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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.

Open to Public Inspection

OMB No 1545-0047

A F	For the	2010 calendar year, or tax year beginningJUL_1, 2010 and endin	g Ji	UN 30, 201	1
_	Check if	C Name of organization		D Employer iden	
	applicable	BALTIMORE OFFICE OF PROMOTION	- 1		
Γ_	Addres	SS AND HIND ADMC THO	ı		
	Name change			90-	-0091850
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/	/custa	E Telephone num	
$\vdash$	lreturn ``` Term:n			•	752-8632
늗	lated □ Amend	/ EAST REDWOOD STREET			4,877,142.
<u> </u>	return ∏Applic	City or town, state or country, and ZIP + 4	ŀ	G Gross receipts \$	
L	tion pendir	BALTIMORE, MD 21202		H(a) Is this a group	
		F Name and address of principal officer KATHLEEN BASHAM	^^	for affiliates?	Yes X No
		7 EAST REDWOOD STREET, BALTIMORE, MD 212	7	H(b) Are all affiliates	
		empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		n a list. (see instructions)
		e: WWW.BOP.ORG		H(c) Group exemp	
		_	. Year o	f formation: 2002	M State of legal domicile; MD
Pa	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE }}$ $\overline{ ext{BAL'}}$			
Governance		PROMOTION & THE ARTS (BOPA), THE NON-PROFIT	CO	RPORATION	THAT MAKES
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	f more	than 25% of its net	așsets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		<u> </u>	3 11
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		. L	4 6
es.	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		. L	5 58
Ϋ́	6	Total number of volunteers (estimate if necessary)			6 163
Activities	7 a	Total unrelated business revenue from Part VIII; column (C), line 12		_	7a 0.
	Ь	Net unrelated business taxable income from Form 990 T, line 34 V 1		[-	7ь О.
SC antigonal D	i	10		Prior Year	Current Year
ု့	8	Contributions and grants (Part VIII, line 1h)		4,159,744	
<u>ئة:</u>	9	Program service revenue (Part VIII, line 2g)		546,320	
407 407	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,463	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		443,052	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,184,579	
7	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.
<b>S</b>	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,311,495	
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)			0.
¥ĕ	loa .				<u>,                                    </u>
ૐ	1,5		$\vdash$	2,356,736	1,628,060.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,668,231	
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-		
_ S	19	Revenue less expenses Subtract line 18 from line 12	1	516,348	
Net Assets or Fund Balances			Red	inning of Current Ye	
Sse	20	Total assets (Part X, line 16)		3,617,489	
ad P	21	Total liabilities (Part X, line 26)	_	699,832	
폱	22	Net assets or fund balances Subtract line 21 from line 20		2,917,657	7. 3,231,016.
	art II	Signature Block			<del></del>
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			f my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer Jother than officer) is based on all information of which pri	eparer	has any knowledge.	
		Signature of officer		Date	10//~
Sig	n			Date	
Her	·e	KATHLEEN BASHAM, CHIEF OPERATING OFFICER Type or print name and title	<u> </u>		
			In	ate Check	PTIN
Da:-	.	Print/Type preparer's name Preparer's signature		rt	
Paid		W. ANDREW POWELL	U	1/25/12 setf-em	
-	parer	Firm's name HALT, BUZAS & POWELL, LTD.	005	Firm's EIN	<u> </u>
use	Only	Firm's address 1199 NORTH FAIRFAX STREET, 10TH FL	OUR	1	/702\ 026 1250
		ALEXANDRIA, VA 22314		Phone no.	(703) 836-1350
May	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2010) AND THE ARTS INC.	90-0091850	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Bnefly describe the organization's mission		
	WE AIM TO NURTURE AND ADVANCE THE ARTS ON BEHALF OF ALL	CITIZENS OF	·
	BALTIMORE AND THE REGION WITH PROGRAMS AND ACTIVITIES TH	AT: INSPIRE	<u> </u>
	THE ARTIST; BUILD A CREATIVE COMMUNITY; GENERATE A VIBRA	NT ECONOMY;	
	SHOWCASE THE ARTS; MANAGE LANDMARK ATTRACTIONS; DEVELOP	NEW EVENTS	AND
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990 EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 879,519. including grants of \$) (Re	venue \$ 433,	<u>202.</u> )
	ATTRACTIONS: SCHOOL 33 ART CENTER PRESENTED CONTEMPORARY	ART	
	EXHIBITIONS, OFFERED YOUTH AND ADULT VISUAL ART CLASSES	AND PROVIDE	:D
	LOW COST STUDIO SPACE TO NINE ARTISTS; TOP OF THE WORLD	OBSERVATION	<u> </u>
	LEVEL PROVIDED 65,000 VISITORS A CHANCE TO VIEW BALTIMOR	RE AND LEARN	<u> </u>
	ABOUT THE CITY; CLOISTERS' OFFERED CORPORATE AND PRIVATE	E RENTALS;	
	FARMERS' MARKET ATTRACTED 5,000+ VISITORS EVERY SUNDAY B	BETWEEN 8-NO	ON
	TO DOWNTOWN PRODUCERS-ONLY MARKET.		
4b	(Code) (Expenses \$ 1,685,070. including grants of \$) (Re	evenue \$313,	<u>835.</u> )
	EVENTS/CULTURAL AFFAIRS: ARTS-IN-EDUCATION INITIATIVE I		_
	AND PERFORMING ARTS PROGRAMS FOR 2,500 SCHOOL-AGED CHILI		
	SUMMER, AND AFTER-SCHOOL PROGRAMS; BALTIMORE BOOK FESTIVE		ED
		E PARADE	
	HONORING DR. MARTIN LUTHER KING ATTRACTED TENS OF THOUSA		
	AND FREE PUBLIC FIREWORKS SPECTACLES ON NEW YEAR'S EVE A		
	ATTRACTED ALMOST A QUARTER MILLION PEOPLE TO THE CITY'S	HARBOR. IN	<u> </u>
	ADDITION, WE COMMISSIONED ARTISTS TO PAINT TEN PUBLIC AF		
	PROMOTED AND COORDINATED LOGISTICS OF AND PRODUCTION FOR		
	LENGTH FILMS, TWENTY-EIGHT COMMERCIALS; TWENTY-THREE NET		
	SERIES; ORGANIZED MAYOR'S TOWN MEETING ON CULTURE TO RAI		
	CREATIVE INDUSTRY. FUNDS RAISED TO SUPPORT FREE PROGRAM		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Re	evenue \$	, <sup>)</sup>
		·-	
		<del> </del>	
		<del>-</del>	
			• "
44	Other program services (Describe in Schedule O)		
<del>-</del> u	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ► 2,564,589.		
<del>70</del>	Total program on the expenses A130212001	Form 9	90 (2010)
032002 12-21-			

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Form 990 (2010)

AND THE ARTS INC.

Part IV | Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	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	_		37
	public office? If "Yes," complete Schedule C, Part I	3_	· ·	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	^		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
۵	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			-22
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable			
а	Dilli			
Ī	Part VI	11a	X	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>X</b> _
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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, Parts I and IV	14b	-	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<b>.</b>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		21
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13	<del>-</del>	<del>                                     </del>
13	complete Schedule G, Part III	19		x
20°a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			<u></u>
~	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

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Form 990 (2010) Form 990 (2010)

AND THE ARTS INC.

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			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
•	Schedule J	23	_X_	
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 24b through 24d and complete	24a		х
h	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds or tax-exempt bonds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
а	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 with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				
	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			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		İ	•
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
24	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<del></del> -
<b>0</b> _	Schedule N, Part II	32		_x_
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?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ļ <u>.</u> _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	000 A	2010)
		rorm	33∪ (	ZU I U

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u> </u>	
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11	ما	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable  1b	취		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<b>~</b>		
·	(gambling) winnings to prize winners?	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	ŀ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country. ▶	.		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del> </del>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	-	X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		$\vdash$
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	?   7h	<del> </del>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	35	İ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	<b>7</b> ·		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	į		
	amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year    12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	<b> </b>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
-	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
.=	organization is licensed to issue qualified health plans  Enter the amount of recenses on head	$\dashv$		
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	<del>                                     </del>	
<u></u>	100, 1.30 A mod a 1 offir 120 to report those payments. II 110, promod an explanation in coneduce o		990	(2010)
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Form 990 (2010)

AND THE ARTS INC.

90-0091850 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.						
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ł				
	officer, director, trustee, or key employee?	2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		į				
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u> _			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>			
6	Does the organization have members or stockholders?	6		<u>X</u> _			
7a							
	governing body?	7a		<u>X</u>			
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:						
а		8a	X				
		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		7.5			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>			
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
		40.	Yes	No_			
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u> _			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-					
44-	and branches to ensure their operations are consistent with those of the organization?	10b 11a	х				
	a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?						
	<ul> <li>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>2a Does the organization have a written conflict of interest policy? If "No," go to line 13</li> </ul>						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a	X				
Đ	to conflicts?	12b	х				
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-21				
C	in Schedule O how this is done	12c	Х				
13	Does the organization have a written whistleblower policy?	13	X				
14	Does the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
	Other officers or key employees of the organization	15b	Х				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
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		X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	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	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	nd fina	ncıal				
	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	tion: 🕨					
	THE ORGANIZATION - 410-752-8632						
	7 EAST REDWOOD STEET SUITE 500, BALTIMORE, MD 21202						
		Form	990 (	2010)			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

(A)	(B)			(C)				(D)	(E)	(F)		
Name and Title	Average			Pos			ı. A	Reportable	Reportable	Estimated		
	hours per week	<del>                                     </del>	neck	all	hat apply		iy)	compensation from	compensation from related	amount of other		
	(describe	individual trustee or director	Ì					the	organizations	compensation		
	hours for	9 0 0	ige ige			sated		organization	(W-2/1099-MISC)	from the		
	related	truste	E E		yee	m per		(W-2/1099-MISC)		organization		
	organizations in Schedule	dual	nstitutional trustee	15	Key employee	Highest compensated employee	ığı			and related organizations		
	O)	ŧ	ınst	Officer	Key	돌통	Former			Organizations		
WILLIAM B GILMORE	_								_			
PRESIDENT/CHAIRMAN/EXECUTIVE DIRECTO	20.00	X	<u> </u>	X	ļ			132,248.	0.	20,866		
SHELIA GOODWIN			l									
SECRETARY	20.00	X.		X	ļ	<u> </u>		57,675.	0.	14,063		
SANDRA S. HILLMAN												
BOARD MEMBER	4.00	X	_					0.	0.	0		
JEFFREY P. PILLAS	4 00	١										
BOARD MEMBER	4.00	X			$\vdash$			0.	0.	0		
ROSALIND M HEALY	20.00	٠,		7.				00 700		17 152		
VICE PRESIDENT	20.00	X		X		<b></b>		89,788.	0.	17,153		
RANDI VEGA	20.00	х		x				63,770.	0.	24,415		
BOARD MEMBER & DIRECTOR OF CULTURAL KATHY A. L. ROBERTSON	20.00	^	-	^	-			03,770.	0.	24,413		
BOARD MEMBER	4.00	Х						0.	0.	0		
GREG BARNHILL	100							<u> </u>				
BOARD MEMBER	4.00	х						0.	0.	0		
KATHLEEN BASHAM							-		-			
TREASURER CHIEF OPERATING OFFICER	20.00	X		Х				83,854.	0.	16,656		
BERT HASH				ŀ								
BOARD MEMBER	4.00	X				╙		0.	0.	0		
NANCY HARAGAN							:					
BOARD MEMBER	4.00	X				_		0.	0.	0		
						İ						
		-			-							
			L			_						
					-	$\vdash$	-					
						_						
				_	<del> </del>	-						

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AND THE ARTS INC.

(A) Name and title	(B) Average		<b>(C)</b> Position					(D) Reportable	(E) Reportable		Fe	(F) timate	ed
Name and the	hours per week (describe hours for related organizations in Schedule O)	istee or director	neck all	all t		Highest compensated employee	y) Lormer	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	amoun othe compens from to organiza and relatorganiza		of ition e ion ed
							_						
												<u>-</u>	
Sub-total     Total from continuation sheets to F     Total (add lines 1b and 1c)	Part VII, Section A				-	<b>A A</b>		427,335. 0. 427,335.		0. 0.		3,1 3,1	0.
Total number of individuals (including compensation from the organization		ose	liste	d ab	ove	e) wh	o r	<del></del>	,000 in reportable				1
<ul> <li>Did the organization list any former of line 1a? If "Yes," complete Schedule</li> <li>For any individual listed on line 1a, is</li> </ul>	J for such individual							-			3	Yes	No X
and related organizations greater tha  5 Did any person listed on line 1a received rendered to the organization? If "Yes,"	in \$150,000? <i>If</i> "Yes, ive or accrue compe	" <i>cor</i> nsati	<i>mple</i> on fi	te S rom	any	edule unre	Ji	for such individual	· ·		<b>4</b> 5	Х	х
Section B. Independent Contractors     Complete this table for your five high the organization	est compensated inc	depe	nde	nt c	ontr	racto	rs t	that received more than	\$100,000 of com	pens	ation f	rom	
(A Name and bus	A) siness address		-					(B) Description of s	ervices	С	(C ompe		'n
PYROTECNICO P.O. BOX 149, NEW CAS	TLE, PA 161	103	3					FIREWORKS			11	0,0	00.
		-			<u>.</u>								
										-	-		
Total number of independent contract     \$100,000 in compensation from the contract		ot lir	nited	d to	tho	se lis	tec	d above) who received n	nore than				
	<del></del>							<u></u>			Form	990 (	2010

AND THE ARTS INC.

	t VIII	Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and other similar amounts	b c	Federated campaigns Membership dues Fundraising events	1a1b1c					
simiar Similar	е	Related organizations Government grants (contribu		204,805.				
other		All other contributions, gifts, grain similar amounts not included about the contributions of the contribution of the contrib	ove . 1f	995,733.				
age	_	Noncash contributions included in line  Total. Add lines 1a-1f	s 1a-1f \$	<u>6,370</u> . ▶	3,200,538.			
				Business Code				
پا	2 a	ADMISSIONS		900099	433,202.	433,202.		
3		EVENT REVENUE		900099	232,718.	232,718.		
		REIMBURSEMENT		900099	40,031.	40,031.		
evel	d	ALBITID OTTO BITCH	· · · · · · · · · · · · · · · · · · ·	300033	10/0311	10/0310		
Revenue	е							
•		All other program service revolution. Add lines 2a-2f	enue	<b>•</b>	705,951.			1
	3	Investment income (including	dıvıdends, intere		7037331			
- {	_	other similar amounts)		<b>&gt;</b>	40,927.			40,927
Ì	4	Income from investment of ta	ax-exempt bond p	roceeds >				
	5	Royalties		<b>•</b>				
		· · · · · · · · · · · · · · · · · · ·	(i) Real	(II) Personal				
	6 a	Gross Rents	512,826.	<del></del>				
		Less: rental expenses	192,351.			1		
	c	Rental income or (loss)	320,475.					
İ	d	Net rental income or (loss)	520, 175.	<u> </u>	320,475.			320,475
		Gross amount from sales of	(i) Securities	(II) Other	320,473.			320,473
	, a	assets other than inventory	310,830.	1.700.00				
	h	Less: cost or other basis	32070301					
		and sales expenses	300,755.					
	_	Gain or (loss)	10,075.					
		Net gain or (loss)	10,075	<u>'</u>	10,075.			10,075
		Gross income from fundraisir	an avanta (nat		10,013.			10,075
Other Revenue	ва	including \$	•					
Š		contributions reported on line						
œ		Part IV, line 18	a,					
ᇎ	h	Less direct expenses	b					
ō		Net income or (loss) from fun		<b></b>				
		Gross income from gaming a	-				<del></del>	
	Ja	Part IV, line 19	. a					
	h	Less direct expenses	. a					
		Net income or (loss) from gar						
		Gross sales of inventory, less	-					
	10 G	and allowances	, a	60,987.				
	ь	Less cost of goods sold	. а b	40 004		i		
		Net income or (loss) from sale		<u> </u>	41,086.	41,086.		
<b> </b>		Miscellaneous Reveni		Business Code		-2,000		
	11 a	MISCELLANEOUS		900099	45,083.			45,083
	b							
-	С							
-	d	All other revenue						
	е	Total. Add lines 11a-11d	•		45,083.			
					4,364,135.	747,037.		. 416,560

#### Part IX | Statement of Functional Expenses

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

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			11 12 11 11 11 11 11 11 11 11 11 11 11 1	
2	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				
	· • •	<del></del>			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E24 462	101 577	252 006	
_	trustees, and key employees	534,463.	181,577.	352,886.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		242 225	200 475	010 000
7	Other salaries and wages	1,527,959.	918,396.	390,475.	219,088.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	154,909.	74,216.	63,381.	<u>17,312.</u>
9	Other employee benefits	133,433.	44,118.	59,361.	29,954.
10	Payroll taxes	175,296.	99,190.	58,320.	<u> 17,786.</u>
11	Fees for services (non-employees):				
а	Management				
b	Legal	4,250.		4,250.	
С	Accounting	95,692.	6,629.	87,639.	1,424.
d	Lobbying	•			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	466,850.	413,105.	53,745.	
12	Advertising and promotion	123,519.	102,880.	19,580.	1,059.
13	Office expenses	109,484.	64,812.	31,045.	13,627.
14	Information technology		<u> </u>		
15	Royalties				
16	Occupancy	151,164.	77,362.	56,069.	17,733.
17	Travel	45,086.	39,161.	5,134.	791.
18	Payments of travel or entertainment expenses	45,000.	33,101.	3,134.	
10	for any federal, state, or local public officials				
40					
19	Conferences, conventions, and meetings				
20	Interest Powerstate officials				<del></del>
21	Payments to affiliates	25 141	22 460	10 (72	
22	Depreciation, depletion, and amortization	35,141.	22,468.	12,673.	3,175.
23	Insurance	28,506.	16,209.	9,122.	3,1/5
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0.)  EVENT EXPENSE	340,291.	305,415.	34,388.	488.
a b	FACILITY EXPENSE	182,148.	181,925.	215.	8.
	MISCELLANEOUS	23,911.	4,888.	17,826.	1,197.
c				4,118.	5,662
d	TRAINING	22,018.	12,238.	4,110.	5,662
е					
f	All other expenses	4 454 400	0 564 500	1 060 000	200 204
25	Total functional expenses. Add lines 1 through 24f	4,154,120.	2,564,589.	1,260,227.	329,304.
26	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

AND THE ARTS INC.

Par	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	3,079.	1	2,200.
	2	Savings and temporary cash investments	1,980,915.	2	1,720,999.
	3	Pledges and grants receivable, net	298,718.	3_	148,202.
	4	Accounts receivable, net .	72,555.	4	87,906.
1	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			• ••
ļ		of Schedule L .	·	5_	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
G		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	-
As	8	Inventories for sale or use .		8	
	9	Prepaid expenses and deferred charges	110,227.	9_	90,783.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 1,673,911.			:
	b	Less accumulated depreciation 10b 934,432.	465,033.		739,479.
	11	Investments - publicly traded securities	686,962.	11	1,109,741.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets _		14_	00 014
	15	Other assets See Part IV, line 11	0.	15_	98,214.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,617,489.	16	3,997,524.
	17	Accounts payable and accrued expenses	96,540.	17	133,252.
	18	Grants payable	126 120	18	142 407
	19	Deferred revenue	136,130.	19	143,407.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
P	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			
	00	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	467,162.	25	489,849.
	26	Total liabilities. Add lines 17 through 25	699,832.		766,508.
	20	Organizations that follow SFAS 117, check here   X and complete	03370321		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
v		lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets	2,917,657.	27	2,908,855.
alai	28	Temporanly restricted net assets		28	322,161.
9	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117, check here  and			
or F		complete lines 30 through 34.		}	
sts	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	2,917,657.	33	3,231,016.
	34	Total liabilities and net assets/fund balances	3,617,489.	34	3,997,524.

	, BIBITHOUS OF THOMOTION				
	990 (2010) AND THE ARTS INC.	90-0	091850	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets		<u> </u>		
_	Check if Schedule O contains a response to any question in this Part XI				X
					,
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,36	4,1	<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,15	4,1	20.
3	Revenue less expenses. Subtract line 2 from line 1	3	21	0,0	<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,91	7,6	<u>57.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10	3,3	44.
_6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,23	1,0	<u> 16.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b	_X_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	-		
	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 Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			l
	separate basis, consolidated basis, or both			~	
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audr	t		
	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 requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2010

Open to Public Inspection

**Employer identification number** Name of the organization BALTIMORE OFFICE OF PROMOTION 90-0091850 AND THE ARTS INC. Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. J An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 AND THE ARTS INC.

90-0091850 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	I					
	include any "unusual grants.")	3920711.	4331120.	4760116.	4159744.	<u>3200538.</u>	20372229.
2	Tax revenues levied for the organ-						
	ızatıon'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	3920711.	4331120.	4760116.	4159744.	<u>3200538.</u>	20372229.
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,				į		
	column (f)						4,361.
	Public support. Subtract line 5 from line 4						20367868.
Sec	ction B. Total Support	<del></del>	-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	3920711.	4331120.	4760116.	4159744.	3200538.	20372229.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	609,891.	520,438.	484,987.	528,779.	553,753.	2697848.
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	00 056	48 064	00 100	05 864	45 000	211 002
	assets (Explain in Part IV)	29,956.	47,961.	93,132.	95,761.	45,083.	311,893.
	Total support. Add lines 7 through 10	Ĺ		,,,,,,,,,,	L		23381970.
	Gross receipts from related activities,	•	•				,304,360.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	<b>~</b> —
organization, check this box and stop here  Section C. Computation of Public Support Percentage							
				actume (fl)		14	87.11 %
	Public support percentage for 2010 (I		•	olumin (1))	- '	15	87.88 %
	Public support percentage from 2009 33 1/3% support test - 2010. If the o		-	lina 13 and lina 1	// is 33 1/3% or m		
ioa	stop here. The organization qualifies				14 15 33 17370 01 111	ore, check this be	<b>▶ X</b>
	33 1/3% support test - 2009. If the o		*		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual				III 10 10 00 17070	or more, ericen a	<b>▶</b>
179	10% -facts-and-circumstances tes		• • •		13 16a or 16b a	nd line 14 is 10%	or more.
., a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•			▶ [ ]
Ь	10% -facts-and-circumstances tes	•	-		=	7a, and line 15 is	10% or
	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		_	•			ns
							0 or 990-EZ) 2010

032022 12-21-10

## Schedule A (Form 990 or 990 EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	iow, piease comp	piete Part II )	<del></del>			
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	12, 2000	(2) -00.	15,255	3,2,230	127	
membership fees received. (Do not				]		
include any "unusual grants.")						
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				Ì		
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-				ŧ		
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
· · · · · · · · · · · · · · · · · · ·	<del></del>				<del> </del>	
5 The value of services or facilities		}			]	
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5			-			
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<del></del>				<u> </u>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support			l	<u> </u>		
<del></del>		#1.0007		T 2222	1 ,,,,,,,,	(0.T.)
alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	<del></del>					
Oa Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				ļ		
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b					_	
1 Net income from unrelated business activities not included in line 10b,					•	
whether or not the business is			1			
regularly carried on						
Other income Do not include gain or loss from the sale of capital		,				
assets (Explain in Part IV.)					-	
3 Total support (Add lines 9, 10c, 11, and 12)		L		L		
4 First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here				. <del>.</del>	·	▶∟
ection C. Computation of Public	c Support Pe	rcentage			<del></del>	
5 Public support percentage for 2010 (lin		•	column (f))		15	
6 Public support percentage from 2009					16	
ection D. Computation of Inves	tment Incom	e Percentage				
7 Investment income percentage for 201	IO (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	
8 Investment income percentage from 2	009 Schedule A,	Part III, line 17			18	
9a 33 1/3% support tests - 2010. If the o	organization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	organization qual	fies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2009. If the						and
line 18 is not more than 33 1/3%, chec		_				▶□
20 Private foundation If the organization		•	•		=	

#### SCHEDULE D

Department of the Treasury

(Form 990)

**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.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

BALTIMORE OFFICE OF PROMOTION

AND THE ARTS INC.

**Employer identification number** 90-0091850

Pa	t 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	e 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	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	stoncally important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied 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
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	·	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservat	· ·	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Do	conservation easements rt III   Organizations Maintaining Collections o	4 Art Historical Transuras or C	Other Similar Assets
Pa		•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
та	If the organization elected, as permitted under SFAS 116 (AS	,,	
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		<b>▶</b> ↑
	(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 tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	relating to these items	<b>►</b> ¢
a	Revenues included in Form 990, Part VIII, line 1		<b>5</b>
D	Assets included in Form 990, Part X	•	<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		ARTS INC.					<u>91850 P</u>	
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, c	r Other Simil	ar Asse	ts (continued	)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following tha	t are a significant	use of its	collection item	ns
	(check all that apply).							
а	Public exhibition	c	l 🔲 Loan or ex	change progra	ıms			
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	on's exempt purpo	ose in Parl	XIV	
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	asures, or othe	er sımılar assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's o	collection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the organizati	on answered '	'Yes" to Form 990	), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ns or other as	sets not included			_
	on Form 990, Part X?						Yes 🗀	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year			_	1d			
е	Distributions during the year				. 1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes _	No
<u>b</u>	b If "Yes," explain the arrangement in Part XIV							
Pai	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to F	orm 990, Part	IV, line 10			
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three	years back	(e) Four years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs			-				
f	Administrative expenses							
g	End of year balance							
2								
а	Board designated or quasi-endowment		%					
b	Permanent endowment ▶	%	_					
С	Term endowment	<del></del> %						
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	red for the organi	zation		
	by						Yes	No_
	(i) unrelated organizations						3a(i)	
	(ii) related organizations				_	_	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's end	owment funds					
Pai	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X, line 10.					
	Description of investment	(a) Cost or o	other (b) Cos	st or other	(c) Accumulate	ed	(d) Book valu	ie
		basis (investi	ment) basis	s (other)	depreciation	)		
1a	Land .							
b	Buildings							
С	Leasehold improvements		7	69,260.	88,6	69.	680,5	91.
đ	Equipment			04,651.	845,7		58,8	
е	Other							
Total	l. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line	10(c))		▶	739,4	79.

Schedule D (Form 990) 2010

Schedule	D	(Form	990)	2010	7	N

AND	THE	ARTS	INC

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	
) Financial derivatives			
Closely-held equity interests			
Other			<u> </u>
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	-		····
(H)			
(I)			
tal (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>		
art VIII Investments - Program Related	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
(7)			<del></del>
(8)			
(9)			
(10)			
otal (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, I			(h) Pook volue
	(a) Description		(b) Book value
(1)			
(2)	<del></del>		
(3)	<del> </del>		
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) (10)			
(7) (8) (9) (10) htal. (Column (b) must equal Form 990, Part X, col (B)			<b>&gt;</b>
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part			
(7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability		(b) Amount	<b>&gt;</b>
(7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes			<b>&gt;</b>
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL		39,778.	<b>&gt;</b>
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE		39,778. 393,715.	
(7) (8) (9) (10)  Cotal. (Column (b) must equal Form 990, Part X, col (B)  Cort X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION	X, line 25	39,778. 393,715. 17,938.	•
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION (5) CAPITAL LEASE OBLIGATION	X, line 25	39,778. 393,715.	•
(7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION (5) CAPITAL LEASE OBLIGATION (6)	X, line 25	39,778. 393,715. 17,938.	
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION (5) CAPITAL LEASE OBLIGATION (6) (7)	X, line 25	39,778. 393,715. 17,938.	
(7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION (5) CAPITAL LEASE OBLIGATION (6) (7) (8)	X, line 25	39,778. 393,715. 17,938.	
(7) (8) (9) (10)  Cotal. (Column (b) must equal Form 990, Part X, col (B)  Cart X Other Liabilities. See Form 990, Part (a) Description of liability  (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION (5) CAPITAL LEASE OBLIGATION (6) (7) (8) (9)	X, line 25	39,778. 393,715. 17,938.	•
(7) (8) (9) (10)  Cotal. (Column (b) must equal Form 990, Part X, col (B)  Cart X Other Liabilities. See Form 990, Part (a) Description of liability  (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION (5) CAPITAL LEASE OBLIGATION (6) (7) (8) (9)	X, line 25	39,778. 393,715. 17,938.	
(7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED LEAVE (4) DUE TO ORGANIZATION (5) CAPITAL LEASE OBLIGATION (6) (7) (8)	NS	39,778. 393,715. 17,938. 38,418.	

Sche	dule D (Form 990) 2010 AND THE ARTS INC.			0091850 F	age 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial S</b>	tatemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	. 1		4,364,1	35.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		4,154,1	20.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		210,0	15.
4	Net unrealized gains (losses) on investments	4		103,3	43.
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Pnor period adjustments	7			
8	Other (Describe in Part XIV)	8			1.
9	Total adjustments (net) Add lines 4 through 8	9		103,3	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			313,3	<u>59.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Retur		
1	Total revenue, gains, and other support per audited financial statements		1	4,998,0	44.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a 103,34			
b	Donated services and use of facilities	2b 338,21	15.		
С	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV)	2d 192,3	51.		
е	Add lines 2a through 2d		2e_	633,9	<u> </u>
3	Subtract line 2e from line 1		3	4,364,1	.35.
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			
b	Other (Describe in Part XIV)	4b			•
С	Add lines 4a and 4b		4c	1 251 4	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,364,1	<u>.35.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents with Expenses	per Keti		
1	Total expenses and losses per audited financial statements		1	4,684,6	85.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1 220 0			
а	Donated services and use of facilities	2a 338,2	15.		
b	Prior year adjustments .	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d 192,3		F20 F	
е	Add lines 2a through 2d		2e	530,5	
3	Subtract line 2e from line 1		3	4,154,1	19.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1		
	Other (Describe in Part XIV)	4b	1.		1
	Add lines 4a and 4b	•	4c	4.154.1	1.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIV Supplemental Information		5	4,134,1	.40.
•		Liver de and A Dad IV to	4	Oh Dart V lane 4	David
	polete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II				Part
X, III	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	liete this part to provide ar	iy additiona	ai information	
	,				
D A I	OM VI IINE O AMUED AD HICHMENING.				
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
DΩI	TNIDTNIC				1.
KU	INDING	<del></del>			
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
1111	TILL DING DO OTHER IDOODITION OF		_		
REI	NTAL EXPENSES REPORTED ON PAGE 9			192,3	351.
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:				
			Sche	dule D (Form 990	) 2010

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Schedule D (Form 990) 2010 AND THE ARTS INC.	90-0091850 Page 5
Schedule D (Form 990) 2010 AND THE ARTS INC.  Part XIV Supplemental Information (continued)	
RENTAL EXPENSES REPORTED ON PAGE 9	
DADE VIII IINE AD OBUED AD HIGHNENDS.	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
ROUNDING	1.

032055 12-20-10

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

BALTIMORE OFFICE OF PROMOTION

Employer identification number

90-0091850 AND THE ARTS INC. Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment from the organization or a related organization? Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. X a The organization? 5a Х Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X The organization? 6a X 6b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2010

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2010

Page 2

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

90-0091850

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	Q)	(E)	(F)
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	9	132,248.	0	0	2,508.	18,358.	153,114.	0
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Schedule J (Form 990) 2010

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

BALTIMORE OFFICE OF PROMOTION AND THE ARTS INC.

Employer identification number 90-0091850

FORM 000 DARM I LINE 1 DECORTOMION OF ORCANIZATION MICCION.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BALTIMORE A MORE VIBRANT AND CREATIVE CITY, WAS FOUNDED IN 2002 WHEN
THE FORMER MUNICIPAL OFFICE OF THE MAYOR'S ADVISORY COMMITTEE ON ART &
CULTURE (MACAC) MERGED WITH THE BALTIMORE OFFICE OF PROMOTION (BOP),
THEN A PROGRAM OF THE BALTIMORE DEVELOPMENT CORPORATION (BDC). BOPA
INCORPORATED IN 2004 TO OPERATE AS AN INDEPENDENT, TAX-EXEMPT,
NON-PROFIT CORPORATION. BOPA'S CORE SERVICES CONSISTS OF FOUR PROGRAM
AREAS: EVENTS & FESTIVALS, CULTURAL AFFAIRS/ARTS COUNCIL, FILM, VIDEO &
TELEVISION, AND FACILITIES. MARQUE PROJECTS INCLUDE ARTSCAPE FESTIVAL,
BOOK FESTIVAL, FARMERS' MARKET & BAZAAR, BALTIMORE MURAL PROGRAM,
ANNUAL FIREWORKS FOR 4TH OF JULY AND NEW YEAR'S EVE PARADES, 4
FACILITIES: SCHOOL 33 ART CENTER, BROMO SELTZER ARTS TOWER, THE
CLOISTERS, TOP OF THE WORLD OBSERVATION LEVEL, AND THE JANET & WALTER
SONDHEIM PRIZE, WITH AN ANNUAL \$25,000 PRIZE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROJECTS; AND CELEBRATE OUR CULTURAL HERITAGE.
THOUSE IN THE CONTROL OF THE CONTROL
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ORGANIZATIONS, GRANTS TO COMMUNITY GROUPS FOR SIGNIFICANT ART PROJECTS
IN NEIGHBORHOODS, UNDERWRITE MURAL PROGRAM, PROVIDE ARTIST RESIDENCIES
IN PUBLIC SCHOOLS AND AFTER-SCHOOL PROGRAMS, PROVIDE STUDIO SPACE AND
EXHIBITION SPACE TO LOCAL ARTISTS AND ART CLASSES TO THE PUBLIC,
PROVIDE PROGRAMMING FOR MAJOR FESTIVALS, MANAGE MAJOR ART PRIZE, STAFF
PUBLIC ART COMMISSION AND MANAGE CREATION AND INSTALLATION OF MAJOR

PUBLIC ARTWORKS.

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

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 9	990-EZ) (2010)	Page 2
Name of the organization	BALTIMORE OFFICE OF PROMOTION AND THE ARTS INC.	Employer identification number 90-0091850
NEED TO FINIS	н!	
FORM 990, PAR	T VI, SECTION B, LINE 11: FORM 990 IS	REVIEWED INTERNALLY AND
PROVIDED TO B	OARD MEMEBERS FOR REVIEW, COMMENT, AND	APPROVAL PRIOR TO
FILING.		
FORM 990, PAR	T VI, SECTION B, LINE 12C: THE NEW POL	ICY WAS INITIATED AT
THE START OF	THE FISCAL YEAR ALONG WITH THE DISCLOS	URE DOCUMENT. BOARD
MEMBERS REVIE	WED THE DOCUMENTS, ASKED QUESTIONS AND	THEN COMPLETED THE
FORMS AT THAT	TIME. BOARD MEMBERS WERE ALSO INFORME	D ABOUT THE NEED TO
DISCLOSE IMME	DIATELY (NOT WAIT FOR A BOARD MEETING)	IF THERE IS ANY CHANGE
IN THEIR BUSI	NESS RELATIONSHIPS SUCH THAT THERE IS	OR APPEARS TO BE A
CONFLICT OF I	NTEREST.	
FORM 990, PAR	T VI, SECTION B, LINE 15: SALARIES FOR	KEY EMPLOYEES (AND
BOARD MEMBERS	THAT ARE ALSO OFFICERS) ARE REVIEWED	ANNUALLY AND, BASED ON
BUDGET, MAY R	ECEIVE A COST OF LIVING ADJUSTMENT OR	OTHER SALARY INCREASE.
THESE PROPOSE	D ADJUSTMENTS ARE PRESENTED TO THE BOA	RD AS PART OF THE REVIEW
AND APPROVAL	PROCESS FOR THE ANNUAL OPERATING BUDGE	T AS REVIEWED AT THE
JUNE BOARD ME	ETING.	
FORM 990, PAR	T VI, SECTION C, LINE 19: UPON REQUEST	ı
FORM 990, PAR	T XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZE	D GAINS ON INVESTMENTS:	103,343.
ROUNDING		1.
TOTAL TO FORM	990, PART XI, LINE 5	
04 04 44		Schedule O (Form 990 or 990-EZ) (2010)

#### Form **8868**

(Rev. January 2011)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Re	venue Service	► File a sepa	rate appl	ication for each return.		<u> </u>		
• If you	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box		. •	X	
-	_	•	-	omplete only Part II (on page 2 of this	form).			
				tic 3-month extension on a previously fil		m 8868		
				3-month automatic extension of time to			oration	
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension								
				Form 8870, Information Return for Tran				
				(see instructions) For more details on th				
		lick on e-file for Chanties & Nonprofits						
Part	l Automati	c 3-Month Extension of Time	Only su	bmit original (no copies needed)				
A corpo	ration required to fil	e Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and com	plete			
Part I or	nly					. •		
	r corporations (inclu- come tax returns.	ding 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to request an	exten	sion of time		
Type or	or Name of exempt organization					oyer identification	number	
print	BALTIMORE OFFICE OF PROMOTION							
F.I	AND THE ARTS INC.					90-0091850		
File by the due date for	date for Number, street, and room or suite no. If a P O. box, see instructions.							
filing your return See								
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions								
	BALTIMOR	RE, MD 21202						
Enter th	e Return code for th	ne return that this application is for (file	a separa	te application for each return)			01	
Application			Return	Application			Return	
Is For			Code	Is For			Code	
Form 990				Form 990-T (corporation)			07	
Form 990-BL				Form 1041-A			08	
Form 990-EZ				Form 4720			09	
Form 990-PF				Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)				Form 6069			11	
Form 990-T (trust other than above)				Form 8870			12	
	<del>-</del> ·	THE ORGANIZATION	N					
• The l	books are in the car	e of ▶ 7 EAST REDWOOD	STEE'	<u>r suite 500 - Baltim</u>	ORE	, MD 21202	<u>}</u>	
Telep	ohone No. ► <u>410</u>	)-752-8632		FAX No ► 410-385-0361				
If the organization does not have an office or place of business in the United States, check this box								
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this								
box 🕨 . If it is for part of the group, check this box 🕨 and attach a list with the names and EINs of all members the extension is for								
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until								
FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension								
is for the organization's return for								
	▶ calendar year or							
<b>&gt;</b>	► X tax year beginning <u>JUL 1, 2010</u> , and ending <u>JUN 30, 2011</u> .							
<b>6</b> 14		d l d f la db 10 adh		and Instantion I find	.1 -04	<b></b>		
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period							
L	Change in acco	bunting period						
3a If	this application is fo	or Form 990 BL, 990 PF, 990 T, 4720, o	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions					3a	\$	<u> </u>	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,			enter any	nter any refundable credits and				
<u>es</u>	stimated tax payments made. Include any prior year overpayment allowed as a credit.				_3b	\$	0.	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,								
by using EFTPS (Electronic Federal Tax Payment System) See instructions						\$	0.	
				orm 8868, see Form 8453-EO and Form	8879-			
LHA	For Paperwork Re	duction Act Notice, see Instructions	<b>.</b>			Form <b>8868</b> (R	ev. 1-2011)	