275.	0.	27,713.	
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	32,795.					
	b Membership dues	1b						
	c Fundraising events	1c	469,046.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	26,503,865.					
	g Noncash contributions included in lines 1a-1f: \$		5,548,785.					
	h Total. Add lines 1a-1f ▶			27,005,706.				
	Program Service Revenue				Business Code			
2a CONFERENCES/EDUCATIONAL PROGRAMS			611710	1,115,378.	1,115,378.			
b CONTRACTS AND PUBLICATIONS			611710	132,835.	132,835.			
c FACULTY, STAFF, AND ALUMNI FUNCTIONS			900099	79,641.	79,641.			
d MEMBERSHIPS AND DUES			900099	468.	468.			
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				1,328,322.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			4,866,252.			4,866,252.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			9.			9.	
			(i) Real	(ii) Personal				
	6a Gross rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss) ▶				0.			
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			43,674,561.					
	b Less: cost or other basis and sales expenses		32,990,150.					
	c Gain or (loss)		10,684,411.					
	d Net gain or (loss) ▶				10,684,411.		10,684,411.	
	8a Gross income from fundraising events (not including \$ <u>469,046.</u> of contributions reported on line 1c). See Part IV, line 18 a				174,275.			
	b Less: direct expenses b				97,992.			
c Net income or (loss) from fundraising events ▶				76,283.		76,283.		
9a Gross income from gaming activities. See Part IV, line 19 a				0.				
b Less: direct expenses b				0.				
c Net income or (loss) from gaming activities ▶				0.				
10a Gross sales of inventory, less returns and allowances a				0.				
b Less: cost of goods sold b				0.				
c Net income or (loss) from sales of inventory ▶				0.				
Miscellaneous Revenue			Business Code					
11a _____								
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶				0.				
12 Total revenue. See instructions. ▶				43,960,983.	1,328,322.		15,626,955.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,412,364.	15,412,364.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	192,060.	192,060.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	3,861,650.	2,148,155.	1,580,856.	132,639.
b Legal	5,000.	5,000.		
c Accounting	132,746.		132,746.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,709,162.	1,437,297.	271,865.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	646,557.	598,786.	17,899.	29,872.
13 Office expenses	383,111.	228,405.	91,515.	63,191.
14 Information technology	279,237.	182,630.	70,629.	25,978.
15 Royalties	0.			
16 Occupancy	549,153.	545,126.	1,750.	2,277.
17 Travel	320,509.	284,975.	23,741.	11,793.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,624,220.	2,271,485.	73,406.	279,329.
20 Interest	0.			
21 Payments to affiliates	1.			1.
22 Depreciation, depletion, and amortization	0.			
23 Insurance	37,722.	8,650.	27,247.	1,825.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATIONS	509,903.	319,310.	78,229.	112,364.
b EQUIPMENT PUR., RENT, REPAIR	268,544.	267,450.	1,094.	
c MISCELLANEOUS EXPENSES	1,047,952.	114,054.		933,898.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	27,979,891.	24,015,747.	2,370,977.	1,593,167.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	4,156,299.	2	4,762,173.
	3 Pledges and grants receivable, net	48,490,708.	3	40,838,759.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	23,350.	9	14,712.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	0.	10c 0.
	11 Investments - publicly traded securities	1,198,349.	11	1,286,067.
	12 Investments - other securities. See Part IV, line 11	271,475,777.	12	296,357,543.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	3,122,427.	15	3,067,063.
16 Total assets. Add lines 1 through 15 (must equal line 34)	328,466,910.	16	346,326,317.	
Liabilities	17 Accounts payable and accrued expenses	1,243,849.	17	1,254,920.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,791,227.	25	1,696,555.
	26 Total liabilities. Add lines 17 through 25	3,035,076.	26	2,951,475.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,461,827.	27	37,492,057.
	28 Temporarily restricted net assets	98,775,108.	28	101,967,034.
	29 Permanently restricted net assets	192,194,899.	29	203,915,751.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	325,431,834.	33	343,374,842.
34 Total liabilities and net assets/fund balances	328,466,910.	34	346,326,317.	

Part 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	43,960,983.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,979,891.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,981,092.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	325,431,834.
5	Net unrealized gains (losses) on investments	5	1,961,916.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	343,374,842.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.**

Employer identification number
31-1678679

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,388,761.	23,045,921.	30,974,719.	34,645,129.	27,005,706.	162,060,236.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	46,388,761.	23,045,921.	30,974,719.	34,645,129.	27,005,706.	162,060,236.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						25,173,525.
6 Public support. Subtract line 5 from line 4						136,886,711.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	46,388,761.	23,045,921.	30,974,719.	34,645,129.	27,005,706.	162,060,236.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,227,247.	2,733,380.	2,843,970.	3,939,281.	3,945,527.	15,689,405.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	194,469.	99,278.	119,028.	107,535.	76,285.	596,595.
11 Total support. Add lines 7 through 10.						178,346,236.
12 Gross receipts from related activities, etc. (see instructions)					12	4,515,765.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	76.75%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	80.44%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
NET INCOME FROM FUNDRAISING	194,469.	99,278.	119,028.	107,535.	76,285.	596,595.
TOTALS	<u>194,469.</u>	<u>99,278.</u>	<u>119,028.</u>	<u>107,535.</u>	<u>76,285.</u>	<u>596,595.</u>

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1		\$ 543,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2		\$ 908,100.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3		\$ 988,547.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4		\$ 1,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5		\$ 1,395,428.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6		\$ 1,806,440.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7		\$ 2,010,500.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
8		\$ 2,208,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
9		\$ 2,400,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
10		\$ 2,624,525.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
11		\$ 4,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
		\$ _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization UNIVERSITY OF MARYLAND BALTIMORE
FOUNDATION, INC.

Employer identification number
31-1678679

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	SECURITIES _____ _____ _____	\$ 4,000,000.	12/10/2018
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.

Employer identification number 31-1678679

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 1.9700 %
b Permanent endowment 89.7300 %
c Temporarily restricted endowment 8.3000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) USMF INVESTMENTS	292,826,308.	FMV
(B) COMMONFUND	2,173,763.	FMV
(C) YIYU AND LERMA LLP	1,357,472.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	296,357,543.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TRUST AND ANNUITY PAYMENT LIA	1,696,555.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,696,555.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 43,960,983.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 27,979,891.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

ENDOWMENT ACCOUNTS ARE ESTABLISHED AND FUNDED BY DONORS IN SUPPORT OF PROGRAMS AT THE UNIVERSITY OF MARYLAND BALTIMORE. THESE ENDOWMENTS ARE PREDOMINANTLY PERMANENTLY RESTRICTED AND THEY HAVE VARIOUS PURPOSES INCLUDING SCHOLARSHIPS, PROFESSORSHIPS, LECTURESHIPS, CHAIRS, CAPITAL EXPENDITURES, AND RESEARCH ACTIVITIES.

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION HAS ANALYZED ITS TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THEREFORE, NO ASSET OR LIABILITY HAS BEEN RECORDED AS OF JUNE 30, 2019 OR 2018 FOR UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest instructions.

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE
FOUNDATION, INC.

Employer identification number
31-1678679

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SIDS FUNDRAISER (event type)	MEDICINE GALA (event type)	9. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	307,617.	110,148.	225,557.	643,322.
	2	Less: Contributions	224,284.	80,309.	164,454.	469,047.
	3	Gross income (line 1 minus line 2)	83,333.	29,839.	61,103.	174,275.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	91,893.		6,099.	97,992.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					76,283.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE
FOUNDATION, INC.

Employer identification number
31-1678679

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) MD PUBLIC INTEREST LAW PROJECT, INC (MPILP) 500 W BALTIMORE ST BALTIMORE, MD 21201	52-1620485	501(C)(3)	67,650.				PROGRAM SUPPORT
(2) SHOCK TRAUMA ASSOC, PA (STAPA) 11 S PACA ST BALTIMORE, MD 21201	52-1119350	501(C)(3)	661,815.				CLINICAL SUPPORT
(3) U.M. FDSP ASSOCIATES, PA 650 W BALTIMORE ST BALTIMORE, MD 21201	52-1456103	501(C)(3)	83,935.				CLINICAL SUPPORT
(4) UNIVERSITY OF MARYLAND EYE ASSOCIATES, PA 419 W. REDWOOD STREET BALTIMORE, MD 21201	52-6148737	501(C)(3)	53,394.				CLINICAL SUPPORT
(5) UNIVERSITY OF MARYLAND FAMILY MEDICINE, PA 29 S PACA ST BALTIMORE, MD 21201	52-1274266	501(C)(3)	7,642.				CLINICAL SUPPORT
(6) UNIVERSITY OF MARYLAND NEUROLOGY ASSOCIATES 110 S PACA ST BALTIMORE, MD 21201	52-1138284	501(C)(3)	51,476.				CLINICAL SUPPORT
(7) UNIVERSITY OF MARYLAND ONCOLOGY ASSOCIATES 22 S GREENE ST BALTIMORE, MD 21201	52-1949649	501(C)(3)	26,459.				CLINICAL SUPPORT
(8) UNIVERSITY OF MARYLAND PEDIATRIC ASSOCIATES 737 W LOMBARD ST BALTIMORE, MD 21201	52-1182593	501(C)(3)	16,824.				CLINICAL SUPPORT
(9) UNIVERSITY OF MARYLAND SURGICAL ASSOCIATES PO BOX 62523 BALTIMORE, MD 21264	52-1557551	501(C)(3)	381,006.				CLINICAL SUPPORT
(10) UNIVERSITY OF MARYLAND, BALTIMORE 650 W BALTIMORE ST BALTIMORE, MD 21201	52-6002033	115	15,606,848.				EDUCATION/RESEARCH
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10.

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

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PROGRAMMATIC ASSISTANCE	37.	68,902.			
2 SCHOOL OF DENTISTRY, SCHOLARSHIPS & AWARDS	10.	9,885.			
3 SCHOOL OF LAW, SCHOLARSHIPS & AWARDS	22.	38,800.			
4 SCHOOL OF MEDICINE, SCHOLARSHIPS & AWARDS	46.	44,855.			
5 CAMPUS	3.	5,711.			
6 SOCIAL WORK	14.	23,537.			
7 SCHOOL OF NURSING	1.	270.			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOOL OF PHARMACY	1.	100.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION ESTABLISHES SEPARATE ACCOUNTS TO HOUSE GRANT FUNDS
DONATED PURSUANT TO A GRANT AGREEMENT TO PROVIDE SUPPORT FOR A PARTICULAR
PROGRAM. THE GRANT AGREEMENT IS REVIEWED AND SIGNED BY THE ORGANIZATION'S
TREASURER. PERIODIC GRANT PROGRESS REPORTS AND FINANCIAL REPORTS ARE
PREPARED UNDER THE DIRECTION OF THE PRINCIPAL INVESTIGATOR. SUBJECT TO
THE LANGUAGE IN THE GRANT AGREEMENT, REMAINING FUNDS ARE RETURNED TO THE
GRANTING ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **UNIVERSITY OF MARYLAND BALTIMORE
FOUNDATION, INC.**

Employer identification number
31-1678679

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS J. SULLIVAN PRESIDENT/CEO	(i)	400,000.	0.	0.	19,575.	19,595.	439,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PAM HECKLER TREASURER & COO	(i)	185,308.	0.	0.	36,134.	17,457.	238,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JAN WRIGHT ASSISTANT TREASURER	(i)	165,275.	0.	0.	12,137.	15,576.	192,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

THE PRESIDENT/CEO IS PROVIDED A MEMBERSHIP IN A PRIVATE DINING AND MEETING ESTABLISHMENT FOR THE SOLE PURPOSE OF CONDUCTING FOUNDATION BUSINESS, AND IS NOT INCLUDED IN TAXABLE COMPENSATION.

SCHEDULE J, PART I, LINE 3

THE ORGANIZATION HAS NO EMPLOYEES. MEMBERS OF THE ORGANIZATION'S WORKFORCE ARE EMPLOYEES OF THE UNIVERSITY OF MARYLAND, BALTIMORE (UMB). THE ORGANIZATION REIMBURSES THE UNIVERSITY ANNUALLY FOR ITS SHARE OF THE COMPENSATION. UMB IS PART OF THE UNIVERSITY SYSTEM OF MARYLAND, A STATE AGENCY, THEREFORE, COMPENSATION OF OFFICERS AND MEMBERS OF THE ORGANIZATION'S WORKFORCE IS ESTABLISHED, MONITORED, AND GOVERNED BY REGULATIONS AND GUIDELINES IN PLACE FOR ALL STATE OF MARYLAND EMPLOYEES. IN ADDITION, THE ORGANIZATION'S BUDGET WHICH INCLUDES AGGREGATE SALARIES IS REVIEWED BY THE FINANCE COMMITTEE AND FULL BOARD OF TRUSTEES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNIVERSITY OF MARYLAND BALTIMORE
FOUNDATION, INC.**

Employer identification number
31-1678679

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		225,000.	APPRAISIAL VALUE
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	110.	5,323,785.	AVERAGE MKT HIGH/LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

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

PART I, COLUMN (B)

THE ITEMS LISTED IN PART I, LINE 9, SECURITIES - PUBLICLY TRADED,

REFERENCES THE NUMBER OF NONCASH CONTRIBUTIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
UNIVERSITY OF MARYLAND BALTIMORE
FOUNDATION, INC.

Employer identification number
31-1678679

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

THE UNIVERSITY OF MARYLAND SCHOOL OF NURSING (UMSON) WAS FOUNDED IN 1889 AND IS ONE OF THE OLDEST AND LARGEST NURSING SCHOOLS IN THE NATION. THE MISSION OF THE SCHOOL IS TO SHAPE THE PROFESSION OF NURSING BY DEVELOPING LEADERS IN NURSING EDUCATION, RESEARCH, AND PRACTICE THROUGH EXCELLENT BACCALAUREATE, GRADUATE, AND CONTINUING EDUCATION PROGRAMS; CUTTING-EDGE SCIENCE AND RESEARCH; AND AN INNOVATIVE CLINICAL ENTERPRISE. WITH AN AVERAGE ANNUAL ENROLLMENT OF NEARLY 2,000 STUDENTS, UMSON IS THE LARGEST NURSING SCHOOL IN MARYLAND. SEVENTY-THREE PERCENT OF UMSON'S 148 FACULTY MEMBERS HOLD DOCTORAL DEGREES AND ARE NATIONALLY RECOGNIZED EXPERTS IN TEACHING, RESEARCH, AND CLINICAL PRACTICE. UMSON HAS AN EXCELLENT RECORD OF RECRUITING AND RETAINING A DIVERSE STUDENT POPULATION: CURRENTLY, 12% OF STUDENTS ARE MALE AND 48% REFLECT MINORITY/UNDERREPRESENTED POPULATIONS, EXCEEDING NATIONAL AVERAGES. MORE THAN 24,000 LIVING ALUMNI CARRY ON THE UMSON TRADITION OF EXCELLENCE IN 50 STATES AND 27 COUNTRIES. UMSON HAS STUDENTS AT TWO LOCATIONS: AT THE UNIVERSITY OF MARYLAND, BALTIMORE AND AT THE UNIVERSITIES OF SHADY GROVE IN ROCKVILLE, MARYLAND. U.S. NEWS & WORLD REPORT HAS RANKED UMSON AS NO. 12 AMONG ACCREDITED GRADUATE NURSING PROGRAMS NATIONWIDE. FOUR OF THE SCHOOL'S GRADUATE AND DOCTOR OF NURSING PRACTICE SPECIALTIES AND PROGRAMS ARE RANKED IN THE TOP 10; THE NURSING INFORMATICS PROGRAM IS RANKED NO. 1, AND THE CLINICAL

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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NURSE LEADER PROGRAM IS RANKED NO. 2. OF THE TOP-RANKED SCHOOLS OF NURSING NATIONWIDE, UMSON IS ONE OF THE MOST AFFORDABLE.

EXPENSES: \$2,852,374; GRANTS: \$2,698,359; REVENUE: \$9,825

ESTABLISHED IN 1841, THE UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY IS RANKED AS ONE OF THE TOP TEN SCHOOLS OF PHARMACY IN THE UNITED STATES. THE SCHOOL IS A THRIVING CENTER FOR PROFESSIONAL AND GRADUATE EDUCATION, PHARMACEUTICAL CARE, RESEARCH, AND COMMUNITY SERVICE. ITS FACULTY CREATE THE FUTURE OF PHARMACY BY PIONEERING NEW ROLES FOR PHARMACISTS IN ADVANCED CLINICAL PRACTICE AND CONDUCTING CUTTING-EDGE RESEARCH IN DRUG DISCOVERY AND DEVELOPMENT, COMPARATIVE EFFECTIVENESS AND PATIENT-CENTERED OUTCOMES, AND DISEASE MANAGEMENT. A CONTEMPORARY CURRICULUM, INNOVATIVE EDUCATIONAL EXPERIENCES, AND STRATEGIC PROFESSIONAL RELATIONSHIPS HELP TO INSPIRE EXCELLENCE IN THE SCHOOL'S MORE THAN 800 STUDENTS, RESIDENTS, AND POSTDOCTORAL FELLOWS. TOGETHER, WE ARE CRITICAL THINKERS, LIFELONG LEARNERS, AND LEADERS WHO ARE SOUGHT FOR OUR EXPERTISE.

EXPENSES: \$876,478; GRANTS: \$394,999; REVENUE: \$100,032

THE UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY (SOD), FOUNDED IN 1840, IS THE FIRST DENTAL SCHOOL IN THE WORLD ESTABLISHING THE FIRST DOCTOR OF DENTAL SURGERY DEGREE IN 1841. AS THE ONLY DENTAL SCHOOL IN THE STATE OF MARYLAND, THE SOD PROVIDES ESSENTIAL DENTAL CARE FOR MORE THAN 22,000 PATIENTS RESULTING IN APPROXIMATELY 93,000 PATIENT VISITS, MANY OF WHOM

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ARE UNDERSERVED. SOD SCIENTISTS, SPECIALIZING IN CANCER, PAIN AND MICROBIOLOGICAL RESEARCH, DISCOVER TREATMENTS THAT INFORM PATIENT CARE. THE SOD BUILDING, COMPLETED IN 2006, IS ONE OF THE MOST TECHNOLOGICALLY ADVANCED DENTAL EDUCATIONAL FACILITIES IN THE WORLD. THROUGH THE INNOVATIVE TECHNOLOGY BASED CURRICULUM, EACH CLASS OF APPROXIMATELY 130 STUDENTS IS EQUIPPED WITH SKILLS TO EXCEL IN 21ST CENTURY DENTISTRY. UPON GRADUATION, SOD STUDENTS JOIN A NETWORK OF MORE THAN 7,000 ALUMNI WHO ARE LEADERS IN THE ORAL HEALTHCARE FIELD.

EXPENSES: \$1,264,486; GRANTS: \$651,601; REVENUE: \$5,098

THE UMB FOUNDATION MANAGES AND INVESTS PRIVATE GIFTS AND/OR PROPERTY FOR THE BENEFIT OF THE UNIVERSITY OF MARYLAND IN BALTIMORE (UMB), FACILITATES FUNDRAISING PROGRAMS AND CONTRIBUTIONS FROM PRIVATE SOURCES, AND ENGAGES IN OTHER ACTIVITIES TO FURTHER EDUCATIONAL, RESEARCH AND SERVICE MISSIONS OF UMB. UMB IS MARYALND'S PUBLIC ACADEMIC HEALTH AND LAW UNIVERSITY DEVOTED TO PROFESSIONAL AND GRADUATE EDUCATION, RESEARCH, PATIENT CARE, AND PUBLIC SERVICE. UMB INCLUDES THE SCHOOLS OF MEDICINE, LAW, PHARMACY, DENTISTRY, NURSING, PUBLIC HEALTH, AND SOCIAL WORK, THE HEALTH SCIENCES & HUMAN SERVICES LIBRARY. USING STATE-OF-THE-ART TECHNOLOGICAL SUPPORT. UMB EDUCATES LEADERS IN HEALTH CARE DELIVERY, BIOMEDICAL SCIENCES, SOCIAL SERVICES, AND LAW. BY CONDUCTING INTERNATIONALLY RECOGNIZED COLLABORATIVE RESEARCH TO CURE DISEASE AND TO IMPROVE THE HEALTH, SOCIAL FUNCTIONING AND TREATMENT OF THE PEOPLE IT SERVES, THE UNIVERSITY FOSTERS ECONOMIC DEVELOPMENT IN THE CITY, STATE AND REGION. UMB IS A MAJOR EMPLOYER IN

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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BALTIMORE, GENERATING \$13 IN ECONOMIC ACTIVITY FOR EVERY \$1 OF STATE GENERAL FUNDS INVESTED IN FY 2019. UMB WAS AWARDED OVER \$664.7 MILLION IN RESEARCH AND GRANT FUNDING.

EXPENSES: \$1,495,432; GRANTS: \$(66,884); REVENUE: \$69,205

FORM 990, PART VI, SECTION B, LINE 11B

A DRAFT VERSION OF FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE ORGANIZATION'S BOARD OF TRUSTEES. THIS COMMITTEE REVIEWS THE RETURN. ANY CORRECTIONS OR SUGGESTIONS ARE MADE TO THE DRAFT RETURN. UPON FORMAL APPROVAL BY THIS BODY, THE RETURN IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE BY THE EXTENDED DUE DATE. THE APPROVED FILING IS AVAILABLE TO THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C

THE BOARD OF TRUSTEES AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE FORM ANNUALLY TO INDICATE ANYTHING THAT THEY PERCEIVE TO BE A CONFLICT AS DESCRIBED IN THE POLICY. THE PRESIDENT OF THE ORGANIZATION MAINTAINS A RECORD THAT INDICATES COMPLIANCE WITH THIS POLICY BY EACH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION HAS NO EMPLOYEES. MEMBERS OF THE ORGANIZATION'S WORKFORCE ARE EMPLOYEES OF THE UNIVERSITY OF MARYLAND, BALTIMORE (UMB). THE ORGANIZATION REIMBURSES THE UNIVERSITY ANNUALLY FOR ITS SHARE OF THE COMPENSATION. UMB IS PART OF THE UNIVERSITY SYSTEM OF MARYLAND, A STATE

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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AGENCY, THEREFORE, COMPENSATION OF OFFICERS AND MEMBERS OF THE ORGANIZATION'S WORKFORCE IS ESTABLISHED, MONITORED, AND GOVERNED BY REGULATIONS AND GUIDELINES IN PLACE FOR ALL STATE OF MARYLAND EMPLOYEES. IN ADDITION, THE ORGANIZATION'S BUDGET WHICH INCLUDES AGGREGATE SALARIES IS REVIEWED BY THE FINANCE COMMITTEE AND FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B

THE ORGANIZATION MAINTAINS A PUBLIC DISCLOSURE FILE IN ITS OFFICE WHERE THE BOOKS AND RECORDS ARE MAINTAINED. THIS FILE CONTAINS IRS FORM 1023 APPLICATION OF RECOGNITION OF EXEMPTION AND THE PUBLIC DISCLOSURE VERSION OF IRS FORM 990 RETURN OR ORGANIZATION EXEMPT FROM INCOME TAX FOR THE THREE MOST RECENT FISCAL YEARS. THESE DOCUMENTS PLUS THE ARTICLES OF INCORPORATION BYLAWS, CONFLICT OF INTEREST AND NEPOTISM POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS TO SOLICIT AND RECEIVE CONTRIBUTIONS AND GRANTS FROM THE GENERAL PUBLIC AND TO HOLD, INVEST, AND ADMINISTER THESE FUNDS AND PAY EXPENDITURES FOR THE BENEFIT OF THE UNIVERSITY OF MARYLAND IN BALTIMORE AND TO SERVE IN AN ADVISORY ROLE TO ITS PRESIDENT.

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE UMB FOUNDATION SUPPORTS ACADEMIC PROGRAMS, CLINICAL ACTIVITIES AND RESEARCH IN THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE (UMSOM). ESTABLISHED IN 1807, UMSOM IS THE FIRST PUBLIC AND FIFTH OLDEST MEDICAL SCHOOL IN THE U.S. AND THE FIRST TO INSTITUTE A RESIDENCY TRAINING PROGRAM. TODAY THE UMSOM IS ONE OF THE FASTEST GROWING, TOP-TIER BIOMEDICAL RESEARCH ENTERPRISES IN THE WORLD -WITH 43 ACADEMIC DEPARTMENTS, CENTERS, INSTITUTES, AND PROGRAMS; AND A FACULTY OF MORE THAN 3,000 PHYSICIANS, SCIENTISTS, AND ALLIED HEALTH PROFESSIONALS. WITH AN OPERATING BUDGET OF MORE THAN \$1 BILLION, THE UMSOM WORKS CLOSELY IN PARTNERSHIP WITH THE UNIVERSITY OF MARYLAND MEDICAL CENTER AND MEDICAL SYSTEM TO PROVIDE RESEARCH-INTENSIVE, ACADEMIC AND CLINICALLY-BASED CARE FOR MORE THAN 1.2 MILLION PATIENTS EACH YEAR. IN 2019, THE UMSOM GRADUATED A TOTAL OF 345 STUDENTS WITH MEDICAL, ALLIED HEALTH, OR GRADUATE DEGREES. OF THE GRADUATING STUDENTS, 156 RECEIVED THEIR MEDICAL DEGREES. MEDICAL STUDENTS MATCHED WITH RESIDENCY PROGRAMS AT 73 DIFFERENT HOSPITALS IN 29 STATES. THIS PAST YEAR, THE UMSOM ADMITTED ANOTHER CLASS OF STUDENTS WITH EXCEPTIONAL ACADEMIC CREDENTIALS, WHICH INCLUDED 148 NEW MEDICAL STUDENTS. OF THE TOTAL 1,235 STUDENTS ENROLLED, 657 ARE MEDICAL (M.D.) STUDENTS AND 548 ARE ENROLLED IN MEDICAL GRADUATE PROGRAMS. A LEADER IN BIOMEDICAL RESEARCH, THE UMSOM SECURED MORE THAN \$542.1 MILLION IN GRANTS AND CONTRACT SUPPORT IN FY2019. ACCORDING TO THE LATEST DATA FROM THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES, THE UMSOM RANKS 8TH AMONG PUBLIC MEDICAL SCHOOLS AND 26TH AMONG ALL 151 PUBLIC AND

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE
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ATTACHMENT 2 (CONT'D)

PRIVATE MEDICAL SCHOOLS IN TERMS OF GRANT AND CONTRACT EXPENDITURES. MORE THAN HALF OF THE PRACTICING PHYSICIANS IN MARYLAND RECEIVE TRAINING AT THE UMSOM OR ITS CLINICAL PARTNER, THE UNIVERSITY OF MARYLAND MEDICAL CENTER. THE UMSOM IS COMMITTED TO THE EDUCATION AND TRAINING OF MD, PHD, GRADUATE, PHYSICAL THERAPY AND REHABILITATION SCIENCE, AND MEDICAL RESEARCH TECHNOLOGY STUDENTS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE UMB FOUNDATION SUPPORTS ACADEMIC PROGRAMS AND CLINICAL AND RESEARCH ACTIVITIES IN THE UNIVERSITY OF MARYLAND FRANCIS KING CAREY SCHOOL OF LAW (MARYLAND CAREY LAW). ESTABLISHED IN 1816, MARYLAND CAREY LAW BEGAN REGULAR INSTRUCTION IN 1824. IT IS THE THIRD OLDEST LAW SCHOOL IN THE NATION. THE INNOVATIVE ACADEMIC AND SPECIALTY PROGRAMS HAVE GARNERED NATIONAL AND INTERNATIONAL RECOGNITION. THE MARYLAND CAREY LAW'S EXPERIENTIAL PROGRAMS ARE AMONG THE MOST EXTENSIVE IN THE COUNTRY, INCLUDING THE NATIONALLY RANKED CLINICAL LAW PROGRAM, WHICH OFFERS MORE THAN 100,000 HOURS OF FREE LEGAL SERVICES TO THE STATE OF MARYLAND AND HAS BEEN IN EXISTENCE FOR MORE THAN 40 YEARS. INTERDISCIPLINARY SPECIALTY PROGRAMS ARE OFFERED IN ENVIRONMENTAL LAW AND LAW AND HEALTH CARE. OTHER PROGRAMS INCLUDE ADVOCACY, ALTERNATIVE DISPUTE RESOLUTION,

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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ATTACHMENT 3 (CONT'D)

BUSINESS LAW, INTELLECTUAL PROPERTY LAW AND INTERNATIONAL AND COMPARATIVE LAW. THE MARYLAND CAREY LAW SEEKS TO PROMOTE A MORE JUST SOCIETY BY EDUCATING OUTSTANDING LAWYERS AND LEADERS, ADVANCE THE UNDERSTANDING OF LAW AND LEGAL INSTITUTIONS AND ENHANCE ACCESS TO JUSTICE. EXCELLENCE IN TEACHING PREPARES STUDENTS FOR LEADERSHIP AND PROFESSIONAL SUCCESS IN A WIDE RANGE OF CAREERS AND PROMOTES IN BOTH STUDENTS AND FACULTY THE HIGHEST STANDARD OF PUBLIC AND PROFESSIONAL SERVICE.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE UMB FOUNDATION SUPPORTS ACADEMIC PROGRAMS, RESEARCH AND COMMUNITY WORK AT THE UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK (SSW). SSW'S MISSION IS TO DEVELOP LEADERS AND SCHOLARS TO ADVANCE THE WELL-BEING OF POPULATIONS AND COMMUNITIES AT RISK. SSW IS A HIGHLY-RANKED INSTITUTION THAT PRODUCES OUTSTANDING SOCIAL WORKERS WHOSE PRACTICE ADVANCES THE WELL-BEING OF ALL THE PEOPLE THEY SERVE. U.S. NEWS & WORLD REPORT RANKS THE SCHOOL 16TH (TOP 8%) IN THEIR LIST OF SOCIAL WORK GRADUATE SCHOOLS IN AMERICA. THE SCHOOL SERVES SOCIETY THROUGH THE DEVELOPMENT OF KNOWLEDGE IN EDUCATION, RESEARCH, SCHOLARSHIP, SERVICE INNOVATION, AND ADVOCACY. SSW WAS CREATED IN 1961 AND HAS GROWN TO BECOME ONE OF THE LARGEST AND MOST RESPECTED SCHOOLS OF SOCIAL WORK IN AMERICA. PART OF A PUBLIC UNIVERSITY IN A DIVERSIFIED STATE AND REGION, THE SCHOOL PROMOTES RESEARCH ON SOCIAL WORK SERVICES AND SOCIAL AND ECONOMIC JUSTICE

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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ATTACHMENT 4 (CONT'D)

IN ALL OF ITS ACTIVITIES. SSW STUDENTS PROVIDE 500,000 HOURS OF SOCIAL WORK SERVICES A YEAR WITHIN THE STATE OF MARYLAND AND SURROUNDING COMMUNITIES. THE STUDENT BODY CONCENTRATION BREAKOUT IS GENERALLY 80% CLINICAL AND 20% MACRO (MANAGEMENT & COMMUNITY ORGANIZATION), THE LARGEST MACRO CONCENTRATION PROGRAM IN THE COUNTRY. IN ADDITION TO THE SCHOOL'S ACADEMIC SIDE, SSW HAS MULTIPLE COMMUNITY SERVICE PROGRAMS SUCH AS SWCOS (SOCIAL WORK COMMUNITY OUTREACH SERVICES), WHICH ALLOWS STUDENTS TO PROVIDE THEIR FIELD SERVICE TO SMALL NON-PROFITS THROUGHOUT THE REGION AND THEN CONNECT THIS WORK BACK TO RESEARCH. THE SSW ALSO HAS MORE THAN \$40M IN ANNUAL RESEARCH AND TRAINING GRANTS.

ATTACHMENT 5FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
DENTISTRY	651,601.	1,264,486.	5,098.
NURSING	2,698,359.	2,852,374.	9,825.
PHARMACY	394,996.	876,478.	100,032.
OTHER	-66,884.	1,495,432.	69,205.
TOTALS	<u>3,678,072.</u>	<u>6,488,770.</u>	<u>184,160.</u>

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AK, CA, CO,

KY, MD, MA,

MN, NH, NJ, NY, OH, OK, OR,

SC, UT, WA,

Name of the organization UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC.	Employer identification number 31-1678679
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ATTACHMENT 7

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WITT/KIEFFER, INC. 2015 SPRING ROAD SUITE 510 OAK BROOK, IL 60523	EXECUTIVE SEARCH	216,350.
HILTON BALTIMORE CONVENTION CENTER 401 WEST PRATT STREET BALTIMORE, MD 21201	CONFERENCE/SEMINAR	197,030.
EVENTEQ, LLC P. O. BOX 740995 ATLANTA, GA 30374	PROGRAM EVENT SRVS	177,077.
CULINART, INC. 621 W. LOMBARD STREET SUITE #338 BALTIMORE, MD 21201	PROGRAM EVENT SRVS	141,477.
FUSION PARTNERSHIPS, INC 1601 GUILFORD AVE. 2 SOUTH BALTIMORE, MD 21202	CONSULTING SERVICES	137,500.