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CANNED JAN 1 1 2013

Form 990

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)

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and en	nding J	UN 30, 2012	
Вс	heck if	C Name of organization		D Employer identific	cation number
а	pplicable	BARBARA INGRAM SCHOOL FOR THE ARTS			
X	Addres	S TOTAL TIC			
	Name change			26-1	403515
F	Initial return	— · · · · · · · · · · · · · · · · · · ·	oom/suite	E Telephone number	
\vdash	Termir		05	•	766-8850
	⊣ated Amend			G Gross receipts \$	114,394.
\vdash	⊒return ⊒Applic			H(a) Is this a group re	
<u> </u>	Itión pendir			for affiliates?	☐ Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
	- - - -	empt status	527	1 ''	list. (see instructions)
		e: WWW.BARBARAINGRAMSCHOOL.COM	<u></u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Voor		State of legal domicile: MD
	art I	Summary	L TEAL	or tormation. 2000 N	State of legal domicile, PID
1 6			<u> </u>	A THODAM CO	HOOT, FOR
9		Briefly describe the organization's mission or most significant activities: THE BA			
д		THE ARTS FOUNDATION, INC. EXISTS TO ENSURI			
Je I		Check this box if the organization discontinued its operations or dispose	a or more		20
ő	1	Number of voting members of the governing body (Part VI, line 1a)		3	20
∞		Number of independent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	l	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	1 20
₹	l	Total number of volunteers (estimate if necessary)		6	30
Ąct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, ine 34	<u>-</u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		105,790.	80,730.
Revenue		Program service revenue (Part VIII, line 29)		0.	0.
ě	10	Investment income (Part VIII) column A) lines 3, 3, and 7d)		2,563.	10,573.
—	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8o, 9e, 10c, and 11e)		61,765.	11,574.
	12	Total revenue - add lines B through 14 (must equal Part VIII, column (A), line 12)		170,118.	<u> 102,877.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		139,452.	<u> 15,100.</u>
	14	Benefits paid to or for members (Part IX, column (A) (104 4)	. L	0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		49,261.	53,999.
Expenses		Professional fundraising fees (Part IX, column (A), line 1ite)		0.	0.
g.	Ь	Total fundraising expenses (Part IX, column (D), line 25) 24,84	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,039.	36,684.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		275,752.	105,783.
	19	Revenue less expenses. Subtract line 18 from line 12		-105,634.	-2,906.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
anges	20	Total assets (Part X, line 16)		636,661.	612,576.
ASS	21	Total liabilities (Part X, line 26)		15,017.	20,512.
<u>¥</u> ĕ	22	Net assets or fund balances Subtract line 21 from line 20		621,644.	592,064.
	art II	Signature Block			
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			,, ,,
	,	Allerd & Metal		12/19	112
Sig	n	Signature of officer		Date	
Her		ALFRED MARTIN, TREASURER			
Her	6	Type or print name and title			
				Date Check	PTIN
Dair	4			I of _	-
Paid					52-1130974
-	narer	Firm's name ALBRIGHT CRUMBACKER MOUL & ITEL		PA'S Firm's EIN	J4-1130314
use	Only	Firm's address 1110 PROFESSIONAL COURT, SUITE 3	00	Dh /	201) 720 5200
		HAGERSTOWN, MD 21740		Phone no. (301) 739-5300
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
1320	01 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2011)

0)10

BARBARA INGRAM SCHOOL FOR THE ARTS

	1990 (2011) FOUNDATION, INC.	26 - 140351	<u> 5 Page 2</u>
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
•		ביעדפייפ יים	
		EXISTS TO	3.DMC
	ENSURE SUCCESS FOR STUDENTS OF THE BARBARA INGRAM SCHOOL		ARTS
	THROUGH CULTIVATING AND SECURING PUBLIC AND PRIVATE FUND	ING AND	
	IN-KIND SUPPORT FOR CAPITAL AND OPERATIONAL NEEDS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		es X No
	·	L., •	22 110
	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?	. └\Y	es X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	neasured by exper	nses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g		
	others, the total expenses, and revenue, if any, for each program service reported		
			
4a	(Code) (Expenses \$) (Revenue)
		EXISTS TO	
	ENSURE SUCCESS FOR STUDENTS OF THE BARBARA INGRAM SCHOOL	FOR THE	ARTS
	THROUGH CULTIVATING AND SECURING PUBLIC AND PRIVATE FUND	ING AND I	N-KIND
	SUPPORT FOR CAPITAL AND OPERATIONAL NEEDS.		
	BOTTON TON CATTING AND OTHER TONAL NEEDS.		
			
4b	(Code) (Expenses \$	·\$)
			
		-	<u> </u>
4c	(Code) (Expenses \$) (Revenue	9\$,
			
			
		-	
4 d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 51,279.		
		Fort	n 990 (2011)

Form 990 (2011) FOUNDATION, 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)?			<u> </u>
	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			j
	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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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		X
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 107 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
ď	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	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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		<u> </u>
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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) FOUNDATION, 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 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
	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		-
	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	05.		v -
٠.	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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	OFL		X
06	Schedule L, Part I	25b_		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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?			
	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		<u> </u>
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	25:		- T
	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?	00		
	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	2-		- T
20	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? Note. All Form 990 filers are required to complete Schedule O	38	Х	1
	140ts. All 1 Vitti 550 titel 5 die lequiled to complete ochequie O		_	<u> </u>
			·	,

Form 990 (2011)
Part V Sta

511) FOUNDATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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]		İ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	i		İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			İ
	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]		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	l _	7.7	ĺ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7 <u>c</u>		X.
d		7e		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f g	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
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.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a		l
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	}		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	j	İ	i
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders 11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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>	_
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		ļ <u>.</u>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	-
	Note. See the instructions for additional information the organization must report on Schedule O.	1	l	1
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1	ĺ	
	organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand		-	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u> (2011

FOUNDATION, INC.

26-1403515

Page 6 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.

	to mile out, de, or hos below, describe the differentiations, processes, or drainger in beinessing			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	1 1 -		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		<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		X
6	Did the organization have members or stockholders?	6	X	
7a	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	
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_		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		<u> </u>	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u> X</u>
þ	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	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	-
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_		X
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?	45.	v	
	The organization's CEO. Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		<u> X</u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		.
L	taxable entity during the year? If "Yes " did the ergographic follows a written policy or precedure requiring the ergographic to evaluate its participation.	16a		<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		Ь
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►MD			
18		wallah	lo	
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	ivaliaU		
	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, and	d finan	ncıəl	
13	statements available to the public during the tax year.	ı ıırıdı	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion [,]	•	
	MIRIAM DICKINSON - 301-766-8850			
	38 SOUTH POTOMAC STREET, SUITE 305, HAGERSTOWN, MD 21740			
13200		Form	990	(2011)

Page 7

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per	box,	(C) Position not check more than , unless person is bot cer and a director/trus				han	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM ALEXANDER	5 00			•		_			•	•
PRESIDENT	5.00	X		X				0.	0.	0.
(2) BRAD PINGREY	5.00	x		х				0.	0.	0.
VICE-PRESIDENT	3.00	Λ		Λ		-			<u></u>	<u> </u>
(3) PIETER BICKFORD SECRETARY	5.00	v		X				0.	0.	0.
(4) ALFRED MARTIN		Λ				_			•	
TREASURER	5.00	x		X				0.	o.'	0.
(5) MARY ANNE BURKE										
DIRECTOR	1.00	x						0.	0.	0.
(6) ELLIE DOUB		-								
DIRECTOR	1.00	x			ŀ			0.	0.	0.
(7) KATIE GROH FITZSIMMONS										
DIRECTOR	1,00	X				L.		0.	0.	0.
(8) BRIAN FLOOK										
DIRECTOR	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
(9) JOHN FRANTZ				l I	 	 	ļ	_	_	
DIRECTOR	1.00	X			L	<u> </u>		0.	0.	0.
(10) KAREN GIFFIN										_
DIRECTOR	1.00	Х			-		<u> </u>	0.	0.	0.
(11) DAWN HARBAUGH	1 00					İ			_	
DIRECTOR	1.00	X			-	<u> </u>	-	0.	0.	0.
(12) IRA LOURIE	1 00	v						0.	٥.	
DIRECTOR	1.00	X		_	 	-			U .	0.
(13) JOHN MARTIRANO	1.00	X						0.	0.	0.
DIRECTOR (14) CYNTHIA PERINI	1.00	Α.			\vdash	┢╌	-			<u></u>
DIRECTOR	1.00	x						0.	o.	0.
(15) JULIE ROHM							<u> </u>			
DIRECTOR	1.00	X				1		0.	0.	0.
(16) PATRICIA STINE										
DIRECTOR	1.00	x					L	0.	0.	0.
(17) BENITO VATTELAM										
DIRECTOR	1.00	x				<u> </u>		0.	0.	0.
132007 01-23-12										Form 990 (2011)

132007 01-23-12

Form 990 (2011) FOUNDAT:	ON, INC								26-14	<u>035</u>	<u> </u>	Pa	age 8
Part VII Section A. Officers, Directors, T	rustees, Key E	mpk	oyee	s, a	nd I	<u>High</u>	est	Compensated Employ	ees (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do			ntion more) than	one	Reportable	Reportable		Est	ımate	ed
	hours per	box, unless per			rson	ıs bot	h an	compensation	compensation			ount (of
	week (describe	\vdash	officer and a director/truster			1744	1	from	from related			other	.
	hours for	l ig				_		the organization	organizations (W-2/1099-MISC	n	comp	ensa m the	
	related	98	stee			Sate		(W-2/1099-MISC)	(** 2) 1000 111100	" [ınızatı	
	organizations	trust	al tru		yee	ad mo		(,			_	relate	
	in Schedule	Individual trustee or director	Institutional trustee	, j	Кеу етрюуее	Highest compensated employee	朣				orgar	nızatı	ons
	O)	皇	霊	Officer	Š	き	Former						
(18) ANGELA YOUNGBLOOD													_
DIRECTOR	1.00	X		ļ	ļ	\vdash	_	0.		0.			0.
(19) PAUL BAILEY										_			_
BOE LIAISON	1.00	X	-		-	<u> </u>	-	0.		0.			0.
(20) DR. CLAYTON WILCOX	1 00									,			^
EX-OFFICIO SUPERINTENDENT	1.00	X	⊢		-	-	-	0.		0.			0.
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	 -	<u> </u>	\vdash	1		 	H			-+			
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		T-					Г						
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	<u> </u>	<u> </u>			<u> </u>					\dashv			
1b Sub-total								0.		0.			<u> 0 .</u>
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d_Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bove	e) w	ho r	eceived more than \$100	0,000 of reportable				_
compensation from the organization								<u></u>				Yes	No
O Did the agreement of but agreed and agreed			_ 1		1-			h:=h4		Г	-+	res	NO
3 Did the organization list any former office			е, ке	ey er	mpic	oyee	, or	nignest compensated e	mpioyee on				x
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the			~m~	000	otior	2 20	d 0+1	har companyation from	the organization	┝	3		
and related organizations greater than \$1									tile organization		4		х
5 Did any person listed on line 1a receive o			-						idual for services	F			
rendered to the organization? If "Yes," co					-		•			- 1	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of	compensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ition fr	om	
the organization Report compensation for	or the calendar y	ear	endi	ng v	vith	or w	/thir	n the organization's tax	year				
(A)								(B)		_	(C)		
Name and busines	ss address	N(<u>INC</u>	<u> </u>				Description of s	services	Cc	ompen	satio	n
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			_				\dashv						
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Form **990** 2011)

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

\$100,000 of compensation from the organization

Form 990 (2011)

FOUNDATION, INC.

Total revenue Red Related or Revenue	Ра	ונע אווו	Statement of Revenue				
Business Code Business Code Business Code Business Code C C C C C C C C C				(A) Total revenue	Related or exempt function	Unrelated business	excluded from
Business Code Business Code Business Code Business Code C C C C C C C C C	ts	1 a	Federated campaigns 1a				
Business Code Business Code Business Code Business Code C C C C C C C C C	ran	. b	, •				
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Business Code Business Code Business Code Business Code C C C C C C C C C	fts r A		-	- 			
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Business Code Business Code Business Code Business Code C C C C C C C C C	utio er (f					
Business Code Business Code Business Code Business Code C C C C C C C C C	ξĚ		similar amounts not included above 1f 75,738	<u> </u>			
Business Code Business Code Business Code Business Code C C C C C C C C C	d d	g	Noncash contributions included in lines 1a-1f \$				
2 a b c c c c c c c c c c c c c c c c c c	<u>ठ</u> ह	h	Total. Add lines 1a-1f	<u>80,730.</u>			
Total, Add lines 2a/2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalites (i) Real (i) Personal 6 a Gross rents b Less: rental expenses c Rental income or (ioss) d Net rental income or (ioss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 0. c Gain or (ioss) 4 Net gain or (ioss) 7 , 251. 8 a Gross income from fundraising events (not including \$ 0 contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (ioss) from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (ioss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (ioss) from gaming activities 11 a SECTION 481(A) ADJUSTM Miscellaneous Revenue Business Code 11 a SECTION 481(A) ADJUSTM C All other revenue e Total. Add lines 11a-11d T Total revenue semistructions. 10 a Gross and the first field C All other revenue e Total. Add lines 11a-11d T Total revenue semistructions. 10 a Gross and the field in the fiel		'	Business Co.	e]		
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and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SECTION 481 (A) ADJUSTM 900099 8,508. 8,508. b c All other revenue e Total. Add lines 11a-11d Total revenue See instructions. 12 Total revenue See instructions. b Less: cost of goods sold b Susiness Code 8,508. 8,508.		l .	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SECTION 481 (A) ADJUSTM 900099 8,508. 8,508. b c d All other revenue e Total. Add lines 11a-11d Total revenue See instructions. 12 Total revenue See instructions. b 102,877. 15,759. 0. 6,388.		10 a	-		}		
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SECTION 481(A) ADJUSTM 900099 8,508. 8,508. b C C C d All other revenue E Total. Add lines 11a-11d ► 8,508. 12 Total revenue See instructions. ► 102,877. 15,759. 0.6,388.				_	[
Miscellaneous Revenue		ь	Less: cost of goods sold b				
11 a SECTION 481(A) ADJUSTM 900099 8,508. 8,508. b		c		·			
b c d All other revenue e Total. Add lines 11a-11d			Miscellaneous Revenue Business Co	de			
b c d All other revenue e Total. Add lines 11a-11d		11 a	SECTION 481(A) ADJUSTM 900099	8,508.	<u> </u>		
c d All other revenue e Total. Add lines 11a·11d ▶ 8,508. 12 Total revenue See instructions. ▶ 102,877. 15,759. 0. 6,388.		l					
d All other revenue e Total. Add lines 11a·11d ▶ 8,508. 12 Total revenue See instructions. ▶ 102,877. 15,759. 0. 6,388.					† -	·	
e Total. Add lines 11a-11d 12 Total revenue See instructions. 8,508. 102,877. 15,759. 0. 6,388.		Ă	All other revenue	 			
12 Total revenue See instructions. 102,877. 15,759. 0. 6,388.	i	"		8 508			
132009 Corm QQA (2014)		12				n	6 300
	1320		TOTAL LEAGURE OCC MISH RELIGIIS.	<u> </u>	<u> </u>		

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).

Do o	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and		4 550		
	organizations in the United States. See Part IV, line 21	4,559.	4,559.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	10,541.	10,541.		····
3	Grants and other assistance to governments,		İ		
	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,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,085.	16,695.	16,695.	16,695.
8	Pension plan accruals and contributions (include				
	Section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,914.	1,305.	1,304.	1,305.
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
С	Accounting	6,750.		6,750.	
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	275.		275.	
g	Other				
12	Advertising and promotion	4,811.	2,712.		2,099.
13	Office expenses	8,744.	2,989.	2,767.	<u>2,988</u>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,563.	<u>2,563.</u>		· -
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,546.	515.	516.	515
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	CONTRACTED SERVICES	9,150.	9,150.		
b	BANK FEES	1,492.		254.	1,238
С	PENALTIES	684.		684.	
d	DUES & FEES	669.	250.	419.	0 .
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	105,783.	51,279.	29,664.	24,840.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ĺ			
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2011)

	990 (2		<u>C.</u>		<u> </u>	1403515 Page 11
Par	t X	Balance Sheet			- <u> </u>	(D)
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		175,276.	1	110,561.
	2	Savings and temporary cash investments	·	329,021.	2	100,366.
	3	Pledges and grants receivable, net	-	97,920.	3	48,320.
	4	Accounts receivable, net	F	23,386.	4	3,430.
	5	Receivables from current and former officers, dir	23,300	-	<u> </u>	
	3	employees, and highest compensated employees				
		of Schedule L	is complete rare in		5	
	6	Receivables from other disqualified persons (as	defined under section			
	Ü	4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru-			6	
şts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges	·		9	2,802.
		Land, buildings, and equipment cost or other	ı ı			
	.04	basis. Complete Part VI of Schedule D	10a 0.			
	h	Less: accumulated depreciation	10b	4,086.	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1 .	6,972.	12	347,097.
	13	Investments - program-related See Part IV, line	1		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	· · ·		15_	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	636,661.	16	612,576.
•	17	Accounts payable and accrued expenses		6,697.	17	2,537.
	18	Grants payable		18		
	19	Deferred revenue		<u>8,320.</u>	19	17,975.
	20	Tax-exempt bond liabilities			20	
ç	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,			
ap		highest compensated employees, and disqualifi	ed persons Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23_	
	24	Unsecured notes and loans payable to unrelated	d third parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	-	15 017	25	20 512
	26	Total liabilities. Add lines 17 through 25		15,017.	26	20,512.
		Organizations that follow SFAS 117, check he	ere X and complete			
Ses		lines 27 through 29, and lines 33 and 34.		462 017		546 600
au	27	Unrestricted net assets	• -	463,017. 113,318.	T .	546,680.
Ba	28	Temporarily restricted net assets	<u> </u>		28	45,384.
Net Assets or Fund Balances	29	Permanently restricted net assets	. }	45,309.	29	45,304.
ᅽ		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
Ŏ Ņ		complete lines 30 through 34.			30	
set	30	Capital stock or trust principal, or current funds	uniomont fund	<u> </u>	31	
As	31	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in			32	
Ne	32	Total net assets or fund balances	come, or other fullus	621,644.		592,064.
	33	Total liabilities and net assets/fund balances	ŀ	636,661.	34	612,576.
	<u> </u>	TOTAL HADRINGS AND HEL ASSERS/IUHU DAIAHUES			 ,	Form 990 (2011)

BARBARA INGRAM SCHOOL FOR THE ARTS

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

Form	1990 (2011) FOUNDATION, INC.	26-	-140351	<u>5</u> P	age 12
Pa	rt XI Reconciliation of Net Assets				
	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	1	02,	<u>877.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	05,	<u> 783.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-2,	906.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	21,	<u>644.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		26,	<u> 574.</u>
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	5	92,	064.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				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	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	X
b	Were the organization's financial statements audited by an independent accountant?		_2	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?		_ 2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	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 Au	dit		
	Act and OMB Circular A·133?		. 3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	dit		1

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 t	ne organizati	2	INGRAM SCHO	OL FO	R THE	ARTS		=		
Part I	Reason		<u>ION,INC。</u> ty Status (All organiz	ations mus	et complet	e this part) See inst	ructions		5-1403515
								ructions.		
			pecause it is (For lines 1							
1 ⊢			s, or association of churc			CHOII 170	עטאָני אָניאָ.	•		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii).									
3			pperated in conjunction					hV1VAViii	i) Enter ti	ne hospital's name
4	city, and state		pperated in conjunction	WILLI & FIOS	pital desci	1000 111 36	Ction 170	, -)(-)()(.,. L	to noophal o name,
5 🔲			penefit of a college or un	niversity ov	wned or op	erated by	a governn	nental unit	describe	ed in
•	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)									
6 🗀	The second secon									
7			eives a substantial part o					r from the	general p	oublic described in
-	=	b)(1)(A)(vi). (Complet								
8 🔲	-		ection 170(b)(1)(A)(vi). ((Complete	Part II)					
9 X			eives (1) more than 33 1			rom contri	butions, m	embershij	p fees, an	d gross receipts from
			nctions - subject to certa							
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired by	y the orga	nization a	ifter June 30, 1975
	See section	509(a)(2). (Complete	Part III.)							
10 🔲	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4)).		
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes of one or
	more publicly	supported organiza	itions described in section	on 509(a)(1	1) or section	n 509(a)(2	?). See sec	tion 509(a	a)(3). Che	ck the box that
	describes the	type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h.			_	
	a Type		- / .		e III - Func	•	•		d 📖	Type III - Other
e 📖			t the organization is not							
			han one or more publicly						9(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check th		•						
g			organization accepted ar							<u> </u>
	••		rectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (iii) below,	
	_	• •	upported organization?				-	•	•	11g(i)
			n described in (i) above?		_		•			11g(ii)
			person described in (i) o					•		11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(S).					
		5	(iii) Type of	(iv) Is the s	organization	(v) Did you	u notify the	(vi) Is	the	fully Amount of
	of supported	(ii) EIN	organization		sted in your			lorganizatio	on in col. l	(vii) Amount of support
org	anization	İ	(described on lines 1-9		document?		support?	(i) organız Ü.S	.?	зиррогі
		İ	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
				<u> </u>						
					<u> </u>					
				 	ļ	<u>, </u>				
				ļ	-					
					ļ. <u> </u>					
						-	-			
Total			ŀ							

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only	f you checked the box	on line 5, 7, or 8 of Part I o	r if the organization failed	to qualify under Part-III-If	i-the organization
fails to qualify u	nder the tests listed be	low, please complete Part	III.)		

Galeadary year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total membership fees received. (Do not include any "unusual grants.") Take revenues level for the organization's benefit and either paid to or expended on its behalf The portion of total contributions by each person (other than a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Businestims 5 ton line 4 Section B. Total Support Amounts from line 4 Service of fiscal year beginning in) (a) 2007 (b) 2008 (e) 2009 (d) 2010 (e) 2011 (f) Total organization without charge and income from smaller sources Net income from unrelated business activities, whicher or not the business is regularly carried on the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 The processory from related extinutes, etc. (see instructions) First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization qualifies as a publicly supported organization or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 6a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets	Sectio	on A. Public Support										
membership fees received. (Do not include any "unusual grants.") 2 Tax reverues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or buildly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support Subhast lines 5 ton line 4 8 Gross income from increast, dividends, payments received on securities loans, rents, royalties and increase of securities loans, rents, royalties and increase from smiles sources 9 Not income from increast, dividends, payments received on securities loans, rents, royalties and income from enterest, whether or not the buisness is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assess activities, whether or not the buisness is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assess (Explain in Part IV.) 11 Total support Add lines 7 through 10 22 Gross recepts from related activities, etc. (see instructions) 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Personal not public Support Percentage 14 Public support percentage from 2010 Schedule A, Part II, line 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 16 Sa 33 1/3% support set 2-011, lift he organization did not check he box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization in meets the Tacts and circumstances test. 2011, it the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the Tacts and circumstances test. 2011, it the organization did not	Calendar	r year (or fiscal year beginning in)	_(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
Include any "unusual grants.") 2 Tax revenues leved for the organization benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Selected ins 2 training 4 Section B. Total Support Celendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total support organization included on line 1 that exceeds 2% organization and included on line 1 that exceeds 2% organization organization exceeds 2% organization exceeds 2% organization exceeds 2% organization exceeds 2% organization exceeds 2% organization exceeds 2% organization exceeds 2% organization exceeds 2% organization exceeds 2% organization 2%	1 Grf	ts, grants, contributions, and										
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subtract line 2 troning 4 Section B. Total Support Calledary year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Section B. Total Support Calledary year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total organization in the section Section B. Total Support Calledary payments received on securities loans, rents, royalties and income from minar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sell of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from cellated activities, etc. (see instructions) 15 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2010 Schedule A, Part II, line 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. If the organization did not check a box on line 13, and line 14 is 10% or more, and if the organization meets the "facts and circumstances test - 2011. If the organization of did not check a box on line 13, fisa, fis, for 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances test - 2010. If the organization of did not check a box on line 13, fisa, fish,	me	embership fees received. (Do not										
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Schedule A (Form 990 or 990-EZ) 20		o, ga,barro										

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION, INC.

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

Sec	ction A. Public Support	siow, piease com	piete Fait II)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		1				
	membership fees received. (Do not						
	include any "unusual grants.")		356,874.	452,578.	60,162.	80,730.	950,344.
2	Gross receipts from admissions,		33070720				30070321
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the		ł				
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513		1				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1		'		
	the organization without charge			4-0			
	Total. Add lines 1 through 5		356,874.	452,578.	60,162.	80,730.	950,344.
7 a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						950,344.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		356,874.	452,578.	60,162.	80,730.	950,344.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources		-403.	2,299.	2,563.	3,322.	7,781.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					_	
c	Add lines 10a and 10b		-403.	2,299.	2,563.	3,322.	7,781.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital		55,035.	34.656.	116,465.		206,156.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)		411,506.	489,533.	179,190.	84,052.	1,164,281,
	First five years. If the Form 990 is for	the organization					
	check this box and stop here_	o organization	o 11101, 0000110, 111111	.,	,		▶ X
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2011 (I			olumn (fl)		15	79.70 %
16	Public support percentage from 2010			(//		16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13. column (fi)		17	%
18	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2011. If the			on line 14, and line	: 15 is more than 3		
.56	more than 33 1/3%, check this box a	=					▶□
	33 1/3% support tests - 2010. If the		=				. ►⊔ and
Ľ	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization		•			-	
	Private foundation. If the organizatio	n did not check a	14, 19	a, or 130, CHECK II		edule A (Form 99	000 E7) 0011

SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ Attach to Form 990. ➤ See separate instructions.

► 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. Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

BARBARA INGRAM SCHOOL FOR THE ARTS ECTIVID VILLON

Employer identification number 26-1403515

Pai	t I Organizations Maintaining Donor Advise	od Funds or Other Similar Funds or	Accounts Complete if the
Fai			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e b. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised fullus	(b) runus and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	<u> </u>	
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 f	unds
	are the organization's property, subject to the organization's		L Yes L No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	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
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization 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 pe		
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements during	g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		•
	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 sta	tement, and balance sheet, and
	include. if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r 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 statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	•	,.
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial car	
_	the following amounts required to be reported under SFAS 1		, p 100
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 000. Bort V	•	. > \$
J	Assets included in Form 990, Part X	•	· • • ———————

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

Schedule D (Form 990) 2011

Cobo		INGRAM SCI	TOOL FOR T	UE AKIS	26-14	03515 Page 2		
Par		ION, INC.	t Historical Tre	asures or Oth				
	Using the organization's acquisition, accession							
3		on, and other records	s, check any or the	ionowing that are a	significant use of its	Concentrations		
_	(check all that apply): Public exhibition	d	I can or exch	nange programs				
a		_	Other	lange programs				
b	Scholarly research	е						
C	Preservation for future generations Provide a description of the organization's co	llootions and evaluin	how thou further th	ne organization's ev	amot numose in Pa	rt XIV		
4						IL XIV.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Par	t IV Escrow and Custodial Arrang				Form 990, Part IV			
1 4.	reported an amount on Form 990, Par		ito ii tilo organizatio	, anomoros ros a	,			
12	Is the organization an agent, trustee, custodi		ary for contribution	s or other assets no	t included			
14	on Form 990, Part X?		,			Yes No		
h	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table	•				
U	ii 100, oxpiaii tio arangomont iii at ziiv		g			Amount		
С	Beginning balance				1c			
	Additions during the year	•	•	•	1d			
	Distributions during the year				1e			
f	Ending balance			•	1f			
	Did the organization include an amount on Fo	orm 990. Part X. line	21?			Yes No		
	If "Yes," explain the arrangement in Part XIV.							
Par			swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1a	Beginning of year balance	45,309,	45,309.	22,180.	3,000	<u> </u>		
b	Contributions	75.	0.	23,129.	19,180			
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	45,384,	45,309,	45,309,	22,180			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment ▶	<u>.00</u> %						
	The percentages in lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization	[]		
	by					Yes No		
	(i) unrelated organizations		•			3a(i) X		
	(ii) related organizations					3a(ii) X		
b	If "Yes" to 3a(ii), are the related organizations	•				3b		
4	Describe in Part XIV the intended uses of the							
Pal	t VI Land, Buildings, and Equipm	T		or other (-)	Accumulated	(d) Book value		
	Description of property	(a) Cost or o			Accumulated epreciation	(d) Book value		
	Land	Dasis (ilivesti	Dasis	(Other)	op. colation			
	Land .							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X column (R) line 1	10(c))		0.		

FOUNDATION, INC.

	Investments - Other Securities. See	e Form 990, Part X, line 12		
(8	a) Description of security or category (including name of security)	(b) Book value	` `	hod of valuation [.] I-of-year market value
(1) Financia	al denvatives			
(2) Closely-	-held equity interests			
(3) Other				
	UITY SECURITIES	256,852.	END-OF-YEAR	
	BT SECURITIES	76,361.	END-OF-YEAR	
(C) EX	CHANGE-TRADED COMMODITY	13,884.	END-OF-YEAR	MARKET VALUE
(D)				
<u>(E)</u>				
<u>(F)</u>			·	
(G) (H)				
(l)				
	o) must equal Form 990, Part X, col (B) line 12.)	347,097.		
	Investments - Program Related. Se			
				hod of valuation
	(a) Description of investment type	(b) Book value		l-of-year market value
(1)_				
(2)				
(3)				
(4)			<u> </u>	
(5)				
(6)			···	
(7)				
(8)				
(9)				
(10)	200 Daty ad (D) (a 40)			
Part IX	o) must equal Form 990, Part X, col (B) line 13.) Other Assets. See Form 990, Part X, line	16		
I dit IX	Other Assets. See Form 990, Part A, line	15.		
	(a)	Description		(b) Book value
(1)	(a)	Description		(b) Book value
(1)	(a)	Description		(b) Book value
(2)	(a)	Description		(b) Book value
(2)	(a)	Description		(b) Book value
(2)	(a)	Description		(b) Book value
(2) (3) (4)	(a)	Description		(b) Book value
(2) (3) (4) (5)	(a)	Description		(b) Book value
(2) (3) (4) (5) (6)	(a)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,	715)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7) (8) (9) (10)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability	9 15) line 25.	b) Book value	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability deral income taxes	9.15) line 25.		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu Part X 1. (1) Fed (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, (a) Description of liability deral income taxes umn (b) must equal Form 990, Part X, col (B) line SC 740) Footnote In Part XIV, provide the text of the footnote to	9.15) line 25.		

Sche	BARBARA INGRAM SCHOOL FOR FOUNDATION, INC.	THE .	ART	o i		26-	1403515 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Fi	nancial S	tate	ment	:S
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			102,877.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			105,783.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			-2,906.
4	Net unrealized gains (losses) on investments	•	• •	4			-18,166.
5	Donated services and use of facilities			5			
6	Investment expenses	•	•	6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			-8,508.
9	Total adjustments (net) Add lines 4 through 8			9			-26,674.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	nd 9		10			-29,580.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith R	evenue p	er R	eturn	<u> </u>
1	Total revenue, gains, and other support per audited financial statements					1	87,928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
a	Net unrealized gains on investments	2a		-18,1	66.		
b	Donated services and use of facilities	2b		12,0	00.		
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d					2e_	<u>-6,166.</u>
3	Subtract line 2e from line 1					3	94,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			75 <u>.</u>	[[
р	Other (Describe in Part XIV.)	4b		8,5	<u>08.</u>		
c	Add lines 4a and 4b					4c	<u>8,783.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	102,877.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith E	xpenses	per	Retu	
1	Total expenses and losses per audited financial statements					1	<u>117,508.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	ı				
а	Donated services and use of facilities	2a	ļ	<u> 12,0</u>	00.		
b	Prior year adjustments .	2b	ļ			}	
С	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					10 000
е	Add lines 2a through 2d					2e	12,000.
3	Subtract line 2e from line 1					3	105,508.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا ۽ ا	1	2	75		
a	•	4a			<u>75.</u>		
	Other (Describe in Part XIV.)	_4b_					275
	Add lines 4a and 4b					4c	275. 105,783.
5 D2	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information	-				5	105,763.
		II bacci	10000	4. Dort I\/ I	200 1	b and '	Ohr Dort V. Spo. 4. Dort
	plete this part to provide the descriptions required for Part II lines 3 5 and 9, Part I e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com						
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Ass comp RT V, LINE 4: THE ORGANIZATION'S ENDOWMENT						
I A	NI V, HINE 4: THE ORGANIZATION S ENDOMMENT	1 014	טט	<u> </u>	<u> </u>	000	<u> </u>
חוש	ND TEACHER SALARIES.						
<u> </u>	AD TEMETER ORDERCED.						
					-		
PA	RT X, LINE 2: THE ORGANIZATION ADOPTED THE	PRO	VIS	IONS O	FТ	HE	
			·				
FI	NANCIAL ACCOUNTING STANDARDS CODIFICATION,	ACC	OUN	ring f	OR	INC	OME TAXES,
<u>ON</u>	JULY 1, 2009. THIS TOPIC REQUIRES THE ORG	ANIZ	ATI	ON TO	REC	OGN	IZE OR
DI	SCLOSE ANY TAX POSITIONS THAT WOULD RESULT	IN	UNR:	ECOGNI	ZED	TA	X BENEFITS.
TH:	E ORGANIZATION HAS NO POSITIONS THAT WOULD	REO	UIR	E DISC			
						Sched	lule D (Form 990) 2011

23

132054 01-23-12

Part XIV Supplemental Information (continued)
RECOGNITION UNDER THE TOPIC. THE ORGANIZATION FILES INFORMATIONAL RETURNS
IN THE U.S. FEDERAL JURISDICTION, AND WITH FEW EXCEPTIONS, IS NO LONGER
SUBJECT TO U.S. FEDERAL, STATE, AND LOCAL TAX EXAMINATIONS BY TAX
AUTHORITIES FOR YEARS BEFORE 2009.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
SECTION 481(A) ADJUSTMENT -8,508.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
SECTION 481(A) ADJUSTMENT

Schedule I (Form 990) (2011) ž Employer identification number 26-1403515 OMB No 1545-0047 Open to Publi Inspection (h) Purpose of grant or assistance X Yes 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 recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (below if applicable cash grant or government assistance or government cash grant assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table BARBARA INGRAM SCHOOL FOR THE ARTS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance FOUNDATION, INC. criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part II Parti

Page 2	,	, ance) (2011)
26-1403515		(f) Description of non-cash assistance								Schedule I (Form 990) (2011)
	" to Form 990, Part IV, line 22.	(e) Method of valuation (book, FMV, appraisal, other)	FMV			r additional information.				
ស	tion answered "Yes'	(d) Amount of non- cash assistance	0			line 2, and any other				
FOR THE ARTS	plete if the organiza	(c) Amount of cash grant	. 68 6			n required in Part I,				26
SCHOOL FC	nited States. Com	(b) Number of recipients	2			vide the information				
BARBARA INGRAM	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	SCHOLABRHIPS.			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				132 102 01-27-12

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

2011

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

BARBARA INGRAM SCHOOL FOR THE ARTS FOUNDATION, INC.

Employer identification number 26-1403515

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SCHOOL THROUGH CULTIVATING AND SECURING PUBLIC AND PRIVATE FUNDING

AND IN-KIND SUPPORT FOR CAPITAL AND OPERATIONAL NEEDS.

FORM 990, PART VI, SECTION A, LINE 2: THE BOARD OF DIRECTORS INCLUDES A
REPRESENTATIVE OF THE BANK WHICH MANAGES THE FOUNDATION'S CASH AND CASH
EQUIVALENTS. PAYMENTS MADE TO THE BANK FOR FEES APPROXIMATED \$330 IN 2012.
THE BOARD OF DIRECTORS ALSO INCLUDES A SPOUSE OF AN EMPLOYEE THAT WORKS FOR
THE BARBARA INGRAM SCHOOL FOR THE ARTS.

FORM 990, PART VI, SECTION A, LINE 6: THE BARBARA INGRAM SCHOOL FOR THE

ARTS FOUNDATION CONSISTS OF MEMBERS WHO ARE ELECTED TO THE BOARD OF

DIRECTORS AND PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE PURSUANT TO THE

ORGANIZATION'S GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION A, LINE 7A: CURRENT MEMBERS OF THE BOARD OF DIRECTORS HAVE THE ABILITY TO PROPOSE AND ELECT BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS REGARDING A CHANGE OR ADDITION/DELETION TO THE EXISTING FOUNDATION IS SUBJECT TO APPROVAL BY A VOTE FROM THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 WILL BE PROVIDED

TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND SUBJECT TO THEIR

APPROVAL PRIOR TO FILING.

Schedule O (Form 990 or 990-EZ) (2011)

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

Form **8868**

(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.						
• If you	are filing for an Aut	omatic 3-Month Extension, complete only Part I and check this box			ightharpoons	
•	-	itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of t	his form)			
•	-	less you have already been granted an automatic 3-month extension on a previous		rm 8868.		
		u can electronically file Form 8868 if you need a 3-month automatic extension of time			rporation	
	-	or an additional (not automatic) 3-month extension of time. You can electronically file				
		ns listed in Part I or Part II with the exception of Form 8870, Information Return for T				
	•	which must be sent to the IRS in paper format (see instructions). For more details of				
	•	ick on e-file for Charities & Nonprofits.		_		
Part I		3-Month Extension of Time. Only submit original (no copies nee	eded).			
		Form 990-T and requesting an automatic 6-month extension - check this box and o				
Part I or	-					
	corporations (includ come tax returns	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reques	t an exten	sion of time		
Type or	Name of exemp	t organization or other filer, see instructions	Employer	identification nu	mber (EIN) or	
print		INGRAM SCHOOL FOR THE ARTS				
•	FOUNDATI	ON, INC.	X	26-1403	515	
File by the due date for	Number, street,	and room or suite no. If a P O box, see instructions.	Social se	curity number (S	SN)	
filing your return See	1 3 8 5 PO	TOMAC STREET, NO. 305				
instruction	S City, town or po	st office, state, and ZIP code. For a foreign address, see instructions. WN , MD 21740				
	1					
Enter th	e Return code for th	e return that this application is for (file a separate application for each return)			0 1	
Applica	tion	Return Application	•		Return	
Is For		Code (Is For			Code	
Form 99	00	Form 990-T (corporation)			07	
Form 99	0-BL	02 Form 1041-A			08	
Form 99	0-EZ	(01) Form 4720			09	
Form 99	0-PF	04 Form 5227			10	
Form 99	0-T (sec. 401(a) or 4	08(a) trust) 05 Form 6069			11	
Form 99	00-T (trust other than				12	
		MIRIAM DICKINSON - 38 SOUTH POTOMAC State of ► HAGERSTOWN, MD 21740	TREET	, SUITE	305 - 	
-	ohone No ► <u>301</u>				. —	
	•	not have an office or place of business in the United States, check this box				
• If this		<u> </u>		r the whole group	-	
box 🕨		t of the group, check this box and attach a list with the names and EINs of		ers the extension	n is for	
1 1		c 3-month (6 months for a corporation required to file Form 990-T) extension of time 15 , 2013 , to file the exempt organization return for the organization name		The extension		
IS	for the organization	's return for:				
>	· 🔲 calendar year	or				
•	tax year begir	nning <u>JUL 1, 2011</u> , and ending <u>JUN 30, 2012</u>		_		
2 If	the tax year entered Change in acco	·	Final retur	n		
	this application is fo	or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a	\$	0.	
b If	this application is fo	or Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
· · · · · · · · · · · · · · · · · · ·		nts made. Include any prior year overpayment allowed as a credit. ct line 3b from line 3a. Include your payment with this form, if required,	3b	\$	0.	
		tronic Federal Tax Payment System). See instructions.	3c	\$	0.	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)