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Form **990**

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

<u>A</u>	For the	2011 calendar year, or tax year beginning $JUL~1$, 2011 and	ending (<u>JUN 30, 2012</u>	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	THE BAUM SCHOOL OF ART			
F	Name change	Doing Business As		23-1	607174
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
F	Termin-	· ·		· ·	433-0032
F	lated Amend		<u> </u>	G Gross receipts \$	1,259,346.
F	Ireturn Applica			H(a) Is this a group re	
	ltion pendin		TICATE	for affiliates?	Yes X No
		510 LINDEN STREET, ALLENTOWN, PA 1810		H(b) Are all affiliates inc	
_	Tay aya	mpt status: X 501(c)(3)		7 ' '	list. (see instructions)
		ENDITION ON STATE OF THE STATE	01 021	H(c) Group exemption	•
		organization: X Corporation Trust Association Other	I Year		A State of legal domicile: PA
	-	Summary	<u> </u>	Oriorination: 2520[I	otato or logal dofficile, 2.22
_	1 6	Briefly describe the organization's mission or most significant activities: THE	PURPOS	SE OF THE OR	GANIZATION
Governance	1 :	IS TO TEACH ART TO STUDENTS AND CULTURAL	ENRI	CHMENT OF TH	E COMMUNITY
raa	2	Check this box if the organization discontinued its operations or dispo	-		ssets.
o Ve	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	24
		Number of independent voting members of the governing body (Part VI, line 1b)		4	24
Se	5	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	52
ξ	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	7 a 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	` 0.
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
o o	8 (Contributions and grants (Part VIII, line 1h)		278,862.	303,467.
Ž	9 1	Program service revenue (Part VIII, line 2g)		714,208.	585,992.
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		11,380.	2,937.
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,773.	57,961.
	12_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,067,223.	950,357.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		148,251.	130,526.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		666,162.	592,797.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	. L	0.	0.
Q	ь -	Total fundraising expenses (Part IX, column (D), line 25)	20.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,	408,644.	393,735.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (4), ine 26 E		1,223,057.	1,117,058.
_	19	Revenue less expenses. Subtract line 18 from line 12	10	-155,834.	-166,701.
ets or	<u>g</u>	FEB 0 4 2013	IRS-OS	eginning of Current Year	End of Year
		FEB V 4 2013	2	4,996,136.	4,841,706.
	21	Total liabilities (Part X, line 26)	┚╔┟╴┌╴	327,826.	349,094.
Ž		Net assets or fund balances. Subtract line 21 from line 20 COFN	!	<u>4,668,310.</u>	4,492,612.
┱┶╌	art II	Signature Block			
_		lties of perjury, I declare that I have examined this return, including accompanying schedul			ny knowledge and belief, it is
<u>tru</u>	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepare		
<u>ה</u>		Munum Stutten Treate			<u> </u>
D _{Sig}	gn	Signature of officer V G		Date	
[©] He	ere	SHANNON SLATTERY FUGATE, EXECUTIVE DI	RECTO	R	
		Type or print name and title		Data la F	DTIN
S S SPa		Print/Type preparer's name Preparer's signature		Date Check [PTIN
		DEMNIE D HEBBER CITY		1 10 70 13 self-empto	
	eparer	Firm's name CAMPBELL RAPPOLD & YURASITS LLF		Firm's EIN	23-1386942
Us	e Only	Firm's address 1033 S CEDAR CREST BLVD			C10\40F E400
_		ALLENTOWN, PA 18103-5443		Phone no. (610)435-7489
	_	RS discuss this return with the preparer shown above? (see instructions)			Yes No
132	2001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2011)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2011) THE BAUM SCHOOL OF ART	<u>23-1607174</u>	Page 2
Par	t (II Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		\mathbf{x}
1	Briefly describe the organization's mission:		
•	THE BAUM SCHOOL OF ART IS A COMMUNITY SCHOOL DEDICATED	TO PROVIDING	
	INSTRUCTION, GUIDANCE AND ENCOURAGEMENT FOR CHILDREN, A)CE
	WHO WISH TO PURSUE COLLEGE-LEVEL STUDIES TO REACH THEIR	-	<u> </u>
	OF TECHNICAL, PHYSICAL, SPIRITUAL, CREATIVE AND EMOTION	IAL POTENTIAL	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor 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
•		·163	(22) 140
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants and allocations to)
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$874,126. including grants of \$) (Reve	nue \$ 585,9	992.)
	PROVIDE ART EDUCATION TO STUDENTS		
			
			
		<u></u>	
4b	(Code) (Expenses \$ including grants of \$) (Reve		
40	(Code / / Expenses \$ including grants or \$ / (Heve	nue \$	
		·····	
			
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$)
			
4d	Other program services (Describe in Schedule O)		
		1	
4 -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 874,126.		
<u>4e</u>	Total program service expenses ► 874,126.		20.
13200 02-09		Form 9 5	90 (2011)

Form 990 (2011) THE BAUM SCHOOL OF ART Part IV Checklist of Required Schedules

		r	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			Ì
	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			
	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 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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	7	:	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		Х
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	Х	
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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	İ		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			ļ
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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, 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Form 990 (2011) THE BAUM SCHOOL OF ART
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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			
	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		L
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		İ	
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	of any of these persons? 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,			
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ŀ		
	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			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			1
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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			,,
	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 197		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X .	<u> </u>

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	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 52			
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_
þ	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
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		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> X</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		:	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds 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		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a_		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			-
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			ggn	2011)

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			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 24			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			İ
~	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	<u> </u>
b	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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	In Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did 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	,,,		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
a b	Other officers or key employees of the organization	15b		x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·va	taxable entity duning the year?	10-	İ	x
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed PA	1 - 1		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	i6	
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year			
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 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	tion.		
	MICHELLE SCHMALL - (610) 433-0032			
12200	510 LINDEN ST., ALLENTOWN, PA 18101			
13200 01-23		Form	990	(2011)

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) Position						(D)	(E)	(F)	
Name and Title	Average	(do				than	one	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)				s bot	han	compensation	compensation	amount of	
	week	-	Za 201		ii ecto	T T		from	from related	other	
	(describe hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	9	tee			sated		(W-2/1099-MISC)	(VV -2/1099-WIISO)	organization	
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 27 1000 111100)		and related	
	ın Schedule	dual	ution	_	Key employee	sst co	a			organizations	
	O)	Indiv	ınstit	Officer	Key e	High	Former			_	
(1) J ROBERT LOVETT										_	
PRESIDENT	2.00	X		X	L			0.	0.	0.	
(2) MARLENE FOWLER						1	İ			_	
1ST VICE PRESIDENT	2.00	X	L_	X				0.	0.	0.	
(3) HOWARD STEVENS, ESQUIRE									,		
2ND VICE PRESIDENT	2.00	X		X				0.	0.	0.	
(4) JANET GROSS							ŀ			_	
3RD VICE PRESIDENT	2.00	X	-	X	<u> </u>	<u> </u>		0.	0.	0.	
(5) GREGORY KIRK		l			İ						
TREASURER	2.00	X	-	X		-	_	0.	0.	0,	
(6) DENISE MCCALL		l	1		ľ						
SECRETARY	2.00	X		X		-	-	0.	0.	0.	
(7) DAVID BAUSCH	2 00	,,	i							_	
BOARD MEMBER	2.00	A	┢		-	-		0.	0.	0.	
(8) RICHARD CARUSO	2 00					İ		0.	0.	0.	
BOARD MEMBER	2.00	┢	┢┈	<u> </u>	-	├		0.	· · · · · ·	0.	
(9) SHELBI GOURNIAK	2.00	v	ŀ	ĺ				0.	0.	0.	
BOARD MEMBER	2.00	^	\vdash			\vdash			<u>.</u>	0,	
(10) J. LAWRENCE GRIM	2.00	v		1				0.	0.	0	
BOARD MEMBER	2.00	^	1		-	┼	-			0	
(11) PHYLLIS GRUBE	2.00	Y						0.	0.	0	
BOARD MEMBER (12) HOLLY HARTER	2.00	22	-	 		 	 	•	0.	<u> </u>	
BOARD MEMBER	2.00	x						0.	0.	0	
(13) RAYMOND HOLLAND, EMERITUS	1 2100	1		-		†		<u> </u>	<u> </u>		
BOARD MEMBER	0.00	x						0.	0.	0.	
(14) KHANWALKAR, ARUNDHATI											
BOARD MEMBER	2.00	X			l			0.	0.	0	
(15) MARY KLUNK											
BOARD MEMBER	2.00	X	L		L	\perp	L	0.	0.	0.	
(16) KIRK KOZERO											
BOARD MEMBER	2.00	X						0.	0.	0	
(17) LARRY MILEY											
BOARD MEMBER	2.00	X			<u> </u>	<u> </u>		0.	0.	0.	
132007 01-23-12										Form 990 (2011)	

Part VII Section A. Officers, Directors, Tr	<u>ustees, Key Eı</u>	olam	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	E	stimated
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	a	mount of
	(describe	-	Ī				T	from the	from related organizations	COL	other npensation
	hours for	direct			Ì	22	l	organization	(W-2/1099-MISC)		from the
	related	ee or	stee		ŀ	nsate		(W-2/1099-MISC)	(** = *********************************		ganization
	organizations	East	lal fu		8	omo	i			aı	nd related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orç	ganizations
(18) JAMES MUSSELMAN, EMERITUS	*		▎▔		×	1 2	-				
BOARD_MEMBER	0.00	X	<u> </u>		<u> </u>		Ļ	0.	0	•	0
(19) TONY SALVINO		l					1	_			
BOARD MEMBER	2.00	X				ļ.,	ļ	0.	0	<u>-</u>	0
(20) RICHARD SILBERG									_		_
BOARD MEMBER	2.00	X	_	╙	ļ	<u> </u>	ļ	0.	0	•—	0
(21) DONALD SNYDER				1							_
BOARD MEMBER	2.00	X	<u> </u>	<u> </u>	₩	-	┡	0.	0	•	0
(22) ERIC STEEN											_
BOARD MEMBER	2.00	X	├ ─	_	-	┼	_	0.	0	<u>-</u>	0
(23) KAREN TAMERLER			İ		l						•
BOARD MEMBER	2.00	X	-	-	┢	╄	-	0.	0	-├	0
(24) LISA TREMPER HANOVER	2 00										•
BOARD MEMBER	2.00	X	╁	<u> </u>	\vdash	-	-	0.	0	+	0
(25) RICARDO VIERA	2 00	1				}	1		_		^
BOARD MEMBER	2.00	A	\vdash	\vdash	\vdash	-	 	0.	0	┿	0
(26) CONNIE HANSELL	2 00	\						0.	О		^
BOARD MEMBER	2.00	IV	<u> </u>	<u> </u>	!	_	1	0.	0		0
1b Sub-total	 /// Continu A	•						75,814.	0	$\overline{}$	885
c Total from continuation sheets to Part \	ni, Section A							75,814.	0		885
d Total (add lines 1b and 1c). 2 Total number of individuals (including but	not limited to the	2000	liet	ad a	hov	2) W	ho r	•		•1	003
compensation from the organization	not innited to ti	1030	, 1130	ou a	DOV	C) W		eceived more than \$100	,000 of reportable		
Compensation from the organization	·										Yes No
3 Did the organization list any former office	r director or tr	uste	e ke	ev ei	mpla	ovee	or	highest compensated e	mplovee on		
line 1a? If "Yes," complete Schedule J for			,	., o.		,,,,,	,	mgnoot componicated c	inployed on	3	l x
4 For any individual listed on line 1a, is the s			omp	ens	atio	 n an	d ot	her compensation from	the organization		
and related organizations greater than \$1	-		-					•		4	x
5 Did any person listed on line 1a receive or									idual for services		
rendered to the organization? If "Yes," col	nplete Schedu	le J	for s	uch	per	son				5	x
Section B. Independent Contractors											
Complete this table for your five highest or	ompensated in	dep	end	ent d	cont	ract	ors	that received more than	\$100,000 of comper	nsation	from
the organization. Report compensation fo	r the calendar y	/ear	end	ıng v	with	or v	vithi	n the organization's tax	year.		
(A)								(B)			(C)
Name and busines	s address	N	ON	E				Description of s	services	Comp	ensation
								1			
O Tatal mumb and find the state of the state	(male alore in the control of the co				٠			 			
2 Total number of independent contractors		not l	ımıte	ea to	ว เทด	ose i O	ISTE	a above) who received r	nore tnan		
\$100,000 of compensation from the organ		ηт	NITT	<u>አ</u> ጥ	TΛ		СП	ਸੂਸਾਵ			n 990 (201
DEE LWKI AII' DECII(THE CON	\mathbf{T}	TA O	UT.	エリ	TA	ОΠ	وباجاجا		FOIL	コララび (よりし

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from tax under exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 109,829 c Fundraising events 1c Related organizations 1d 17,167 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 176,471 Q Noncash contributions included in lines 1a-1fr \$ 303,467 h Total. Add lines 1a-1f Business Code 2 a TUITION 611600 579,580. 579,580 Program Service Revenue COMMUNITY ARTS PROGRAM 6,412. 6,412 711130 f All other program service revenue 585,992. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,559. 5,559 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 950. 52,757 6 a Gross rents b Less. rental expenses 0. 0 Rental income or (loss) 950. 52,757 53,707 53,707. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 166,165 assets other than inventory b Less, cost or other basis 168,787 and sales expenses -2.622c Gain or (loss) -2,622. -2,622. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 109,829. of including \$ contributions reported on line 1c). See a 131,955 Part IV, line 18 ь 131,955 b Less direct expenses 0 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 11,979 and allowances 8,247. b Less: cost of goods sold 3,732 3,732. Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 522 522 11 a MISCELLANEOUS d All other revenue 522 e Total. Add lines 11a-11d 950,357 0. 62,998. 583,892 Total revenue. See instructions. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a responsi	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	120 506	120 506		
	the United States. See Part IV, line 22	130,526.	130,526.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	56 500	10 200	40.016	40 000
	trustees, and key employees	76,780.	18,382.	40,016.	18,382
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 040			
7	Other salaries and wages	428,046.	354,422.	53,636.	19,988
8	Pension plan accruals and contributions (include	e 55.	E 500		
	section 401(k) and section 403(b) employer contributions)	6,374.	5,732.	543.	99
9	Other employee benefits	45,207.	36,470.	5,952.	2,785
0	Payroll taxes	36,390.	26,907.	6,725.	2,758
11	Fees for services (non-employees).				
а	Management _				
b	Legal	210.		210.	
С	Accounting	7,800.		7,800.	<u>.</u>
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	150.		150.	
12	Advertising and promotion .	60,397.	59,189.		1,208
13	Office expenses .	11,597.		11,597.	
14	Information technology .				
15	Royalties				
6	Occupancy	68,879.	61,991.	6,888.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				·
20	Interest .	14,928.	10,450.	4,478.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,980.	68,237.	36,743.	
23	Insurance .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CLASS SUPPLIES	22,856.	22,856.		
b	SERVICE CONTRACTS	19,455.	9,728.	9,727.	
c	MAINTENANCE SUPPLIES	17,278.	15,550.	1,728.	
d	PRINTING	14,506.	13,055.	1,451.	
е	All other expenses	50,699.	40,631.	10,068.	
25_	Total functional expenses. Add lines 1 through 24e	1,117,058.	874,126.	197,712.	45,220
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	ľ			

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	11,832.	1	28,173.
2	Savings and temporary cash investments	1,597.	2	1,011.
3	Pledges and grants receivable, net	35,625.	3	28,000.
4	Accounts receivable, net	30,634.	4	24,938.
5	Receivables from current and former officers, directors, trustees, key			-
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net		7	
8 §	Inventories for sale or use	11,283.	8	8,004.
9	Prepaid expenses and deferred charges	1,478.	9	1,192.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 4,994,171.			
ь	Less: accumulated depreciation 10b 1,644,917.	3,453,233.	10c	3,349,254.
11	Investments - publicly traded securities		11	 -
12	Investments - other securities. See Part IV, line 11	335,811.	12	261,385.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets .	13,631.	14	11,962.
15	Other assets. See Part IV, line 11	1,101,012.	15	1,127,787.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,996,136.	16	4,841,706.
17	Accounts payable and accrued expenses	<u> 27,110.</u>	17	28,137.
18	Grants payable		18	
19	Deferred revenue		19	3,500.
20	Tax-exempt bond liabilities		20	
ຜູ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 52	Payables to current and former officers, directors, trustees, key employees,			
da	highest compensated employees, and disqualified persons. Complete Part II			
-	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	194,551.	23	172,358.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of	100 105		4.5 000
	Schedule D	106,165.	25	145,099.
26	Total liabilities. Add lines 17 through 25	327,826.	26	349,094.
_	Organizations that follow SFAS 117, check here X and complete			
e l	lines 27 through 29, and lines 33 and 34.	4 600 050		4 400 600
27	Unrestricted net assets	4,608,959.	27	4,428,683.
E 28	Temporanly restricted net assets	19,351.	28	23,929.
E 29	Permanently restricted net assets	40,000.	29	40,000.
년	Organizations that do not follow SFAS 117, check here and			
0 00	complete lines 30 through 34.			
Net Assets or Fund Balances 24 25 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds	1 660 210	32	1 102 512
33	Total lightly and not assets (fund balances	4,668,310. 4,996,136.	33	4,492,612.
34	Total liabilities and net assets/fund balances	±,330,130.	34	4,841,706. Form 990 (2011)

SCHEDULE A

(Form,990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of	the organizati	on							Employer i	dentification number
		THE BAU	M SCHOOL OF	ART	_				23	3-1607174
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions		
The organ			because it is: (For lines	-		-	•			
1 📙	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).		
2 <u>X</u>			0(b)(1)(A)(ii). (Attach So	•						
з 📙			tal service organization							
4 📖	A medical res	search organization of	operated in conjunction	with a hos	prtal desc	nbed in se	ection 170	(b)(1)(A)	(iii). Enter th	ne hospital's name,
	city, and stat		<u> </u>		_					
5 🔲			benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental u	nit describe	d ın
		(b)(1)(A)(iv). (Comple								
6 📙			ent or governmental uni							
7 📖	An organizati	on that normally rec	eives a substantıal part	of its supp	ort from a	governme	ental unit c	r from th	ie general p	ublic described in
		b)(1)(A)(vi). (Comple	•							
8 📙			ection 170(b)(1)(A)(vi).							
9 📖			eives [,] (1) more than 33							
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of r	ts support f	rom gross investment
			axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	janization a	fter June 30, 1975
\square		509(a)(2). (Complete	•							
10			perated exclusively to te		_			-		
11			perated exclusively for the							
	•		ations described in secti				2). See se o	ction 509	9(a)(3). Che	ck the box that
			organization and compl		_				. []	
- [a Type			с 🔲 Тур						Type III - Other
e			t the organization is not		-	-	-			
f			han one or more publicly						J9(a)(1) or s	ection 509(a)(2).
5		rganization, check th	ten determination from t	uie ino ilia	atitis a ry	pe i, Type	il, or type	# III		
g		•	organization accepted ai	ny aift or c	ontribution	from any	of the fell		reene?	لبا
9			rectly controls, either a			-				Yes No
			upported organization?	iono or tog	00101 11101	pordona	acsembed :	iii (ii) ai iu	(iii) below,	11g(i)
	_		n described in (i) above?	,	•••		••••			11g(ii)
		· · · · · · · · · · · · · · · · · · ·	person described in (i)		 e?		• ••	• • •		11g(iii)
h			about the supported or			•				· · · · · · · · · · · · · · · · · · ·
		•	, ,	J	\- 7.					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	u notify the	(vi)	Is the	(vii) Amount of
	anization	(11) 2.11	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	tion in col.	Lorganiza	tion in col.	support
Ţ			above or IRC section	governing	document?	(i) of you	r support?		.S.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
	-									
							1			
							ļ			
					1			ļ		
				-						
				1	 	ļ	 			
.				1						
Total			<u> </u>		<u> </u>	l		1		
LHA For	raperwork Re	auction Act Notice	, see the Instructions f	or				Sched	ule A (Form	990 or 990-EZ) 2011

132021 01-24-12

Form 990 or 990-EZ.

15

2011.05020 THE BAUM SCHOOL OF ART

40450A_1

	(Complete only if you checked fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization			•
Sec	tion A. Public Support	,,,,,,		····			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		15/2000	(0) 2000	(4) 2010_	(6) 2011	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")			ŀ			
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge					+	
4	Total. Add lines 1 through 3						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support				<u> </u>		·
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4			15/====	(4)-5:5	(0/2011	(1) 1014
	Gross income from interest,						
-	dividends, payments received on	ı					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)	<u> </u>		12	
13	First five years. If the Form 990 is for	-	-	rd, fourth, or fifth t	tax year as a secti		
	organization, check this box and stop				•		▶□
Sec	tion C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2011 (li	ine 6, column (f) d	ivided by line 11,	column (f))		14	
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	
16a	33 1/3% support test - 2011. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶□
b	33 1/3% support test - 2010. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly	supported organiz	ation			. ▶□
17a	10% -facts-and-circumstances test	t - 2011. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	▶ □
b	10% -facts-and-circumstances test	t - 2010. If the org	janization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□

132022 01-24-12

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011

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 qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude 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						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513	ĺ					
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	ĺ					
5 The value of services or facilities		-				
furnished by a governmental unit to				1		
the organization without charge	ı					
6 Total. Add lines 1 through 5		 		 		
7a Amounts included on lines 1, 2, and				 		
3 received from disqualified persons	,			1		
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					<u>.</u>	
c Add lines 7a and 7b						-
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	l	<u> </u>	<u> </u>	<u> </u>
·· · · · ·			4) 2000	T		1
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties	ļ					
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				ļ		ļ <u></u>
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						İ
whether or not the business is						
regularly carned 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 for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
check this box and stop here						>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2011 (lin	ne 8, column (f) d	ivided by line 13, o	column (f))		15	
16 Public support percentage from 2010	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves	tment Incom	e Percentage			,	
17 Investment income percentage for 20	11 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	
18 Investment income percentage from 2	010 Schedule A,	Part III, line 17	-		18	
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	id stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2010. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization					-	

132023 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

QMB No 1545-0047
2011
Open to Public Inspection

Name of the organization

THE BAUM SCHOOL OF ART

Employer identification number 23-1607174

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	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 advised	d funds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	•
-	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	auno, aunoui, en lei any emer perpess es	Yes No
Pai		ganization answered "Yes" to Form 990. Pai	
1	Purpose(s) of conservation easements held by the organization	-	
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		a concervation described on the last
	auj or the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	1, 1	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	
	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	•	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements dur	nng the year
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(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	-	► \$ ► \$1,016,293.
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial o	gain, provide
	the following amounts required to be reported under SFAS 1	•	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$ 0.
b	Assets included in Form 990, Part X	• ••	► \$ 104,494.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		M SCHOOL C				041-				Page 2
3	Using the organization's acquisition, accessing	on, and other recor	ds, check	cany of the	following tha	t are a si	gnificant	use of its	collection	rtems
	(check all that apply).		. (37).							
а	X Public exhibition	•			hange progra					
ь	Scholarly research	•	e(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIV.	
5	During the year, did the organization solicit o		•		-	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered '	'Yes" to	Form 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?				-			LX	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV $$	and complete the f	ollowing t	table [.]						
									Amount	
С	Beginning balance						1c		4	1,155.
d	Additions during the year				• •		1d		7	7,840.
е	Distributions during the year						1e		5	5,956.
f	Ending balance						1f			5,039.
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?					X	Yes	□ No
	If "Yes," explain the arrangement in Part XIV.				•					
	t V Endowment Funds. Complete n		nswered	"Yes" to For	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three v	ears back	(e) Four	years back
1a	Beginning of year balance	253 017		261,036.		335,		99,028,		ha.
b	Contributions		Ϊ					,,		
-	Net investment earnings, gains, and losses	-2,662		14,978,	_16	5.106.		-1,282,		
d	Grants or scholarships			14,570,		, 100.		-1,202,		
	Other expenditures for facilities									
-	and programs	71 065		22 007	_					
	Administrative expenses	71,865	+	22,997.	<u> </u>	7,193.		13,411.		
	Find of come belongs	150 100	+	050 005						
g	End of year balance	178,490,		253,017,		L,036.	2	84,335.		
2	Provide the estimated percentage of the curr	-		g, column (a	i)) neid as					
a			%							
b	Permanent endowment 22.00	%								
С	• •	1.00 %								
•	The percentages in lines 2a, 2b, and 2c should be a second and a second a second and a second and a second and a second and a second an	•								
за	Are there endowment funds not in the posse	ssion of the organiz	zation tha	it are neid ai	na aaministe	rea for ti	ne organiz	ation	Г	
	by:									Yes No
	(i) unrelated organizations				•••			•	3a(i)	X
	(ii) related organizations								3a(ii)	X
	If "Yes" to 3a(ii), are the related organizations	•			•				3b	
Bo:	Describe in Part XIV the intended uses of the									
Га	t VI Land, Buildings, and Equipm				1			1		
	Description of property	(a) Cost or	l l	(b) Cost	L	• •	ccumulate	ed	(d) Book	value
		basis (invest	inent)	basis	• •	del	preciation			
	Land				1,894.		260 =			L,894.
b	Buildings .			3,98	2,473.	1,3	<u>262,7</u>	73.	2,719	<u>700.</u>
С	Leasehold improvements									
đ	Equipment				9,190.		<u>330,4</u>		48	3,7 <u>46.</u>
е	Other			15	0,614.		51,7	00.		3,914.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Par	t X. colun	nn (B), line 1	O(c))				3.349	254.

Schedule D (Form 990) 2011

nization's liability for uncertain tax positions under

	dule D (Form 990) 2011 THE BAUM SCHOOL OF ART			1607174	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial Stat	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			<u>357.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,117	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		166,	
4	Net unrealized gains (losses) on investments	4			<u>997.</u>
5	Donated services and use of facilities	5			_
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV.)	8			
9	Total adjustments (net). Add lines 4 through 8	9		-8,	997.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-175	698.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	ue per	Return		
1	Total revenue, gains, and other support per audited financial statements	-	1	819	081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-
а	Net unrealized gains on investments 2a -	8,997	.		
b	Donated services and use of facilities 2b				
С	Recovenes of prior year grants 2c		7 I		
d		8,247			
e	Add lines 2a through 2d		2e	-	750.
3	Subtract line 2e from line 1		3		831.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b		0,526	7 1		
c	Add lines 4a and 4b	07020	4c	130	526.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	• •	5		357.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses pe			
1	Total expenses and losses per audited financial statements		1		779.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•			,,,,,
a	Donated services and use of facilities 23.				
_	Prior year adjustments 2b		7		
b	Other losses 2c		-		
C		8,247	\dashv		
d	•	0,241	_	0	247
e	Add lines 2a through 2d		2e		.247. .532.
3	Subtract line 2e from line 1		3	300,	334.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.) 4b 13	0.526	\dashv \mid		
þ	,	0,546	싁 . ㅣ	120	F 2 C
	Add lines 4a and 4b	-	4c		<u>,526.</u>
5 Da	Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information	-·· - <u>-</u> -	5	1,117	,056.
			46	No. Don't V. Inc.	4. Do-4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa				4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro RT III, LINE 4: THE COLLECTIONS ARE USED IN THE "CIR	-			
<u> FAI</u>	AT III, DIME 4: THE COULECTIONS ARE USED IN THE CIR	CODAI	TIAG	TCTORE	
CT.1	JB" (CPC) PROGRAM. IT WAS STARTED IN 1933 BY WALTER	P D	λTTM	שמה כו	o.C
CII	JB (CPC) PROGRAM. II WAS STARTED IN 1933 BI WALITER	E. D	AUM.	THE C	<u> </u>
ססי	OVIDES PAINTINGS FOR BANKS, PROFESSIONAL OFFICES AS	WIET.T.	אם די	יד פשטוותוו	ΔT.
FIL	JVIDES PAINTINGS FOR BANKS, PROFESSIONAL OFFICES AS	METIT.	WO II	ADOSIKIA	<u></u>
<u>λ</u> ΝΤ	DEDUCATION AND GOVERNMENT CLIENTS. THERE ARE CURRE	אַ זיינע	586 1	ጋል ፐእነጥፐ እና	20
VIA:	DEDUCATION AND GOVERNMENT CHIENTS: THERE ARE CORRE	ИТПТ	300 1	WINTING	30
IN	CIRCULATION. THE CPC PROGRAM ENRICHES THE COMMUNIT	Y THR	OUGH	THE	
EX.	HIBITION OF THE PAINTINGS.				

PART IV, LINE 1B: THE ORGANIZATION IS A MEMBER OF THE CITY OF

Schedule D (Form 990) 2011

THE ORGANIZATION HAS FILED INCOME TAX RETURNS IN THE UNITED STATES. THE
YEARS ENDING JUNE 30, 2009, 2010 AND 2011 ARE OPEN FOR EXAMINATION BY
TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

MATERIAL UNRECOGNIZED TAX BENEFITS OR ACCRUED INTEREST OR PENALTIES.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 THE BAUM SCHOOL OF ART Part XIV Supplemental Information (continued)	23-1607174 Page 5
Part XIV Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	8,247.
	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS	130,526.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	8,247.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIPS	130,526.

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE BAUM SCHOOL OF ART

Employer identification number 23-1607174

		YES	NC
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
other governing instrument, or in a resolution of its governing body?	. 1	X	
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarshi	ıps? 2	X	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			1
If you need more space, use Part II	3	X	
IT IS STATED IN ALL PUBLICATIONS THAT ALL STUDENTS ARE			
INVITED TO ATTEND.			
		ŀ	
Does the organization maintain the following?	_		
Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	? 4b	Х	
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with studer	nt 🗀		
admissions, programs, and scholarships?	4c	X	
Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	П
If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
Does the organization discriminate by race in any way with respect to:			3
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?			
Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5b		2
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		2
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b		3
Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c 5d		3 3 3
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities?	5b 5c 5d 5e 5f		3 3 3 3
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? d Athletic programs?	5b 5c 5d 5e		X
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? d Athletic programs?	5b 5c 5d 5e 5f 5g		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? Educational policies? If Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5b 5c 5d 5e 5f 5g 5h	Y	2 2 2 2 2 2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5b 5c 5d 5e 5f 5g 5h	x	2 2 2 2 2 2 2 2
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? h Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	> > > > > > > > > > > > > > > > > > >
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? thas the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	X	\frac{\fir}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? h Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	> > > > > > > > > > > > > > > > > > >

Schedi	ule 8	E (Form	990	or 990-EZ	(2011)	THE B	AUM SO	CHOOL	OF ART				<u> 23-:</u>	<u> 1607174</u>	Page 2
Part	II	Su	ople	mental	Inforn	nation.	Complete th	ns part to p	rovide the ex	planations	s required by Part	I, lines	3, 4d, 5	h, 6b, and 7,	
		as a	pplica	able. Also	comple	te this par	t to provide	any other	additional info	ormation					
			_	T T175	_		3 373 MT/)	COLUEDIN	ACTINATION 1	DT313310T37	2 71	.		
SCHI	EDI	OPR	E,	LINE	6 -	EXPL	ANATI	JN OF	GOVERNI	MENT.	FINANCIAL	AII	י:		
янч	Ω	RGAN	JT 7.2	иотта	REC	ETVED	OMIT C	S FROM	GOVER	NMENT	ENTITIES	TN	THE	AMOUNT	OF
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\$17	, 1	67.													
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SCHEDULE G

Department of the Treasury

(Form, 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public

Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** THE BAUM SCHOOL OF ART 23-1607174 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17, Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

132081 01-23-12

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

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 THE BAUM SCHOOL OF ART	<u> 23−1€</u>	<u> 507174</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	- 1	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	ſ	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
•				
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ļ	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt		
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
_				
	Name			
		,		
	Address >			
16	Gaming manager information:			
	·			
	Name >			
	Gaming manager compensation > \$			
	Description of services provided			
				•
				,
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ากร (แ่) ฮ	ind (v), and	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor	mation ((see instru	ctions)
		-		
1320	983 01-23-12 Schedule G	i (Form	990 or 99	0-EZ) 2011

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

SWB NO

Open to Public , Inspection

organization THE BAUM SCHOOL C	OF ART					Employer identification number 23-1607174
ıntıatı	Does the organization maintain records to substantiate the amount of the grants criteria used to award the grants or assistance?	s or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
ments	Describe in Part IV the organization's procedures for monitoring the Use or grant funds in the United States. III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any compact that social more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be directed if additional space is needed.	e United States. C	Complete if the organs of the	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						•
ŀ						
je je	Enter total number of section 501(c)(3) and government organizations listed in the Enter total number of other organizations listed in the line 1 table	isted in the line 1 table				A A
st	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule I (Form 990) (2011)

23-1607174

Schedule I (Form 990) (2011) THE BAUM SCHOOL OF ART

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	1283	130,526,	•0	ВООК	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: ALL GRANTS		INDIVIDUAL	TO INDIVIDUALS ARE USED	AS	
SCHOLARSHIPS FOR TUITION FOR CLASSES	AT	E SCHOOL.	SCHOLARSHI	THE SCHOOL. SCHOLARSHIPS INCLUDE	
MERITORIOUS, COMMUNITY, SPECIAL NEEDS,	1	COMMUNITY	AND COMMUNITY PARTNERSHIP	IP	
SCHOLARSHIP PROGRAMS.					

132102 01-27-12

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

THE BAUM SCHOOL OF ART

Employer identification number 23-1607174

THE BROWN DERIOOD OF THE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH SEMINARS AND EXIBITIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH THE STUDY OF VISUAL ARTS. THE SCHOOL VALUES THE DIVERSITY OF
ITS_POPULATION, INCLUDING BUT NOT_LIMITED TO GENDER, CREED, SOCIAL
STATUS OR RACE. THE MISSION IS DEEPLY ROOTED IN SERVICE TO THE
COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PROVIDED TO THE FINANCE
COMMITTEE FOR REVIEW BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 15A: EVERY TWO YEARS, THE BOARD REVIEWS
SALARIES WITH THE NATIONAL GUILD TO DETERMINE SALARIES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -8,997.
FORM 990 PART XI LINE 2C
PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Form 990 (2011) THE BAUM	SCHOOL	<u> U</u>	· <i>t</i>	1K.	<u>'</u>				<u>23-160</u>	/1/4
Part VII Section A. Officers, Directors, True	istees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SHANNON SLATTERY FUGATE								50.000		
EXECUTIVE DIRECTOR	50.00			X		-		52,000.	0.	520
(28) MICHELLE SCHMALL FINANCIAL ADMINISTRATOR	25.00			x				23,814.	0.	365
										-
							_			
						-				
				:					<u> </u>	
						 	_			
		<u> </u>								
Total to Part VII, Section A, line 1c	J		1	L	l			75,814.		885

Form **8868**

(Rev. January 2012)
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	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		ı	■ X					
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)	•						
	complete Part II unless you have already been granted										
Electror	ic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of tin	ne to file (6 months for a cor	poration					
	to file Form 990-T), or an additional (not automatic) 3-mo					-					
	o file any of the forms listed in Part I or Part II with the ex				•						
	Benefit Contracts, which must be sent to the IRS in page										
	v irs.gov/efile and click on e-file for Chanties & Nonprofits		(Constitution of the Constitution								
Part I			submit original (no copies ne	eded).							
	ation required to file Form 990-T and requesting an autor										
Part I on					ì						
All other	corporations (including 1120-C filers), partnerships, REN	1ICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time						
Type or	Name of exempt organization or other filer, see instru	Employe	mployer identification number (EIN) o								
print	Name of exempt organization of other met, see institu	CHOITS		Linploye	inproyer identification flumber (Env)						
print	THE BAUM SCHOOL OF ART	v	X 23-1607174								
File by the	Number street and some south on Ka D.O. have		ocial security number (SSN)								
due date fo filing your	510 LINDEN ST.	Social se	Clai security Humber (SSN)								
return See											
iiişu uctioris	only, to the or post office, did and all odds it of a to	oreign add	iress, see instructions								
	ALLENTOWN, PA 18105	<u>-</u> -		-							
- _aal	Determined for the set of the Albertain for (C)		A second section of the section of								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		••	. [0 1					
			1								
Applicat	ion	Return	Application			Return					
s For		Code	Is For		· · · · · · · · · · · · · · · · · · ·	Code					
Form 990		01	Form 990-T (corporation)			07					
Form 990-BL			Form 1041-A			08					
Form 990	m 990-EZ		Form 4720			09					
Form 990	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					
	MICHELLE SCHMA										
	ooks are in the care of 510 LINDEN ST.	- AL	LENTOWN, PA 18101	·—							
Telepi	none No ► <u>(610) 433-0032</u>		FAX No. ▶								
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 Ire	quest an automatic 3-month (6 months for a corporation				-						
	FEBRUARY 15, 2013, to file the exemp	t organiza	tion return for the organization name	d above	The extension						
ıs f	or the organization's return for										
•	calendar year or										
>	X tax year beginning JUL 1, 2011	, an	d ending JUN 30, 2012								
					 '						
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return											
	Change in accounting period										
3a If t	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6060 a	nter the tentative tax loss any	1							
	nrefundable credits. See instructions	Ji 0005, 6	inter the terriative tax, less any		_	^					
		3a	\$	0.							
	his application is for Form 990-PF, 990-T, 4720, or 6069,	۱.,	_	0							
	imated tax payments made. Include any prior year overp			3b	\$	0.					
	lance due. Subtract line 3b from line 3a. Include your pa		_	0.							
by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for pa											
	- · · ·			rm 8879-							
_HA F	or Privacy Act and Paperwork Reduction Act Notice,	see Instri	uctions.		Form 8868 (F	Rev. 1-2012)					