

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



932001 02-04-10

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 black lung benefit trust or private foundation)

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

A	For th	e 2009 calendar year, or tax year beginning SEP 1, 2009 and endin	g AUG 31, 2010	
В	Check if	Please C Name of organization	D Employer identif	ication number
	applicati	use IRS		
Ĺ.	Addre	ge print of BALTIMORE FESTIVAL OF THE ARTS, INC.		
Ļ	Name	ge Doing Business As	52-1	559145
Ļ	lnitial return	Number and street (of P.U. box if mail is not delivered to street address) Room/	•	
Ļ	Terms	instruc- / E REDWOOD STREET 500	410-	752-8632
Ļ	Amen	City or town, state or country, and ZiP + 4	G Gross receipts \$	<u>864,650.</u>
L	Application pendication	BABIIMORE, MD ZIZUZ	H(a) Is this a group r	
	portun	F Name and address of principal officer: BILL GILMORE	for affiliates?	Yes X No
			120 H(b) Are all affiliates in	
_		tempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		ite: ► WWW.ARTSCAPE.ORG	H(c) Group exemption	
			Year of formation: 1988	M State of legal domicile: MD
P	art I	Summary		DOTA MITON OF
& Governance		Briefly describe the organization's mission or most significant activities: PROMOTII THE ARTS	NG PUBLIC APPR	ECIATION OF
r B	1	Check this box fithe organization discontinued its operations or disposed of	more than 25% of its net a	ssets.
ove.	1	Number of voting members of the governing body (Part VI, line 1a)	3	11
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
Se	1	Total number of employees (Part V, line 2a)	5	0
Ž	6	Total number of volunteers (estimate if necessary)	6	250
Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		0.
Revenue			Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)	536,672.	506,723.
		Program service revenue (Part NEIne 24)VED	324,619.	349,464.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	489.	1,776.
_		Other revenue (Part VIII column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,373.	6,687.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	863,153.	864,650.
		Grants and similar amounts paid (Part IX, column (A), Irries 1-3)	ļ	
		Benefits paid to or for members (全面) (本) [1] [2] [2] [3] [4] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	18.02 Sec. 01 6-32.5	A TO TO THE POST OF THE POST OF THE
Ä	A.D	Total fundraising expenses (Part IX, column (D), line 25) 5,000.	789,996.	
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	789,996.	810,929. 810,929.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		
<u></u>		nevertue less expenses. Subtract line 10 front line 12	73,157. Beginning of Current Year	53,721. End of Year
ets	20	Total assets (Part X, line 16)	313,061.	403,351.
Ass	21	Total liabilities (Part X, line 26)	20,110.	56,679.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	292,951.	346,672.
	art II	Signature Block		<u> </u>
		Under penalties of periup; A declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer has any know	nents, and to the best of my knowled	ge and belief, it is true, correct,
⋛		and complete obtaining the page (the trial of the page) of a minimization of written prepare has any know	neage.	_ /
Şîgi Her	n i	MM I Coffee	2//	5///
Her	e	Signéture of officer	Date	
20		BILL GILMORE, EXECUTIVE DIRECTOR	· 	
三		Type or print name and title	10.	
Paid	,	Preparer's Date Date	Self- (see in	er's identifying number structions)
	parer's	signature HW, 13 - 1 mcl	1 employed	
•	Only	Firm's name (or yours if HALT, BUZAS & POWELL, LTD.	EIN >	
		self-employed), address, and 99 CANAL CENTER PLAZA, SUITE 230		802\ 026 407-
		ZIP+4 ALEXANDRIA, VA 22314	Phone no. ► (703) 836-1350
Ma	/ the IH	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	. C.L. program service expenses F 4		Fa C	90 (2009
		ding grants of \$) (Revenue 785,929.	\$)	 -
ld .	Other program services. (Describe in Sche	vdule ())		
łc	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4 a		785,929. including grants of \$ THE ARTS WAS FORMED FOR ECIATION OF THE ARTS BY O S FESTIVAL.	THE SOLE PURPOSE OF	
	allocations to others, the total expenses, a	ons and section 4947(a)(1) trusts are required to repand revenue, if any, for each program service report	ted.	,464.
4	If "Yes," describe these changes on Sche Describe the exempt purpose achievement	dule O. hts for each of the organization's three largest prog	ram services by expenses.	
2 3	the prior Form 990 or 990-EZ? If "Yes," describe these new services on S	cant program services during the year which were r	Ye	s XN
1	PROMOTING PUBLIC APPR			
1	Briefly describe the organization's mission	vice Accomplishments		

Form 990 (2009) Partily Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III X 8 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 X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X If "Yes," complete Schedule D. Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. 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 169 If "Yes," complete Schedule D, Part VII. 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 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? 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. 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 487 If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No ____12A If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? X <u>14a</u> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2009)

19

20

X

complete Schedule G. Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV 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 in the	1		1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	1		1
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i '		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a-		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		X
27	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? If "Yes," complete			
	Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L., Part IV			37.7
	instructions for applicable filing thresholds, conditions, and exceptions):	48		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	ł	İ	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	j	ŀ	
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i i	- 1	
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	[[-	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		İ	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1 1	1	
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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, Part VI	37	İ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	_X _	
		_ 4	~~ ^~	

Form 990 (2009) BALTIMORE FESTIVAL OF THE ARTS, INC.

[Part, V.] Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of))			
	U.S. Information Returns Enter 0- if not applicable	1a 5	0		
b	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 r	eportable gaming			
	(gambling) winnings to prize winners?	, , <i>.</i>	. 1c		
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	2402	30.00
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)	130		经过
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed 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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a	}	1	1
	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: ▶				.d
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and		Signar.	
	Financial Accounts.		· 整	65,40° x*	Erra XX
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	_5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited	1		
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	1)
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			(
	were not tax deductible?		6b	-6. ** . *)	
7	Organizations that may receive deductible contributions under section 170(c).		127.3		(122)
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	1		
_	provided to the payor?		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>.</u>	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 555 5 2 2 20000	as required	1_1		v
	to file Form 8282?		7c	i gerge	X 4152.37.
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	7d]	1.37		X 72
E	benefit contract?	ersonar	70	المهميرة ساهد	**************************************
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7e 7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations		283"	4	1000
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exci	_	10 to		
	at any time during the year?	3 -	8	, m	¥' ₩ _{**} 、4
9	Sponsoring organizations maintaining donor advised funds.			建	
	Did the organization make any taxable distributions under section 4966?		9a	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				3.42
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter				-34
а	Gross income from members or shareholders	11a		1.7	2.3
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	13.4	6929	
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	機能		

Partivition 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								
-			Yes	No					
1a	Enter the number of voting members of the governing body	1							
ь		1 機能							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors or trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	6		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	4.11		\$3.J					
	by the following:	100	\$5						
а	The governing body?	8a	X						
ь	Each committee with authority to act on behalf of the governing body?	8b	X						
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		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with those of the organization?	10b	j	İ					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11	X						
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	12a	X	F					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b	х						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this is done	12c	X	1					
13	Does the organization have a written whistleblower policy?	13	Х						
14	Does the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent		7:37						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		##E						
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		4 T 33	100 June 1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a	l	<u>X</u>					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	**************************************	杨雄	384.4 1000					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		被到	1					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► MD								
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	e for							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website 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, a	ınd fina	ncial						
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation: 🕨	·						
	THE ORGANIZATION - 410-752-8362								
	7 EAST REDWOOD STREET, BALTIMORE, MD 21202								
		Form	990 (2009)					

932008 02-04-10

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

- ta 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.

X Check this box if the organization did not o						ecto					
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	١,,		Pos				Reportable	Reportable	Estimated	
	hours	-	neck	(all 1	inat	app	ily)	compensation from	compensation from related	amount of other	
	per week	ecto						the	organizations	compensation	
	1	9 9	g			ated		organization	(W-2/1099-MISC)	from the	
	1	ste	trust		8	Dens		(W-2/1099-MISC)	,	organization	
	ł	individual trustee or director	Institutional trustee		ng de	St co	_			and related	
		Mpu	institu	Officer	Key employee	Highest compensated employee	Former			organizations	
BILL GILMORE						-					
PRESIDENT	5.00	X		X		L		0.	0.	0.	
GARY KACHADOURIAN										· 1:	
VICE PRESIDENT	5.00	X		X	$oxed{oxed}$	_		0.	0.	0.	
KATHLEEN BASHAM	Ì										
TREASURER	5.00	X		X	<u> </u>			0.	0.	0.	
SHELIA Y. GOODWIN	į				ĺ						
SECRETARY	3.00	X		X	<u> </u>	L		0.	0.	0.	
ANANA KAMBON	}										
BOARD MEMBER	1.00	X			_			0.	0.	0.	
FRANKLIN N. MCNEIL, JR.	}										
BOARD MEMBER	1.00	X			<u> </u>			0.	0.	0.	
PAULA ROME	ļ										
BOARD MEMBER	1.00	X			<u> </u>		Ш	0.	0.	0.	
MICHAEL SHECTER]				ĺ						
BOARD MEMBER	1.00	X			\vdash		-	0.	0.	0.	
PAUL COLEINNE									_		
BOARD MEMBER	1.00	X			ا			0.	0.	0.	
ROSS PEDDICORD					1					_	
BOARD MEMBER	1.00	X			<u></u> '	-		0.	0.	0.	
RHEA FEIKIN			i								
BOARD MEMBER	1.00	X	-		 		-	0.	0.	0.	
	i										
					أ	\vdash		: 			
					<u></u>						
					_						

· -----

Form 990 (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Form 990 (TIVAL OF	THE ARTS,	INC.	52-1559	145 Page 9
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
imilar amoun	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1c 1d 1d 1f	127,087. 379,636.				
	CONCESSION INCOME	Business Code 900099	244,791.			
Program Service Revenue	FUNDRAISING INCOME	900099	104,673.	104,673.		
g	All other program service revenue Total. Add lines 2a-2f	>	349,464.		Sin Bagaran	
3 4 5	Investment income (including dividends, intered other similar amounts) Income from investment of tax-exempt bond proparties		1,776.	2 20,000		1,776.
6 a b	Less: rental expenses Rental income or (loss)	(ii) Personal				
	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
۔ ا	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not					
Other Revenue	including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b	>				
10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less cost of goods sold b					A ARTHUR
	Net income or (loss) from sales of inventory Miscellaneous Revenue MISCELLANEOUS	Business Code 900099	6,687.	Andrew Carol Land		6,687.
d e 12	All other revenue Total. Add lines 11a-11d		6,687. 864,650.	349,464.		8 , 463 . Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

1 Grants organi 2 Grant the U 3 Grant organ See F 4 Benei 5 Comp truste 6 Comp person 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accord d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royali 16 Occup 17 Travel 18 Payro 19 Confe 20 Intere 21 Payro 22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	All other organizations must compliance amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
organi the U Grant organ See F Benei Comp person person Tother Pensic and se Comp person Tother Mana b Legal c Accord Lobby e Profes f Invest g Other Legal c Accord Lobby e Profes f Invest g Other Tayori Travel Horm For an Paym for an Paym for an Deprei Confe Lobe Tother Legal Lobby Lobby Legal Lobby Lega			expenses	general expenses	expenses
2 Grant the U 3 Grant organ See F 4 Benei 5 Comp truste 6 Compi person 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accord d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royali 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	ants and other assistance to governments and			· · · · · · · · · · · · · · · · · · ·	
the U Grant organ See F Benei Comp truste Comp persor persor Pensic and se Cother Mana b Legal c Accord Lobby e Profes f Invest g Other Adver Cother Royali Fees Grant Fees Grant Confect Coup Travel Fees Grant Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Coup Confect Coup Confect Coup Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Confect Coup Coup Confect Coup Coup Confect Coup Coup Coup Coup Coup Coup Coup Coup	anizations in the U.S. See Part IV, line 21		 	The state of the s	
3 Grant orgar See F 4 Benei 5 Comp truste 6 Compp person 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accord d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 21 Paym 22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	ants and other assistance to individuals in			41 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	The state of the s
orgar See F Benei Comp truste Comp persor Persor Pensic and se Pensic an	e U S. See Part IV, line 22				
See F 4 Benei 5 Comp truste 6 Comp persor 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accoo d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	ants and other assistance to governments,				
4 Benei 5 Comp truste 6 Comp person 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accood d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	panizations, and individuals outside the U.S.			The second second	
5 Competruste 6 Compepersor 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accord d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Insura 24 Other 23 Insura 24 Other 24 Other 25 IT 26 IT 27 IT 28 IT 29 Insura 29 Insura 20 Insura 20 Insura 21 Payro 22 Insura 23 Insura 24 Other 25 IT 26 IT 27 IT 28 IT 29 IT 20 IT 20 IT 21 IT 22 IT 23 IT 24 Other 25 IT 26 IT 27 IT 28 IT 28 IT 29 IT 20 IT 20 IT 21 IT 22 IT 24 IT 25 IT 26 IT 27 IT 28 IT 28 IT 28 IT 28 IT 29 IT 20 IT 20 IT 21	e Part IV, lines 15 and 16			多人的 基本的 是一个多种	The transfer of the transfer o
truste Compipersor persor Other Pensic and se Pensic and se Pensic and se Mana b Legal c Accou d Lobby e Profes f Invest g Other Adver A	nefits paid to or for members			\$ 13% BY 18 18 18 18 18 18 18 18 18 18 18 18 18	No. 12 (2003) 11 (2014) 12 (2015)
6 Compuperson person person 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accoord Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Depre 21 Insura 24 Other 6 above. miscell expens a ENT 5 IT	mpensation of current officers, directors,			}	
person person 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accord d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other 24 Other 25 IT 26 SIT	stees, and key employees				
person 7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accoo d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payrm for an 19 Confe 20 Intere 21 Payrm 22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	mpensation not included above, to disqualified				
7 Other 8 Pensic and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accord Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Depre 21 Insura 24 Other 6 above miscel expens a ENT 5 IT	sons (as defined under section 4958(f)(1)) and		1		
8 Pensic and se and se and se 9 Other 10 Payro 11 Fees a Mana b Legal c Accord Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Depre 21 Insura 24 Other 6 above miscell expens a ENT 5 IT	sons described in section 4958(c)(3)(B)				
and se 9 Other 10 Payro 11 Fees: a Mana b Legal c Accou d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal: 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Depre 23 Insura 24 Other 6 above. miscell expens a ENT b SIT	ner salaries and wages		 		
9 Other 10 Payro 11 Fees 1 Mana b Legal c Accood Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Depre 21 Payro 22 Depre 23 Insura 24 Other 6 above miscell expens a ENT 5 IT	ision plan contributions (include section 401(k)		1		
10 Payro 11 Fees: a Mana b Legal c Accor d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payro for an 19 Confe 20 Intere 21 Payro 22 Depre 23 Insura 24 Other c above. miscell expens a ENT b SIT	section 403(b) employer contributions)				
a Mana b Legal c Accor d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other c above. miscell expens a ENT b SIT	ner employee benefits		ļ	ļ	-··
a Mana b Legal c Accor d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other c above. miscell expens a ENT b SIT	yroll taxes	·	ļ		
b Legal c Accord d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal: 16 Occup 17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other above. miscell expens a ENT b SIT	es for services (non-employees).		Ì		
c Accord d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal: 16 Occup 17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other of above, miscell expens a ENT b SIT	nagement				
d Lobby e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other e above, miscell expens a ENT b SIT	gal				
e Profes f Invest g Other 12 Adver 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other of above, miscell expens a ENT b SIT	counting	5,395.	5,395.		
f Invest g Other 12 Adver 13 Office 14 Inform 15 Royalf 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other 6 above, miscell expens a ENT b SIT	obying				
g Other 12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other above. miscell expens a ENT b SIT	fessional fundraising services. See Part IV, line 17		The state of the s		
12 Adver 13 Office 14 Inform 15 Royal 16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other of above, miscell expens a ENT b SIT	estment management fees		<u> </u>		
13 Office 14 Inform 15 Royal: 16 Occup 17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other of above, miscell expens a ENT b SIT	ner	240,949.		20,000.	5,000.
14 Inform 15 Royali 16 Occup 17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other of above, miscell expens a ENT b SIT	vertising and promotion	12,260.	12,260.		L
15 Royali 16 Occup 17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other can above, miscell expens a ENT b SIT	ce expenses	29,843.	29,843.		
16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other cabove, miscell expens a ENT b SIT	ormation technology				
16 Occup 17 Travel 18 Paym for an 19 Confe 20 Intere 21 Paym 22 Depre 23 Insura 24 Other cabove, miscell expens a ENT b SIT	yalties				
17 Travel 18 Payme for an 19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other of above, miscell expens a ENT b SIT	cupancy	40.	40.		
for an fo		14,061.	14,061.		
19 Confe 20 Intere 21 Payme 22 Depre 23 Insura 24 Other a above, miscell expens a <u>ENT</u> b <u>SIT</u>	ments of travel or entertainment expenses		}		
20 Interect Paymer 22 Depre 23 Insura 24 Other cabove. miscell expens a ENT b SIT	any federal, state, or local public officials				
21 Payme 22 Depre 23 Insura 24 Other eabove. miscell expens a ENT b SIT	nferences, conventions, and meetings				
22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	erest				
22 Depre 23 Insura 24 Other e above. miscell expens a ENT b SIT	ments to affiliates				
24 Other e above. miscell expens a ENT b SIT	preciation, depletion, and amortization				
above. miscell expens a ENT b SIT	urance	313.	313.		
miscell expens a <u>ENT</u> b <u>SIT</u>	er expenses. Itemize expenses not covered		50.1944.00	建分的 "要有	
expens a <u>ENT</u> b <u>SIT</u>	ve. (Expenses grouped together and labeled				
a <u>ENT</u> b <u>SIT</u>	cellaneous may not exceed 5% of total enses shown on line 25 below.)				
ь SIT	TERTAINMENT	283,365.	283,365.		
	TE COSTS	142,149.	142,149.		
	NTS/PHYSICAL ARRANGEM	50,545.	50,545.		
d LOG	GISTICS/PRODUCTION	28,129.	28,129.		
	RIZES/AWARDS	2,679.	2,679.		
	other expenses	1,201.	1,201.		
	al functional expenses. Add lines 1 through 24f	810,929.	785,929.	20,000.	5,000.
	at costs. Check here following	<u> </u>	, , , , , , , , , , , ,	20,000	3,000.
	98-2. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation				

	Balance Sheet	,		
· 		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	58,045.	1	131,309.
2	Savings and temporary cash investments			184,646
3	Pledges and grants receivable, net	64,926.	3	64,926
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	1.		
	employees, and highest compensated employees. Complete Part II	La recent de la constante de l		The state of the state of the
	of Schedule L		5	<u></u>
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1	
	Part II of Schedule L		6	
7	Notes and loans receivable, net	3,470.	7	22,470
	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	1 1		100 mg	
	1	医多数 的复数	Ž.	
	·	The state of the s	10c	The state of the s
			11	
	formation of the convert of Con Book By the 44			
	· · · · · · · · · · · · · · · · · · ·			
	Other and O a Bat NA Land			
_		313.061.		403,351
_				54,458
			_	
			-	
		WE CONSTRUCT	1 To	125 FARSETS 1513
	of Schoolule I	Description of the second seco	22	Contraction programs of the same
			_	
		2 394		2,221.
				56,679
			£254	AGRECIO CARRE
			200 T	
		292.951.		346,672.
	The second secon			3.0,0,2
	• • • • • • • • • • • • • • • • • • • •			
		# 1	4776	447/2644124148/40
	· ·		E HE	
	· · · · · · · · · · · · · · · · · · ·	(B)上达沙达达1000 (C) (B)	30	TO THE PARTY OF TH
				
	Retained earnings, endowment, accumulated income, or other funds	 	32	
			32	ļ.
	Total net assets or fund balances	292,951.	33	346,672.
	2345 6 7890a b 123456 789012 3456 789 0	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a b Less: accumulated depreciation 10b 10vestments - publicly traded securities 1 Investments - publicly traded securities 2 Investments - program-related. See Part IV, line 11 3 Investments - program-related. See Part IV, line 11 4 Intangible assets 5 Other assets. See Part IV, line 11 6 Total assets. Add lines 1 through 15 (must equal line 34) 7 Accounts payable and accrued expenses 8 Grants payable 9 Deferred revenue 0 Tax-exempt bond liabilities 1 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 3 Secured mortgages and notes payable to unrelated third parties 4 Unsecured notes and loans payable to unrelated third parties 5 Other liabilities. Add lines 17 through 25 6 Organizations that follow SFAS 117, check here 7 Total liabilities, Add lines 33 and 34. 7 Unrestricted net assets 8 Temporanly restricted net assets 9 Permanently restricted net assets 9 Crganizations that do not follow SFAS 117, check here and complete lines 30 through 34. 9 Capital stock or trust principal, or current funds	1 Cash - non-interest-bearing	1 Cash - non-interest-bearing

Forn	n 990 (2009) BALTIMORE FESTIVAL OF THE ARTS, INC. 52-155	9145	Pa	ge 12
Pa	rt:XI: Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	7	3	
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.	17.	. 1	ر پرينور فر
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	1		*******
	consolidated basis, separate basis, or both:		1974 W	120,2
	X Separate basis Consolidated basis Both consolidated and separate basis			京学 了
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

O or 990-EZ)

Complete if the organization is

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.



Name of the organization

Employer identification number

		BALTIMO	DRE FESTIVAL	OF TH	IE ART	'S, I	VC.		.52	<u> -1559</u>	145	<u>. </u>
Part I.	Reason	for Public Cha	rity Status (All organi	zations mi	ust comple	ete this pa	rt.) See ins	tructions.				
The organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one	box.)					
1 🖂	A church, co	onvention of churche	es, or association of chu	rches desc	cribed in s	ection 17	O(b)(1)(A)(i).				
2 🔲			70(b)(1)(A)(ii). (Attach So					•				
3 🔲	A hospital o	r a cooperative hosp	ital service organization	described	n section	170/b)(1	XAXiii).					
4 🔲			operated in conjunction					XbX1XAXi	ii). Enter ti	ne hospital	's narr	ne.
	city, and sta				•			(-N-N-N		•		
5			benefit of a college or u	niversity o	wned or o	perated b	v a govern	mental un	ıt describe	d in		
		0(b)(1)(A)(iv). (Compl		,			, - 3					
6 🖂			-	it describe	d in section	on 170/hV	11/41/61					
7 🗓	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
, س		(b)(1)(A)(vi). (Comple		or its supp	port ilom	governin	Citta unit	<i>3</i> 1 110111 (11)	general p	abile desc	indea i	• •
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II \							
آ و			ceives: (1) more than 33			from conti	ibutione n	namhamh	in face an	d aross ro	cointe	from
•			nctions - subject to cert						-	-	-	
			axable income (less sec	-						-		
		509(a)(2). (Complete			2/) 110111 00	3311103303	acquired t	y ine orga	u iizalion a	iter Jurie J	0, 197	J.
10 🔲			perated exclusively to te	et for out	lic cafety	Soo posti	on E00(a)(4\				
11 🗔			perated exclusively for the perated exclusively for the perated exclusively for the perated exclusively for the perated exclusively for the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively for the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively to the perated exclusively exclusively to the perated exclusively exclusive exclusi						v out tho r	NIMOCOC O	f one	or
"			ations described in secti									OI.
			organization and compl				2). Occ 5c	ction sost	aj(o). One	SK UIG DOX	llial	
	a Type		_ `	c Typ	_		tograted		ر ا	Type III - C)ther	
	• •		at the organization is not	• •		-	-	r mora die				n
·			than one or more public		-							
f			tten determination from		_				υ(α)(i) U i 3	ection 505	(4)(2).	
•		organization, check the			u. n. 15 u 1 j	, ре 1, 1 урс	, ii, Oi 1 yp	- III				
g	• • •	•	organization accepted a	nvaiftore	ontribution	n from any	of the follo		 sons?			
9			lirectly controls, either a			_		-			Yes	No
			upported organization?	-			accoribed (in (ii) and (in bolow,	11g(i)	163	140
	_		n described in (i) above?							11g(ii)		
			person described in (i)							11g(iii)		
h			about the supported or			•				. [119(11)]		
••		onowing involvidation	about the supported of	garnzation	(3).							
//> Alama		(7) 501	(iii) Type of	tive Is the	organization	(v) Did vo	u notify the	(vi) is	the			
	of supported nization	(ii) EIN	organization	organiza					on in col. l	(vii) Am		ı
viga	mzauon	İ	(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U.S	.?	supp	1011	
		1	(see instructions))	Yes	No	Yes	No	Yes	No			
		ļ		1		1			 			
		į	1	1	İ			<u> </u>				
					 	 	 	 	 			
		į		1				İ	1 1			
			·	 	 	 	 		 			
		1]]	1		}				
				<u> </u>	 	 	 	 	 			
		1		1	1	1		}				
	-			 	 	 	 	 	 			
		[1	1	Ī	1				
		SECTION AND ADDRESS.	THE PROPERTY OF THE PARTY OF TH	27 5212		775 102	37.33.75	- 12	200			
[otal				MARK TO THE REAL PROPERTY.								

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 BALTIMORE FESTIVAL OF THE ARTS, INC. 52-1559145 Page 2

Range III 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.)

<u>Se</u>	ction A. Public Support								
Cal	endar year (or fiscal year beginning ın)🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and)	})					
	membership fees received. (Do not			ł	ł				
	include any "unusual grants.")	763,596.	790,359.	601,357.	536,672.	506,722.	3198706.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	į .		ĺ			•		
	or expended on its behalf								
3	The value of services or facilities	!			ļ				
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	763,596.	790,359.	601,357.	536,672.	506,722.	3198706.		
5	The portion of total contributions								
	by each person (other than a	1 to 1							
	governmental unit or publicly								
	supported organization) included		time to the second						
	on line 1 that exceeds 2% of the	We To The state of		· 1000年第1					
	amount shown on line 11,	\$ 12 cm		分。 第4章 11章 11章 11章 11章 11章 11章 11章 1					
	column (f)			and state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000年2000年	90,427.		
	Public support. Subtract line 5 from line 4	1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	82 4 4 7 7 7 24 4	The state of the state of	- 23, Y - 13 364	Care of the same	<u>3108279.</u>		
	ction B. Total Support					 -			
	endar year (or fiscal year beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Amounts from line 4	763,596.	790,359.	601,357.	536,672.	506,722.	3198706.		
8	Gross income from interest,	1	İ						
	dividends, payments received on					ĺ			
	securities loans, rents, royalties	20		5 30	400	4 556	2 24 2		
_	and income from similar sources	22.		732.	489.	1,776.	3,019.		
9	Net income from unrelated business	ļ				}			
	activities, whether or not the	ļ							
40	business is regularly carned on	 							
10	Other income. Do not include gain					ł			
	or loss from the sale of capital	843.	12 500	4 524	1 272	6 697	26 027		
	assets (Explain in Part IV.) Total support. Add lines 7 through 10	30 Variability	13,500.	4,534.	1,373.	6,687.	26,937.		
	Gross receipts from related activities,		- <u> </u>	100,86 (43)			3228662.		
	First five years. If the Form 990 is for	· ·					,565,285.		
13	organization, check this box and stor		mst, second, triin	u, rourur, or mur ta	ix year as a section	1 50 1(0)(3)	~[□		
Sec	tion C. Computation of Publ		centage		<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2009 (I			olumn (fi)		14	96.27 %		
	Public support percentage from 2008		=			15	97.67 %		
	33 1/3% support test - 2009. If the of	· ·	,	line 13. and line 1	 4 us 33 1/3% or ma				
	stop here. The organization qualifies						> X		
	33 1/3% support test - 2008. If the or		~		line 15 is 33 1/3%	or more, check thi			
	and stop here. The organization quali						. —		
	10% -facts-and-circumstances test								
	and if the organization meets the "fac						•		
	meets the "facts-and-circumstances"					5	▶□		
b	10% -facts-and-circumstances test	t - 2008.If the orga	nization did not cl	neck a box on line	13, 16a, 16b, or 13	7a, and line 15 is 1	0% or		
	more, and if the organization meets th								
	organization meets the "facts-and-circ				•		▶□		
	Private foundation. If the organization								
	Schedule A (Form 990 or 990-EZ) 2009								

Part III Support Schedule for	Organizations	Described in	Section 509(a	(Complete onl	y if you checked the	box on line 9 of Part I.)
Section A. Public Support				-,		· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and		<u> </u>				
membership fees received. (Do not	1]	}	1		
ınclude any "unusual grants.")	ļ			 	 	
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-				1		
iness under section 513	1			1	1	
4 Tax revenues levied for the organ-	 		ļ	 	 	
zation's benefit and either paid to or expended on its behalf					ļ	ļ
5 The value of services or facilities						
furnished by a governmental unit to				ļ	1	
the organization without charge	L					
6 Total. Add lines 1 through 5	<u></u>				<u>. </u>	
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)	温·紫泉等	ي: ﴿ وَمُ الْمِنْ الْمُؤْمِدُ الْمُؤْمِدُ لِللَّهِ الْمُؤْمِدُ لِللَّهِ الْمُؤْمِدُ لِللَّهِ الْمُؤْمِدُ لِللّ			"""""""" """"""	्र
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	<u></u>				<u> </u>	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	1			1		
(less section 511 taxes) from businesses	Į į					
acquired after June 30, 1975				 	<u> </u>	
 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 IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) orga	nization,
check this box and stop here	_	·····		•		
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2009 ((line 8, column (f) d	vided by line 13, o	column (f))		15	%
16 Public support percentage from 2008	8 Schedule A, Part	III, line 15	·· <u>·</u> ·· <u>···</u>	<u></u>	16	%
Section D. Computation of Inve						
17 Investment income percentage for 20	009 (line 10c, colun	nn (f) divided by lir	ie 13, column (f))		17	%
18 Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2009. If the	organizatıon did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	e 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization qualr	fies as a publicly s	supported organiz	ation	▶□
b 33 1/3% support tests - 2008. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, che		•	•		•	n ▶ <u>□</u>
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check ti			990 or 990-EZ) 2009

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.

2009
Open to Public
Inspection

Name of the organization

BALTIMORE FESTIVAL OF THE ARTS, INC. Employer identification number 52-1559145

Pa	ert I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
Ŭ	for charitable purposes and not for the benefit of the donor or		
	7.4		Yes No
Pa	rt II. Conservation Easements. Complete if the org.		
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or pl	·	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	i reservation or a cer	unco ristorio structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed consentation contribution in the form	of a consequation easement on the last
2	day of the tax year.	ed conservation contribution in the form	Tota conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a b			2b
			2c
c d			2d
3	Number of conservation easements included in (c) acquired a Number of conservation easements modified, transferred, rele		· · · · ·
3	year	sased, extinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen		
3	violations, and enforcement of the conservation easements it	hald-0	
•	Staff and volunteer hours devoted to monitoring, inspecting, a		
6 7	Amount of expenses incurred in monitoring, inspecting, and e		
	Does each conservation easement reported on line 2(d) above		
8	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservation	an ecomonto in ito revenue and evenue	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	on's illianciai statements that describes	the organization's accounting for
Pai	rt III: Organizations Maintaining Collections of	Art Historical Treasures or C	Other Similar Assets
3	Complete if the organization answered "Yes" to Form 9	•	7.000.00
—			
1.	If the organization elected, as permitted under SFAS 116, not	to report in its rovenue statement and h	andance sheet works of art. historical
ıa	-		
	treasures, or other similar assets held for public exhibition, edi- the footnote to its financial statements that describes these it		iblic service, provide, in Fait XIV, the text of
			and about wants of out biotoxical tenances.
D	If the organization elected, as permitted under SFAS 116, to re-		
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	e, provide the following amounts relating to
	these items.		. .
_			
2	If the organization received or held works of art, historical trea		ai gain, provide
	the following amounts required to be reported under SFAS 11		> 0
a	Revenues included in Form 990, Part VIII, line 1		
þ	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	edule D (Form 990) 2009 BALTIMO COMMITTEE D (Form 990) 2009 BALTIMO	RE FESTIVA					52-15			
3	Using the organization's acquisition, accessi									
3		on, and other record	is, check any or the	e rollowing th	iai are a s	signincan	t ase of its	Conecuc	m nen	ıs
	(check all that apply): Public exhibition	_								
a		d	$\overline{}$	change prog	rams					
b	Scholarly research	e	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co						oose in Pai	rt XIV.		
5	During the year, did the organization solicit of				her simila	ar assets		٦		٦
ID 2	to be sold to raise funds rather than to be m							Yes		<u>No</u>
-F _X a	tilV. Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if organization a	answered "Ye	es" to Fo	rm 990, F	art IV, line	9, or		
	_ 									
та	Is the organization an agent, trustee, custod	an or other intermed	liary for contributio	ns or other a	ssets no	t included) _{[-}	٦.,	<u></u>	٦
_							L	_ Yes	L_	_l No
Þ	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing table:			Γ				
						-	 	Amour	<u> </u>	
С	Beginning balance					. <u>1c</u>	 			
đ	Additions during the year					. 1d	 -			
е	Distributions during the year					1e	 			
f	Ending balance					<u>1f</u>	<u> </u>			
	Did the organization include an amount on Fe		21?					_ Yes	L.	J No
	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete									
		(a) Current year	(b) Pnor year	(c) Two yea					r years	back
1a	Beginning of year balance		 	1 to the 1 t	<u> </u>				***************************************	<u> </u>
b	Contributions			* 1. F F 2.	ب مرور م		2/13	12 y47.	.≠\$}a, nd	
С	Net investment earnings, gains, and losses			學是是理	- 4-1 75 27 75	arraggie si si	Burn Br	1.00		
d	Grants or scholarships			表现产生。	12.62	1.31	Grafe 1. 197	3.X.		
е	Other expenditures for facilities						では、新聞きた。 との数はました	1994		
	and programs				- ¥.	* 1	F Bi How	30.45	16.3	¥1.50
f	Administrative expenses		· · · · · · · · · · · · · · · · · · ·	14 (1) (1) (1)		الله: المراجعة بالإنتاء . وأناف				
g	End of year balance		- 	一个一个	4 7873	£ 1, 2		概念と	50,0, 2 0	ويو وتكديم
2	Provide the estimated percentage of the year	r end balance held a	s·							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment	%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administ	ered for t	the organ	izatıon			
	by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
þ	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?					3b		
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building	s, and Equipme	ent. See Form 990), Part X, line	10.					
	Description of investment	(a) Cost or o	ther (b) Cos	t or other	(c) A	ccumulat	ted	(d) Boo	k valu	е
		basis (investr	nent) basis	(other)		preciation				
1a	Land				1					
	Buildings									
	Leasehold improvements	i						_		
	Equipment									
	Other									
	Add lines to through to (Column (d) must on	aual Form 000 Port	V column (P) line	10(a))						0

Schedule D (Form 990) 2009

 (a) Description of security or category (including name of security) 	(b) Book value		(c) Method of value Cost or end-of-year ma	
Financial derivatives				
Closely-held equity interests			······································	
Other				
			··	
	<u> </u>		 	
				
		ļ <u>.</u>		
			·	· · · · · · · · · · · · · · · · · · ·
	 			
	†		 	
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	-	W. Carlotte	大学 马门管 马马拉	
Part VIII Investments - Program Related.	See Form 990, Part X, line		2 2 3 3 3 3 4 7 5 5	TAN THE PROPERTY OF THE PARTY O
		Ĭ	(c) Method of value	ation:
(a) Description of investment type	(b) Book value		Cost or end-of-year mai	
	<u> </u>			
		ļ		
 		-		
		 		
	 			
	 			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)		The William of the	The second secon	4.57 2. 55 24.5 2.55 2.5 5 2.55 2.5
Part IX Other Assets. See Form 990, Part X, lin	e 15	المراهدة والمراهد المراهد	Same and the second of the sec	Land of the said of the said the said said
) Description			(b) Book value
				
otal (Column (h) must equal Form 990. Part V. col./Pl lin	no 15)			
otal. (Column (b) must equal Form 990, Part X, col (B) lin				
Part X Other Liabilities. See Form 990, Part X		(b) Amount		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability		(b) Amount		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes				
Part X Other Liabilities. See Form 990, Part X (a) Description of liability		(b) Amount 2, 221		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes				
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes				
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes				
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes			•	
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes				
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes				
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes DUE FROM AFFILIATE	, line 25.	2,221		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability ederal income taxes	, line 25.	2,221		

	Reconciliation of Change in Net Assets from Form 990 to A					1333143 Page 4
1	7 000 D 1151 1 (A) 1 40)			1		864,650.
2				2		810,929.
				3		53,721.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			4		
4				5		
5	Donated services and use of facilities		• • • • •			
6	Investment expenses			7		
7	Prior period adjustments					
8	Other (Describe in Part XIV.)			8		0.
9	Total adjustments (net). Add lines 4 through 8			9		53,721.
10 Päi	Reconciliation of Revenue per Audited Financial Statemen		ith Rever		Return	33,741.
	Total revenue, gains, and other support per audited financial statements		<u></u>	ido poi	1	1,230,065.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				27 F.	1,230,003.
2		ا مم ا			1	
a		2a	26	5,415		
D		2b		3,413		
C	Recoveries of prior year grants	2c	·		$\exists \exists \exists 1$	
ď	Other (Describe in Part XIV.)	2d				265 415
e	Add lines 2a through 2d	•	•		. 2e	365,415. 864,650.
3	Subtract line 2e from line 1	• • •			. 3	004,030.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	الما			184	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
Q	Other (Describe in Part XIV.)	4b				0
c	Add lines 4a and 4b			-	4c	<u> </u>
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t:XIII Reconciliation of Expenses per Audited Financial Statemen	nts W	/ith Expe	nses pe		
1	Total expenses and losses per audited financial statements				1	1,176,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				\$ A	
a	Donated services and use of facilities	2a	36	5,415	1.53	
h	Prior year adjustments	2b			门路引	
G	Other losses	2c				
ď	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d				2e	365,415.
3	Subtract line 2e from line 1				3	810,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	•			1900 (
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b			等。	
c	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	810,929.
	t:XIV Supplemental Information					
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Pa	rt IV, lines	1b and 2i	b; Part V, line 4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	te this	part to pro	vide any a	dditional i	nformation.
PAF	T X: EFFECTIVE JANUARY 1, 2009 IN ACCORDANG	CE V	U HTIV	<u>.s.</u>		
GEN	ERALLY ACCEPTED ACCOUNTING PRINCIPLES, BFA	I AI	OOPTED	THE	STAND	ARD FOR
UNC	ERTAINTY IN INCOME TAXES. IN APPLYING THE	STA	ANDARD	. BFA	I MUS	T
<u> </u>	201212121 201 2010012 212120			<u>,</u>		
DE'I	ERMINE AND ASSESS ANY MATERIAL POSITIONS TO	AKEI	N IN A	NY IN	COME	TAX RETURN
<u>AS</u>	OF THE DATE THEY ADOPT THE STANDARD, INCLUI	DIN	3 ALL	SIGNI	FICAN	<u>T</u>
****	THE MELLON DOLLAR WAS THE DESCRIPTION OF STREET	77 GD	NTTT 0	un tra	m mo	3.00000000000
<u>nn(</u>	ERTAIN POSITIONS, IN ALL TAX YEARS THAT AR	<u>ட 5'</u>	LTTT 2	ORTEC	T TO	ASSESSMENT
OR	CHALLENGE BY RELEVANT TAXING AUTHORITIES.	ΑТ	SENEFT	T REL	ATED	TO AN
<u> </u>	Communication of Association Association (ASSOCIATION)				<u></u>	
UNC	ERTAIN TAX POSITION MAY NOT BE RECOGNIZED	IN T	<u>rhe f</u> i	NANCI.	AL ST	ATEMENTS
						le D (Form 990) 2009

Schedule D (Form 990) 2009 BALTIMORE FESTIVAL OF THE ARTS, INC. 52-1559145 Page 5 Page 5 Supplemental Information (continued)
UNLESS IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED ON
ITS TECHNICAL MERITS. MANAGEMENT OF BFAI BELIEVES THAT FOR ALL THE YEARS
STILL SUBJECT TO AUDIT BY THE RELEVANT TAXING AUTHORITIES NO MATERIAL
UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service 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

Name of the organization

BALTIMORE FESTIVAL OF THE ARTS, INC.

Employer identification number 52-1559145

FORM 990, PART VI, SECTION B, LINE 11: BOARD MEMBERS ARE GIVEN A COPY OF
FORM 990 PRIOR TO THE BOARD MEETING FOR THEIR REVIEW. QUESTIONS OR
COMMENTS ARE DISCUSSED AT THE BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: THE NEW POLICY WAS INITIATED AT
THE START OF THE FISCAL YEAR ALONG WITH THE DISCLOSURE DOCUMENT. BOARD
MEMBERS REVIEWED THE DOCUMENT, ASKED QUESTIONS AND THEN COMPLETED THE FORM
AT THAT TIME, BOARD MEMBERS WERE ALSO INFORMED ABOUT THE NEED TO DISCLOSE
IMMEDIATELY (NOT WAIT FOR A BOARD MEETING) IF THERE IS ANY CHANGE IN THEIR
BUSINESS RELATIONSHIPS SUCH THAT THERE IS OR APPEARS TO BE A CONFLICT OF
INTEREST.
FORM 990, PART VI, SECTION C, LINE 18: UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

				_		
• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		▶	X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)	•	
Do not co	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time to	o file (6 months for a corpo	ration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	tension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Trans	sfers	Associated With Cer	taın
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	ne ele	ctronic filing of this fo	orm,
	.rs.gov/efile and click on e-file for Chanties & Nonprofits					
Part I	Automatic 3-Month Extension of Time				 	
	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
Part I only			······································			Ш
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exter	nsion of time	
	ome tax returns.			r		
Type or	Name of exempt organization			Employer identification numl		
print						
File by the	BALTIMORE FESTIVAL OF THE A			5	2-1559145	
due date for filing your	Number, street, and room or suite no. If a P.O. box, s		tions.			
return See	7 E REDWOOD STREET, NO. 500		 			
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	BALTIMORE, MD 21202		 		·	
Cataa tha I	Date was goods for the natural that the same linear as for /61		An			0 1
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			DIT
A1:4:-		Determ	A			D.4
Applicatio	JI I	Return	Application			Return
I s For Form 990		Code	Is For			Code
Form 990-	DI .	01 02	Form 1941 A			07
Form 990-		03	Form 1041-A			<u>08</u> 09
Form 990-		04	Form 4720 Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (sec. 40 (a) or 40 (a) trust) T (trust other than above)	06	Form 8870			12
01111 330	THE ORGANIZATIO		101116870			12
• The ho	oks are in the care of 7 EAST REDWOOD		THE RALPINORE MD 2	1 2 0	2	
	one No. ► 410-752-8362	DIKL	FAX No. ►	<u> 120</u>	<u> </u>	
•	rganization does not have an office or place of business	in the Un	· - 			\Box
	s for a Group Return, enter the organization's four digit (s is fo	r the whole group, ch	neck this
∞х ▶ [If it is for part of the group, check this box		ch a list with the names and EINs of all i		•	
	uest an automatic 3-month (6 months for a corporation				CLO THE EXTENSION IO	<u> </u>
		-	tion return for the organization named al		The extension	
is fo	r the organization's return for:					
▶[calendar year or					
▶Ū	X tax year beginning SEP 1, 2009	. and	d ending AUG 31, 2010			
	, , , , , , , , , , , , , , , , , , , ,		<u> </u>			
2 If the	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return Fina	l retur	n	
	Change in accounting period					
	•					
3a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any			
non	efundable credits. See instructions.			3a	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	nated tax payments made. Include any prior year overp	-	i	3 b	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). S	•	· '	3c	\$	0.
	f you are going to make an electronic fund withdrawal w				O for payment instr	
	r Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re	

923841 01-03-11