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Department of the Treasury Internal Revenue Service

SCANNED MAR 1 5 2011

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>	For the 2009 C		730/10	-		
В	Check if applicable	Please C Name of organization Germantown Cultural Arts Cen	ter,Inc	11	D Emplo	yer identification number
П	Address change	use IRS T/A-BlackRock Center for the	Arts			
$\overline{\Box}$	Name change	label or print or Doing Business As			52-	-2010744
닏	Marie Grange	type. Number and street (or P O box if mail is not delivered to street address)	Room/s	suite	E Teleph	one number
\sqcup	Initial return	See 12901 Town Commons Drive				-528-2260
\Box	Termination	Specific Spe			G Gross rece	
\equiv		Instruc- City or town, state or country, and ZIP + 4		<u> </u>	G Gross rece	apis 1,137,100
Ш	Amended return	tions. Germantown MD 20874	_			
\Box	Application pending	F Name and address of principal officer		1	H(a) Is this	a group return for
		Charlotte Sommers		Í.	affiliat	
		12901 Town Commons Drive		['	H(b) Are all include	
		Germantown MD 20874			If "No,	* attach a list. (see instructions)
$\overline{}$	Tax-exempt sta	[TEP] . 2 . 4				•
÷		www.blackrockcenter.org			H(c) Croun	exemption number > N/A
<u>. </u>			1 V		96	
	Type of organization		L Year of fo	mauon ± 3	, 90	M State of legal domicale MD
	T	Summary				
	1 Briefly	describe the organization's mission or most significant activities:				
•	Art	s, Culture and Education				
Š						
Ē					•	
Governance	2 Check	this box F if the organization discontinued its operations or disposed of more	than 25% of its	net assets		•
Ö	1	r of voting members of the governing body (Part VI, line 1a)	7 BIGIT 2070 OT NO 1		3	23
∞ಶ	1		• ••	•		23
ies	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		•	4	
Activities	5 Total n	umber of employees (Part V, line 2a)		•	5	45
ğ	6 "Total n	Imber of volunteers (estimate if necessary)			6	45
ſ	Za_Total g	oss unrelated business revenue from Part VIII, column (C), line 12			7a	2,050
1		elated business teachble income from Form 990-T, line 34			7b	328
T,	* *	2 2 2011 9		Prior Year		Current Year
	9 8 Contrib	utions and grants (Part VIII, line 1h)		306	,754	416,952
₽	11	n-service-revenue Part VIII, line 2g)		676	,254	742,286
вувиче		en hoome (Part VIII, column (A), lines 3, 4, and 7d)	.		,626	1,477
8		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,775	-3,607
	ľ	•			,409	1,157,108
_	1	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		990	, 403	1,137,100
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)				
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)				
စ္	15 Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		443	, 451	501,305
xpenses	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)				
ĕ	b Total fu	indraising expenses (Part IX, column (D), line 25) ▶ 111,365	5	, , , , , , , , , , , , , , , , , , , ,		,
Ж		expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		688	,387	661,982
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			,838	1,163,287
	1		·		,429	-6,179
	19 Revenu	le less expenses Subtract line 18 from line 12	Ragin	ning of Curre		End of Year
Net Assets or	20 Tabel	nests (Part V. line 46)	- redii		,810	551,970
888	20 Totala	ssets (Part X, line 16)	 		,161	146,500
¥ 5	21 Total lia	abilities (Part X, line 26)	<u> </u>			
		sets or fund balances. Subtract line 21 from line 20		411	,649	405,470
£	Part II	Signature Block				
	L	Inder penalties of penuly, I declare that I have examined this return, including accompanying and belief, it is true footrect, and complete Declaration of preparer (other than officer) is based	schedules and state	ments, and to	the best o	of my knowledge
	a	nd belief, it is true (correct, and (complete Declaration of preparer (other than officer) is based	on all information o	f which prepa	arer has an	y knowledge
Sig	an 🗎	(alox Sommer)			1 .	2110111
He		Signature of officer			Date	
116	" `		Executiv	a Dire		•
	! !					<u> </u>
_	<u>_</u>	Type or print name and title		ī		Drangrade identifiane number
_	F	reparer's	Date	Check if	_	Preparer's identifying number (see instructions)
Pa	li a s	Ignature Allen P. DeLeon, CPA	01/26/13	1 self- employe	d▶ L	P00256516
	eparer's 💳	DeLeon & Stang, CPA's		· · · · · ·	EIN	52-1373858
Us		im's name (or yours			1	
					Phone	301-948-9825
			J		no	
_		uss this return with the preparer shown above? (see instructions)				Yes No
For	r Privacy Act	and Paperwork Reduction Act Notice, see the separate instructions.			^	Form 990 (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

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		ultural Arts Ce m Service Accomplish		2020123		Page 2
-	ibe the organization's miss					
	ulture and Ed					
				· - ·		
		inificant program services duri	ng the year which were no	t listed on	m. (
	m 990 or 990-EZ?				Yes 🛚	K No
	cnbe these new services of					
3 Did the organ services?	nization cease conducting	, or make significant changes	in now it conducts, any pro	ogram	Yes 2	Z No
		 chedule O		••	🗀 163 🗜	<u>-</u>
		ments for each of the organiza	tion's three largest progra	m services by expenses		
		zations and section 4947(a)(1				
		es, and revenue, if any, for eac				
4a (Code.) (Expenses \$		ing grants of \$		evenue \$	
Producti	ion of perfor	rming arts, vis	ual arts and	educational	programs.	
•		•		•	•	
	•			•		
	•	•		• •	•	
•	• ••	•	•			
•			• •	•		
		•		•	•	
	•		•			
4b (Code.) (Expenses \$	inclus	ling grants of \$) (Pa	evenue \$	
(Code.) (Expenses ψ	mode	ing grants or \$) (1.4	, , , ,	• •
•	•	•		• ••		
•						•
		•				
• •		• • •	٠	• • •		••
c (Code:) (Expenses \$	includ	ling grants of \$) (Re	evenue \$	
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· · · · · ·						-
· · · · · · · · · · · · · · · · · · ·	am services. (Describe in	Schedule O.)			· · · · · · · · · · · · · · · · · · ·	-
4d Other progra	am services. (Describe in s	Schedule O.)	· · · · · · · · · · · · · · · · · · ·) (Revenue \$	· · · · · · · · · · · · · · · · · · ·	

Pe	art 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)? If "Yes,"		1		
	complete Schedule A	. L1		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I	3	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		<u>: </u>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<u> </u>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		- 1		
	complete Schedule D, Part I	<u> </u>	3		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	- 1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-	1		
	complete Schedule D, Part III		3		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV	9	•		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V	_ _1	0		X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		-		
	VII, VIII, IX, or X as applicable	1	1	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1	
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		- 1	-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			1	
•	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? If "Yes," complete Schedule D, Part VIII.		- 1	1	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		- 1	1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		- 1	- 1	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 1	1	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII.	1	2	X	
12A					
		<u>.</u>	_	1	•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	• 🗀	3		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14	la		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14	4D		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1,	İ		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	-	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1,	_ [v
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	-	6		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		,		x
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	 	7		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	 '	8		
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	.	ا ۵		x
20	If "Yes," complete Schedule G, Part III	1	19 20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<u>. U </u>	000	(2000)

Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a X 24b through 24d and complete Schedule K. If "No," go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions). X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X 36 organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 19? Note. All Form 990 filers are required to complete Schedule O.

.T.	Statements Regarding Other IRS Fillings and Tax Compliance					Ι.,	T
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					Yes	No
14	U.S. Information Returns Enter -0- if not applicable	1a	59				
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report						
·	gaming (gambling) winnings to prize winners?	ubic			1c	х	1
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	45				
b					2b	x	Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	••					
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,					
	this return?				3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	опtу		•			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	ıal					
	account)?				4a		X
b	If "Yes," enter the name of the foreign country. ▶						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	k					
	and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				. <u>5a</u>	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng					
	Prohibited Tax Shelter Transaction?				. <u>5c</u>	<u> </u>	<u> </u>
6a							
	organization solicit any contributions that were not tax deductible?				6a		X
b	,	or					
_	gifts were not tax deductible?			•	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).						
а		is					Ī
L	and services provided to the payor?				7a		\vdash
b					7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		
а	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1,0		
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person				\dashv		
•	benefit contract?	инан			7e	•	Ī
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			•	7g		$\overline{}$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				-		\vdash
	required?				7h	ľ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		•••			7	21. 11
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.	•	•				
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter.						
а	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:						
а	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 10	· 'I			12a	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u>_</u>		<u></u>
					For	n 33 0	(2009)

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.

Sec	tion A. Governing Body and Management				η-		
4.	Enter the number of voting manhon of the	4-	23	Į	Y	95	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent	<u>1a</u> 1b	23	 		1	
b	Enter the number of voting members that are independent	10		 		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			١,	. 1	1	X
•	any other officer, director, trustee, or key employee?		•	. 2		\dashv	
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,			x
4	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		•	. 4		+	$\frac{\mathbf{x}}{\mathbf{x}}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?			. 5		\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
6	Does the organization have members or stockholders?			. 6		+	<u>~</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				_		x
_	of the governing body?			7		\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
р	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•		. 7	<u> </u>		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					1	
	the year by the following					,	
a	The governing body?			8		K	—
þ	Each committee with authority to act on behalf of the governing body?			. 8	b 4	-	—
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9			<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal Code)	ema					
Kev	enue Code.)					$\overline{}$	
					\neg	88	No
10a	Does the organization have local chapters, branches, or affiliates?			10	Da	\dashv	<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			1			
	affiliates, and branches to ensure their operations are consistent with those of the organization?		•	110	оь	-+	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1.	. .	.	
	form?			_1	1 2	K	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-		-	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	2a 2	K	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1.			77
	rise to conflicts?			12	2b	+	<u>X</u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this is done	-			2c	\dashv	<u>X</u>
13	Does the organization have a written whistleblower policy?	-			3	-+	X
14	Does the organization have a written document retention and destruction policy?			1	4		X
15	Did the process for determining compensation of the following persons include a review and approval by					1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					1	
а	The organization's CEO, Executive Director, or top management official			19	5a	_	<u>x</u>
b	Other officers or key employees of the organization		-	19	5b 2	2	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					ŧ	
	with a taxable entity during the year?			10	6a	_	<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					1	
	the organization's exempt status with respect to such arrangements?				6b		
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ MD, VA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	·)					
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest						
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the						
	organization: ▶ The Corporation 12901 TownCommonsDr						
_Ge	rmantown MD 2087	4		301-5	<u> 528-</u>	<u>-22</u>	<u> 260</u>
		_		_			_

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

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. Use Schedule J-2 if additional space is needed
- 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. 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

(A) Name and Title	(B) Average	Pos	ition		C) kalli	hat ap	nh/\	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	or director	_	Officer		-	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Randy Scritchfiel										
Chairman	8.00	X		X	<u> </u>	Ш		0	0	
Jean A. Casey								_		
V.Chair, Mktg Chair	6.00	X		X				0	0	
Thompson "Hap" Bu		l						_ [_	
Treasurer	6.00	X	<u> </u>	X	<u> </u>	Щ		0	0	
William A. Craig			ĺ							
Secretary	5.00	X		X				0	0	(
Jaralyn Hough	- 00									
Gov.Chair	5.00	X		_	<u> </u>	Ш		0	0	(
Antonette Koerber										
Gala Chair	4.00	X		_	<u> </u>	H	_	0	0	(
William Smith	F 00							ام		
Dev Chair Jennifer Russel	5.00	X		┝	_	H		0	0	
Audit Comm	5.00	x							•	
Marilyn Balcombe	3.00	╇		┢	<u> </u>	├ ─		0	0	
Member	5.00	x						o	o	
Elaine Chang-Baxt		<u> </u>		┢		H		0	<u> </u>	
Member	5.00	x						o	o	
Vicki Renee Canal		+==		\vdash						<u> </u>
Member	5.00	x						o	0	
Tony D. Hawkins		†==		\vdash						
Member	5.00	x		l				o	0	(
Bradley Chod						M	_			
Member	5.00	X						o	0	
Brian R. Della Ro				 				-		
Member	5.00	X						o	0	
Robert J. Garagio										-
Member	5.00	X		L	L			0	0	
Erik Kodjanian										
Member	5.00	X	L					0	0	
Michael Knapp										
Member_	5.00	X						0	0	(

Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	pio	yees	, and	Highest Compensated E	mployees (continued)	·······
(A) Name and Title	(B) Average	D			C)	hat as	h d	(D) Reportable	(E) Reportable	(F) Estimated
Name and me	hours per week	or director		•	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Susan J. Maher	5.00	х						0	0	
Catherine Matthew		х						0	0	
Michael Richardso		х						0	0	
William M. Schlos Lease Chair		x						0	0	
Kyle Winkfield Member	5.00	X						0	0	
Charlotte Sommers	3	^		.,	-					
Executive Director	40.00			X				73,558	0	10,109
	1									
			-							
1b Total 2 Total number of individuals (inc	cluding but not lin		to th	iose	liste	d abo	▶ ve)	73,558 who received more than \$1		10,10
reportable compensation from	the organization	<u> </u>	0							Yes No
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual Did any person listed on line 1a services rendered to the organization 	complete Schedue 1a, is the sum of ganizations great	ile J f repo er th	for s ortab an \$ ompe	uch i de co 150,0 ensat	ndivion f	dual ensat 'If "Y	ion a 'es," any u	and other compensation from complete Schedule J for su		3 X 4 X 5 X
Section B. Independent Contracte 1 Complete this table for your five		neate	nd inc	dene	nder	nt cor	ntrac	tors that received more than	n \$100 000 of	
compensation from the organiz		isate	เนยห	nepe	- Iuei	ıı wı	T ac		(B) ton of services	(C) Compensation
Name and	bùsíness address							Descrip	tion of services	Comperisation
									· · · · · · · · · · · · · · · · · · ·	
		·								
						•				
		į								
2 Total number of independent comper than \$100,000 in comper		_				to th	ose	listed above) who received		. 0
		- yaı	ال 12ء،	J.1 P						

Form 990 (2009) Germantown Cultural Arts Center, Inc 52-2010744

Pa	rt V	III Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
စ္ စ	1a	Federated can	nnaions	1a				TEVENUE		012, 010, 01 011
a tri	b	Membership de		1b						
PE	c	Fundraising ev		1c						
턞	d	Related organi		1d						
B, E	e	Government grants		1e						
Contributions, gifts, grants and other similar amounts	f	All other contribution and similar amounts	is, gifts, grants,	1f		416,952				
Contr	g	Noncash contribution	ns included in lines 1a-	1f \$	5		416,952			
$\overline{}$		Total. Add line	3 Ia-II		••••	Busn. Code	110/332			· · · · · · · · · · · · · · · · · · ·
E	2a	Educatio	on Income			Dasn. code	501,960	501,960		······
Re	b	Perform					126,830	126,830		
8	c	Rental 1	•				100,037	100,037		
ξ	d	Gallery		•			11,409			
E	6	Adverti				541800	2,050	•	2,050	
Program Service Revenue		•	am service rever	nue			-,-30		-,	
F.		Total. Add line					742,286			
\neg	3		ome (including d	dividend	s, interes	t, and	•			
		other similar ai			,	· •	1,477			1,477
	4		vestment of tax-	-exemp	bond pro	oceeds ►				
	5	Royalties		•	•	▶ 1				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•				
	7a	Gross amount from sales of assets	(ı) Secuntie:	s	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	ss)			. •				
	8a	Gross income fro	om fundraising ever	nts					,	
Other Revenue		(not including \$					1		,	n 1
946		of contributions r	eported on line 1c)	١.			, ,		í	4
ř.		See Part IV, line	18	. a			7 ,			
Ĕ	b	Less. direct ex	penses	, b[(, , /			60 01
٦			(loss) from fund	٠,	events	<u>.</u>				
	9a	Gross income fro	om gaming activities	s				(3,5), (4. 4
		See Part IV, line	•	, a				,		,
	b	Less. direct ex	penses	b					<u></u>	, , , , , , , , , , , , , , , , , , ,
	С	Net income or	(loss) from gam	ing activ	/ities	. •				
	10a	Gross sales of	inventory, less						,	
		returns and all	owances	a						
	b	Less. cost of g	oods sold _.	b			,			
	c		(loss) from sales		entory	•	,			
			ellaneous Revenue	9		Busn. Code				
	11a	Gala				ļ	-3,607			-3,607
	b								-	
	С					L				
										· · · · · · · · · · · · · · · · · · ·
		Total. Add line	-		-	•	-3,607			
$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	12	Total Revenu	e. See instruction	ns .		•	1,157,108	740,236	2,050	-2,130

DAA

Form 990 (2009)

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must co				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			general argument	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			••••	
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
_	· -				<u></u>
5	Compensation of current officers, directors,	73,558	47,912	14,845	10,801
	trustees, and key employees	73,330	71,312	17,035	10,001
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		İ		
_	persons described in section 4958(c)(3)(B)	352,478	229,588	71,134	51,756
7	Other salaries and wages	332,476	229,388	11,134	31,730
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	20 106	25 524	7,908	5 754
9	Other employee benefits	39,186 36,083	25,524 23,503	7,282	5,754 5,298
10	Payroll taxes	36,083	23,503	1,282	3,296
11	Fees for services (non-employees).				
а	Management				
b	Legal	20 505	-	20 525	
С	Accounting	32,537		32,537	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .	350,869	350,869		
12	Advertising and promotion	76,080	69,497	5,097	1,486
13	Office expenses	148,041	66,475	48,361	33,205
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4,807	4,441	216	150
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,207	816	265	126
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,651	10,376	8,275	
23	Insurance	13,729	9,767	2,479	1,483
		, ,			······································
24	Other expenses. Itemize expenses not			1	
	covered above. (Expenses grouped together	1			
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below.)	Ī			
а	Bank & Merchant fees	13,816	12,639	336	841
b	Dues & Subscriptions	1,439	528	446	465
C	Bad debt	806	806		
_		603	603		
d	UBIT expenses	-603	-603		
6					
T OF	All other expenses	1,163,287	852,741	199,181	111,365
25	Total functional expenses. Add lines 1 through 24f	1,103,201	032,121	199,101	
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation	<u></u>	<u> </u>		Form QQ0 (2000)

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	1,415	1	600
2	Savings and temporary cash investments	418,901	2	281,021
3	Pledges and grants receivable, net	94,298		202,813
4	Accounts receivable, net	6,579	4	8,377
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
3 7 8 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
(9	Prepaid expenses and deferred charges	9,688	9	7,315
10a	Land, buildings, and equipment cost or			
		13,986		
b		62,142 67,929	10c	51,844
11	Investments—publicly traded securities	-	11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	598,810		551,970
17	Accounts payable and accrued expenses	55,002		37,261
18	Grants payable		18	<u></u>
19	Deferred revenue	118,471	19	100,106
20	Tax-exempt bond liabilities		20	
- 1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22 22 22 23 24 25 25 25 25 25 25 25	·			
5 **	employees, highest compensated employees, and disqualified			
<u> </u>	persons. Complete Part II of Schedule L		22	
23	•		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	13,688	-	9,133
26	Total liabilities. Add lines 17 through 25	187,161	26	146,500
	Organizations that follow SFAS 117, check here ► 🕱 and		20	;
اقا	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	291,634	27	178,642
5 2		120,015		226,828
28 2 29	Temporanly restricted net assets		29	220/020
29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐	3 2 7 7 7	2.5	, ,,
<u> </u>				,
	and complete lines 30 through 34.		20	
5	Conital atomic on the standard on a survey to the	1	30	
30			24	
30 31 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
اي	Paid-in or capital surplus, or land, building, or equipment fund	411,649	32	405,470

Form **990** (2009)

Form	990 (2009) Germantown Cultural Arts Center, Inc 52-2010744		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			Ī
	the Single Audit Act and OMB Circular A-133?	3a		x
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Germantown Cultural Arts Center, Inc T/A-BlackRock Center for the Arts

Employer identification number 52-2010744

													
	art l			Status (All organizations			this p	art.) S	<u>ee ins</u>	truction	ons.		
The	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box.)							
1	Ш	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)							
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	170(b)(1))(A)(iii).	Enter th	e hospi	ıtal's name,		
		city, and state	9:					. , ,					
5		-		a college or university owned or	operated	by a gove	ernmenta	al unit de	scnbed	ın	•		
	ш		b)(1)(A)(ıv). (Complete Part I			-, - 3							
6	\Box	·		vernmental unit described in sec	tion 170/	h)(1)(A)(v	Λ						
7	H		•	ubstantial part of its support from	•		•	n the ce	naral nu	blic			
•	ш	-	section 170(b)(1)(A)(vi). (Co	•	a govern	inena u	01 11011	ii ale gei	iciai pu	DIIC			
۰	\Box				,								
8	₩			70(b)(1)(A)(vi). (Complete Part II		-4-6-4							
9	X			more than 33 1/3 % of its suppo									
				ot functions—subject to certain ex	•					rits			
			~	d unrelated business taxable inco	•		11 tax) fr	om busi	nesses				
	\Box		-	, 1975. See section 509(a)(2). (0		•							
10	Щ	An organizatı	on organized and operated e	xclusively to test for public safety	See sec	tion 509(a)(4).						
11		An organizati	on organized and operated e	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of c	ne or more publicly supporte	d organizations described in sect	tion 509(a)(1) or se	ction 509	9(a)(2) \$	See sec	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h.				
	_	а 📙 Туре	ł b 💹 Type II	c Type III-Functiona	Illy integra	ted	d	Тур	e III–Otł	ner			
8		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirect	ly by one	or more	disquali	fied				
		persons other	r than foundation managers a	and other than one or more public	ty suppor	ted organ	ızatıons	describe	d in sec	tion			
		509(a)(1) or s	section 509(a)(2).										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box					-					
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	nv of the	-	-		• •			
•		following per		, , , ,		•							
				ntrols, either alone or together wit	h nersons	describe	ed in (ii)					Yes	No
		• •	pelow, the governing body of	•	ii personi	GOSONIDO	()				11g(
				• • • • • • • • • • • • • • • • • • • •	• •			•		• • •	· ·		<u> </u>
		• •	member of a person describe	• • • • • • • • • • • • • • • • • • • •	• •				-		11g(
			ontrolled entity of a person de	• • • • • • • • • • • • • • • • • • • •		•	•				11g(n)Į	<u> </u>
<u>n</u>			ollowing information about the							1			
(1)		e of supported anization	(II) EIN	(III) Type of organization		organization		ou notify	organizat	s the		mount of	
	org	a: IIZAUOII		(described on lines 1–9 above or IRC section		sted in your document?		of your		zed in the	50	pport	
				(see instructions))	<u> </u>	1	sup	port?	U	S?			
			<u> </u>		Yes	No	Yes	No	Yes	No			
				:									
				<u> </u>			ļ						
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			-										
	_	<u> </u>			 		 						
					1	ŧ.	Į	1 ′	1	ŀ			

Sche	dule A (Form 990 or 990-EZ) 2009 Gex	mantown (Cultural A	<u>rts</u> Cente	er,Inc 52	2-20107	44	Page 2
	Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support	ecked trie box	on line 5, 7, or	o or Part I.)				
$\overline{}$	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(d) 2008	(e) 200	<u>. </u>	(f) Total
Cal	endar year (or fiscar year beginning iii)	(a) 2005	(B) 2006	(c) 2007	(a) 2008	(e) 200	- 	(f) 10tai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	·	•		•			
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					:		
11	Total support. Add lines 7 through 10	L	I		I	1		
12	Gross receipts from related activities, etc. (٠.					12	
13	First five years. If the Form 990 is for the c	-	secona, tnira, tourt	n, or mun tax year a	is a section 501(c)	(3)		. □
500	organization, check this box and stop here tion C. Computation of Public Su			<u> </u>	•			
	•			· · · · · · · · · · · · · · · · · · ·			14	%
14	Public support percentage for 2009 (line 6,				•	•		
15 46-	Public support percentage from 2008 Sche		•		4/2.0/	!: 45:- 5	15	%%
16a	33 1/3 % support test—2009. If the organi			o, and line 14 is 33	1/3 % or more, chi	eck uns dox		▶ [
L	and stop here. The organization qualifies a		•				• •	
þ	33 1/3 % support test—2008. If the organi				IS 33 1/3 % or mor	e, cneck this		▶ [
47-	box and stop here. The organization qualifi		•					
17a	10%-facts-and-circumstances test—200	•						
	more, and if the organization meets the "fac					v now the		
	organization meets the "facts-and-circumst		•		-	4.5.4004		
b	10%-facts-and-circumstances test—200						or	
	more, and if the organization meets the "fac			•	•	v now the		▶ □
10	organization meets the "facts-and-circumst		•		-	notructions		
18	Private foundation. If the organization did	HOLCHECK & DOX OF	ı iiile 13, 108, 10D,	ira, oi iro, cneck	II 998 DIIB XUU GII II	กอนนับเบกร		

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Gifts, grants, contributions, and

Calendar year (or fiscal year beginning in) ▶

(b) 2006

(c) 2007

(d) 2008

(e) 2009

Page 3

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

(a) 2005

	any "unusual grants.")	305,769	592,633	364,860	311,576	416,952	1,991,79
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	367,414	496,017	580,846	676,254	740,236	2,860,76
3	Gross receipts from activities that are not an unrelated trade or business under section 513					17,775	17,77
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	673,183	1,088,650	945,706	987,830	1,174,963	4,870,33
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,694	159,949	167,950	125,893		469,48
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				İ		
	amount on line 13 for the year						
С	Add lines 7a and 7b	15,694	159,949	167,950	125,893		469,48
8	Public support (Subtract line 7c from line 6.)					_	4,400,84
Sec	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	673,183	1,088,650	945,706	987,830	1,174,963	4,870,33
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	92,096	18,653	13,250	8,626	1,477	134,10
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	92,096	18,653	13,250	8,626	1,477	134,10
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					328	321
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,242	568	8,899	6,775		19,48
13	Total support. (Add lines 9, 10c, 11,	3,242	300	0,035	0,775		15,40
	and 12)	768,521	1,107,871	967,855	1,003,231	1,176,768	5,024,24
14	First five years. If the Form 990 is for the c						3,024,24
	organization, check this box and stop here	•	scona, ama, icarai,	or martax year as	a 3000011 00 1(0)(0)		▶ [
Sec	tion C. Computation of Public Su		ae	.		· _ · · · · · · · · · · · · · · · · · ·	<u> </u>
15	Public support percentage for 2009 (line 8,			\	-	15	87.59%
16	Public support percentage from 2008 Schei			,		16	84.94%
	tion D. Computation of Investmen				- ·- · · · · · · · · · · · · · · · · · 		04.54 70
17	Investment income percentage for 2009 (Im			umn (fl)		17	3%
18	Investment income percentage from 2008 S					18	4 %
19a	33 1/3 % support tests—2009. If the organ			and line 15 is mor	 e than 33 1/3 % as		- 70
100	17 is not more than 33 1/3 %, check this bo						▶ ∑
ь	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check thi						▶ [
20	Private foundation. If the organization did		_				
DAA	roundation. It the organization did	HOL GILLON & DOX OIT S	17, 10a, 01 19b,	GREEK BIIS DOX AIR		dule A (Form 990 o	or 990 E7\ 2000
					301100	2410 M (FUIII 330 (J. JJU-LLI 2003

Part IV	Su	pplemen	ital Inf	ormation.		nis part to p	rovide	the explana	ations requi	ired by Part II ition. See inst	line 10;	Page 4
Part 1	ΙĮ,	Line	12	- Othe	r Income	Detail	.					
Other	Inc	ome				\$		12,218				
Specia	il E	vent										
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Employer identification number Name of the organization Germantown Cultural Arts Center, Inc T/A-BlackRock Center for the Arts 52-2010744 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) . . . Aggregate grants from (dunng year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, 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. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1

che	dule D (Form 990) 2009 Germantown	<u>Cultural Ar</u>	<u>ts Center,</u>	Inc	<u>52-20</u>	<u> 10744 </u>			Page	<u>2</u>				
Pa	rt III Organizations Maintaining C	Collections of Art, I	listorical Treas	ures, c	r Other S	Similar Ass	sets (continu	ed)					
3	Using the organization's acquisition, accession, a collection items (check all that apply).	and other records, check	any of the following t	that are a	significant u	use of its								
а	Public exhibition	d 🗍 Loan o	r exchange program	ıs										
b	Scholarly research	e Other	5 . 5											
c	Preservation for future generations					. – – –	_							
4	Provide a description of the organization's collect Part XIV	tions and explain how the	y further the organiz	ation's ex	empt purpo:	se in								
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be	ceive donations of art, his	torical treasures, or	other sım	ılar			Ye	s N	^				
Da	art IV Escrow and Custodial Arrar				eword "	Vos" to Fo	rm 00			<u> </u>				
Fa	IV, line 9, or reported an amo			ation an	isweieu	163 1010	1111 99	o, i ait						
12	Is the organization an agent, trustee, custodian of			accete n						_				
ıa	-	of other intermediary for c		assets II	οι			□ ve	e 🗆 N	_				
h	included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table:													
U	ii res, explain the arrangement in rait Arv and	Complete the lonowing to	IDIÇ.					Amount	<u> </u>	-				
_	Beginning balance					1c			·	-				
	Additions during the year			•	•	1d				-				
	· ·				•	1e				-				
	Distributions during the year	• •			•	1f			<u>-</u>	-				
	Ending balance		•		• •					-				
	Did the organization include an amount on Form	990, Part A, line 21?						Ye	s 📙 N	0				
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Comple	te if organization an	ewared "Vae" to	Form	990 Part	IV line 10	<u> </u>			-				
ro	Endowment unds. Comple	(a) Current year	(b) Prior year	T .	years back	(d) Three yea		(e) Four	years bac	— k				
10	Reginning of year halance	(a) ourient your	(b) Hor your	(0)	youro buok	(4) 111100 900	10 0001	(0). 00.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
la L	Beginning of year balance			 		}		**********	**************					
D	Contributions		·· 	 					······					
C	Net investment earnings, gains,													
	and losses													
	Grants or scholarships			 			***********			****				
е	Other expenditures for facilities													
	and programs			 	***************************************					*****				
	Administrative expenses				•••••••••••									
g	End of year balance			I		l				ш.				
2	Provide the estimated percentage of the year en													
	Board designated or quasi-endowment	%												
	Permanent endowment													
	Term endowment ▶ %			_4 6	- 41									
Ja	Are there endowment funds not in the possession	on of the organization that	are neio ano aomini	sterea to	rune			ſ	Yes N	_				
	organization by							2-(3)	Yes N	<u> </u>				
	(i) unrelated organizations		•			•	•••	3a(i)	- -	_				
	(ii) related organizations				-		• •	3a(ii)	-					
D	If "Yes" to 3a(II), are the related organizations lis							3b	i	_				
4	Describe in Part XIV the intended uses of the organization) Dort	V line 10			_		_				
Pa	Investments—Land, Buildin							(d) Pook	.voluo	—				
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other			cumulated eciation		(d) Book	Aging					
	Land	(myeaunent)	ואוטין נונגאט	<u> </u>	чери		+-			_				
	Land						+			_				
	Buildings						+			_				
	Leasehold improvements	.	102	112		51,934	1	1	51 17	6				
	Equipment			,113 ,873		10,208		•	51,17 66	_				
е	Other		1 10	,013		10,200	ار		00	_				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 9			Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-yea	
Financial derivatives			
Closely-held equity interests			•
Other			
	_		
			
 	_		
	_		
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	D000 D 1 1/4 1/2		
Part VIII Investments—Program Related. See Form			·
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-yea	
		Cost of end-of-yea	ar market value
		····· <u> </u>	
		<u> </u>	
			· · - ·
			- <u>- 111</u>
		-	
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, line 15	j		
(a) Description			(b) Book value
			_
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line	25.	<u></u>	
1. (a) Description of liability	(b) Amount		
ederal income taxes			
Capital Lease obligation	9,133		
 			
20000000			
		l .	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

^{2.} FIN 48 Footnote. In Part XIV, 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.

Sche	dule D (Form 990) 2009 Germantown Cultural Arts Cent				Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,157,108
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,163,287
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-6,179
4	Net unrealized gams (losses) on investments	•		4	
5	Donated services and use of facilities	• •	, ,	5	
6	Investment expenses	••••		6	
7	Pnor penod adjustments		•••	7	
8	Other (Describe in Part XIV)	•		8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-6,179
	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Ret		
<u></u>	Total revenue, gains, and other support per audited financial statements			1	1,291,119
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
	Net unrealized gains on investments	2a			
a	Donated services and use of facilities	2b	134,011	1 1	
b	•	2c		1 1	
	Recoveries of prior year grants	2d		1 1	
d	Other (Describe in Part XIV.)	_ 20	 	1 22 1	134,011
e	Add lines 2a through 2d		•	2e 3	1,157,108
3	Subtract line 2e from line 1	1 (•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u></u>	- 1	
b	Other (Describe in Part XIV.)	4b		┨. 1	
С	Add lines 4a and 4b			4c	1,157,108
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	10.00		5	1,157,108
P	rt XIII Reconciliation of Expenses per Audited Financial Statem	ients wit	n Expenses per H	teturn	1,297,298
1	Total expenses and losses per audited financial statements		•	1	1,291,298
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1	104 011		
а	Donated services and use of facilities	2a	134,011	4 1	
b	Pnor year adjustments .	2b		- 1	
C	Other losses	2c	.	1 1	
d	Other (Describe in Part XIV.)	2d		1	404.044
е	Add lines 2a through 2d			2e	134,011
3	Subtract line 2e from line 1			3	1,163,287
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIV.)	4b	·] [
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,163,287
P	rt XIV Supplemental Information				· ·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	es 1a and 4:	Part IV. lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line				
	eart to provide any additional information.	.0 20 0110 10	. r noo oomproto		
uno i	art to provide any additional information.				
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Schedule D (F	orm 990)	2009	Ge	erm.	ant	OW	n (Cu]	Lti	ıra	1	Aı	cts	C	en	te	r,:	Inc	Į	52-	201	.07	44						Page
Schedule D (F	Supp	emen	tal l	nfor	mat	ion	(co	ntin	ued	l)																			
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SCHEDULE O (Form 990) Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Germantown Cultural Arts Center, Inc T/A-BlackRock Center for the Arts

Employer identification number 52-2010744

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

The Board of Trustees has established an Audit Committee who is prepred to review the 990 when available, discuss any concerns, and pose questions to DeLeon & Stang, should any arise. Once satisfied, the 990 document will be approved to submission.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Form 990, Part VI, Line 15b - Compensation Process for Officers

Salary is determined by a regional survey of comparable positions and salaries.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

BLAC0744 01/26	2011 1.491												
. 00	00		Special E	events S	chedule		·	ı	2009				
Form 99	ا ت	For calendar year 200	9, or tax year beginning	07	/01/09	, and ending	06	06/30/10					
Name			<u></u>			•			ntification Number				
		Cultural Art											
T/A-Bla	ackRo	ck Center for	r the Arts					52-2010	744				
		(A)	(B)	_	(C)	_	thers		Total				
Gross receipt	s	80,597		<u>o</u>		<u>0</u>			80,597				
Less contrib	outions	62,822		0		0		0 _	62,822				
Gross revenu		17,775		0		0		0	<u>17,775</u>				
Less direct	-	21,382	<u> </u>	0		<u>o</u>		0	21,382				
Net income (le	oss)	-3,607	= ======	0		0			<u>-3,607</u>				
Description	(A)	Gala											
Description	(A)	Gala											
	(B)												
	(0)												
	(C)												
	Others												
													
		 											
													