

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



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	3
В	Check if applicable	C Name of organization	D Employer identif	ication number
	Addres change	BALTIMORE HERITAGE AREA ASSOCIATION, INC.		
	Name change		45-2	2429915
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numb	er
	Termin ated	100 LIGHT STREET, 12TH FLOOR	410-	<u>-878-6411</u>
	Ameno return	City, town, or post office, state, and ZIP code	G Gross receipts \$	531,577.
	Application	BALTIMORE, MD 21202	H(a) is this a group	return
	pendir	F Name and address of principal officer: JEFFREY BUCHHEIT	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	cluded? Yes No
1	Tax-exe	empt status X 501(c)(3)	527 If "No," attach	a list (see instructions)
		e: > N/A	H(c) Group exemption	
			ear of formation: 2011	M State of legal domicile: MD
P	art I	Summary		
ø		Briefly describe the organization's mission or most significant activities ${\tt PRESERVI}$		
Activities & Governance	} .	ENHANCING BALTIMORE'S CULTURAL AND HISTORIC	LEGACY AND NA	ATURAL
er.	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of n	nore than 25% of its net a	1
Š		Number of voting members of the governing body (Part VI, line 1a)	3	3
ಳ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	9
Ξ		Total number of volunteers (estimate if necessary)	6	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	224,055	
	9	Program service revenue (Part VIII, line 2g)	885.	
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2.	5.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,652	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,594	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	123,821	286,137.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0.
X	- b	Total fundraising expenses (Part IX, column (D), line 25)	04 170	200 020
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,179	
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	208,000	
_5	1 <u>9</u>	Revenue less expenses Subtract line 18 from line 12	21,594	
tso		Title code (D. AVIII. 40)	Beginning of Current Year	
SSG	를 20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) RECEIVED	66,982 45,388	
Net Assets or	21		21,594	66,104.
	art II	Net assets or fund balances! Subtract-line 21 from line 20 7 Signature Block	21,354	00,104.
		Isignature Block 141 2014 O	atemente, and to the best of a	my knowledge and helief it is
		tt, and complete. Deplayation of preparer (other than officer) to based on all information of which prej		Ily knowledge and belief, it is
	<u>, , , , , , , , , , , , , , , , , , , </u>	in, and complete, pergration of propose completing to office of a based on an information of which prop	11/2	//u
Qi.		Signature of officer	Date // O	// 7
Sig		JEFFREY BUCHHEIT, EXECUTIVE DIRECTOR	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	,
116	:	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pa	id	CATHERINE N. LARRABEE	3/3//14 if setf-empte	□ └ • • • • • •
	eparer	Firm's name KAHN BERMAN SOLOMON TAIBEL & MOGOL,	PA Firm's EIN	52-1365413
	e Only	Firm's address 9515 DEERECO ROAD SUITE 801	Tan Finit o City	
_ •		TIMONIUM, MD 21093-2108	Phone no.	110-308-0300
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)	11.110.110.	X Yes No
	001 12-			Form 990 (2012)
		· · · · · · · · · · · · · · · · · · ·		•

Form 990 (2012)

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			•
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X_
	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u> </u>
5	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			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	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, for escrow or custodial account liability, 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	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	44-		x
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
^	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
٠	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 167 If "Yes," complete Schedule D, Part IX	11d		X
e	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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ŀ		
	Schedule D, Parts XI and XII	12a	X	
t	Was the organization included in consolidated, independent audited financial statements for the tax year?			7,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
148	Control of the Contro	14a	1	 ^ -
t	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	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		х
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,			İ
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	-	X_
	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2012)
		. 011		1-01E

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		<u> </u>
24a	· · · · · · · · · · · · · · · · · · ·			
	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		<u>X</u>
	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			
	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	OEh	i	x
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	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	_ 		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A second and a second a second and a second and a second and a second and a second	28a		x
b	A C. L. C. C. C. L.	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			ļ
	contributions? If "Yes," complete Schedule M	30	<u> </u>	_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ŀ
	If "Yes," complete Schedule N, Part I	31	ļ	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			١,,,
	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, Part II, III, or IV, and	24		v
	Part V, line 1	34	+	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	 	\vdash
36	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	3	1	
JI	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 11b and 19?	<u> </u>	1	1
~	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Forn		(2012

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a

Х

13b

45-2429915 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 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 3	[[
	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										
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		<u>X</u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X _							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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>							
<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	X								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
þ	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	1	7,								
	in Schedule O how this was done	12c	<u>X</u>	37							
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?	15-	х								
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	<u> </u>							
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	Λ	_							
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1									
iva	taxable entity during the year?	16a		x							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104									
Ü	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ	Į,								
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	1.00									
17	List the states with which a copy of this Form 990 is required to be filed ▶MD										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le								
~	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	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	ition:	-								
	JEFFREY P. BUCHHEIT - 410-878-6411										
	100 LIGHT STREET, 12TH FLOOR, BALTIMORE, MD 21202										

Form 990 (2012)	BALTIMORE	HERITAGE	AREA	ASSOCIATION	INC	45-2429915	Page 7			
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
•	Employees, ar	nd 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 Employee	Section A.	Officers, Directors	. Trustees, Ke	v 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) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week (list any hours for	offi	, unle cer an	ss pe	eck more than one s person is both an a director/trustee)			compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organizatior and related organization
1) JAMES PIPER BOND	5.00			7.7	İ				0	
RESIDENT	3.00	X	_	Х				0.	0.	
2) JACKIE CARRERA REASURER	3.00	x		x				0.	0.	. (
3) TOM NOONAN	3.00					<u> </u>		-		
BECRETARY		x		x				0.	0.	
4) JEFF BUCHHEIT	40.00									
XECUTIVE DIRECTOR				Х				76,010.	0.	6,12
					<u> </u>					
		-								
		-			_					
		_	-							
				-						
				-					<u> </u>	
					_					
		_		-						
		<u> </u>		_	_	<u> </u>				ļ <u>.</u>

45-2429915

Form 990 (2012)

		Check if Schedule O conta	ains a response	to any question in	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
들등	b		1b					
آڇڙي	c	Fundraising events	1c					
¥ Z	ď		1d					
3,E	e	O		491,276.				
Sign	f	All other contributions, gifts, gran						
텵	-	similar amounts not included above		19,450.				
ĘĠ	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total, Add lines 1a-1f		<u> </u>	510,726.			<u> </u>
		·		Business Code				
<u>و</u>	2 a	PROGRAM INCOME:	MISC	900099	18,134.	18,134.		
اھ جَ	b	REGISTRATION		900099	2,712.	18,134. 2,712.		
Program Service Revenue	С	—						
e a	d			·			_	
P. G.	е							
4	f	All other program service reve	nue					
	g Total. Add lines 2a-2f		20,846.					
	3	Investment income (including	dividends, intere	est, and				ŀ
ļ		other similar amounts)	▶	5.			5.	
	4	Income from investment of tax	k-exempt bond p	roceeds 🕨	<u> </u>			
	5	Royalties		▶				
			(i) Real	(ii) Personal				
İ	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		: Gain or (loss)						
		Net gain or (loss)		_				
ant.	8 a	Gross income from fundraisin	g events (not					
		including \$	of					
Other Revel		contributions reported on line	1c). See	ļ				
)er		Part IV, line 18	a					
		Less direct expenses	. b					
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac						
	١.	Part IV, line 19	а					
		Less direct expenses	b					
		 Net income or (loss) from gan Gross sales of inventory, less 	_					-
	10 a	and allowances						
		Less cost of goods sold	. a b					
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	14			Dusiness Code				
	11 a							-
	'							
	1 -	Total. Add lines 11a-11d	•					
	12	Total revenue. See instructions.			531,577.	20,846.	n	. 5.
22200						<u>, </u>		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and general expenses (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 80,902. 12,089 92,991. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 139,599. 20,859 160,458 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 14,001. 12,181. 1,820 Other employee benefits 9 16,258. 18,687. 2,429 10 Payroll taxes Fees for services (non-employees) 11 Management Legal 11,080 11,080 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 57,147. 57,075. 72 column (A) amount, list line 11g expenses on Sch O.) 15,791. 15,791 Advertising and promotion 12 13,097. 15,055. 1,958. 13 Office expenses Information technology 14 Royalties 15 16,590. 2,479 19,069. Occupancy 16 1,904. 1,904 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,621 996 2,617. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,145 470 3,615. 23 Insurance Other expenses, Itemize expenses not covered 24 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.) 54,325 54,325 GRANT EXPENSES 12,038. 12,038. PRINTING 6,229. 6,229. PRODUCTIONS & EXHIBITIO 1,960. d HONORARIUM 1,960. 87. 13 100 e All other expenses 487,067. 432,802. 54,265 0. Total functional expenses Add lines 1 through 24e 25 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)

45-2429915 Page 11 BALTIMORE HERITAGE AREA ASSOCIATION, INC. Form 990 (2012) Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 28,597. 49,095. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 56,719. 16,086. Pledges and grants receivable, net 3 3 7,500. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 1.801. 3,438. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less. accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 14 14 Intangible assets 90. 0. Other assets See Part IV, line 11 15 15 96,344 66,982 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 23,566. 30,240. Accounts payable and accrued expenses 17 17 18 18 Grants payable 21,822. 0. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 45,388. 30,240. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 66,104. 21,594 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds

> 96,344 Form 990 (2012)

66,104.

31

32

33

34

21,594

66,982

32

33

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

·orm	990 (2012) BALTIMORE HERTIAGE AREA ASSOCIATION, INC.	43-444	<u> </u>	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	1,5	<u>77.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	48	7,0	<u>67.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	4	$\overline{4}, 5$	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	1,5	94.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6	6,1	04.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			<u> </u>
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
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 Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l	1

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Name of the organization

BALTIMORE HERITAGE AREA ASSOCIATION, INC 45-2429915

Part I	Reason f	or Public Cha	rity Status (All organiza	ations mus	st complete	e this part	.) See ınstı	ructions				
he organ	zation is not a	private foundation	because it is (For lines 1	through 1	1, check o	only one b	ox)					
1 📋			es, or association of churc									
2 🗔	•		70(b)(1)(A)(ii). (Attach Sch									
з 🗔			oital service organization of		n section	170(b)(1)(Alfiii).					
4	•	•	operated in conjunction					h)/1\/A)/ii	i) Enter	the hospital	's nan	ne.
-	city, and state	_	operated in conjunction	······· u · ······	p.r.a. 0000.		000011110	(2)(1)(1)(1)	.,. L	oop	•	,
<u>-</u>			benefit of a college or ur	oworethy ou	wood or on	erated by	a dovernn	nental uni	describ	od in		
5 📖	-	•	_	incersity on	viled of op	erated by	a governii	nenta un	describ	eu III		
		b)(1)(A)(iv). (Comp										
6			nent or governmental unit									
7 LX	An organization	on that normally re	ceives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	ribed i	ın
	section 170(o)(1)(A)(vi). (Compl	ete Part II.)									
8 🖳			section 170(b)(1)(A)(vi). (
9 📖	An organizati	on that normally re	ceives (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembershij	p fees, a	nd gross re	ceipts	from
	activities relat	ted to its exempt fu	ınctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	tment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975											
	See section 509(a)(2). (Complete Part III)											
10 🔲	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11 🔲	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that											
	describes the type of supporting organization and complete lines 11e through 11h.											
	a Type I			vpe III - Fui			d	Typ	e III - No	n-functional	ly inte	grated
e 🔲			at the organization is not	controlled	directly or	r ındırectly	by one or	more disc	gualified	persons oth	ner tha	an
•	-		than one or more publicly									
f		•	itten determination from t		_				-(-)(-)			
•	_	ganization, check				po 1, 13po	п, от турс	,				
_		•	organization accepted an	w aft or a	antribution	from any	of the follo	owena ner	cone?			
g			directly controls, either ale							•	Yes	No
	• •	-		one or tog	enier wini	persons c	iescribed i	iii (ii) aiiu (iii) UelUW		165	140
	_		supported organization?							11g(i)	┼	-
			on described in (i) above?		_		•			11g(ii)		+
		•	a person described in (i) o						•	11g(iii)	<u> </u>	l
h	Provide the fo	ollowing information	n about the supported org	ganization	(s).							
				1					.1.			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) ls organization	s the on in col.	(vii) Amoun	t of mo	netary
org	anızation		(in col (i) lis governing				(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))	yover ming		(1) 01 900	support,	0.5	·. ′			
	_		(500 111511 001101107)	Yes	No	Yes	No	Yes	No			
						1]		
<u></u>												_
				<u> </u>				l				
							1		<u> </u>			
					1							
									-			
		ĺ	1	1	1	İ	1	i	1	1		

Schedule A (Form 990 or 990-EZ) 2012 BALTIMORE HERITAGE AREA ASSOCIATION, INC45-2429915 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and]			
	membership fees received. (Do not						
	include any "unusual grants.")				224,055.	510,726.	734,781.
2	Tax revenues levied for the organ						
	ization's benefit and either paid to				1		
	or expended on its behalf			<u> </u>	<u></u>		
3	The value of services or facilities						
-	furnished by a governmental unit to			[
	the organization without charge			<u></u>	<u> </u>	_	
4	Total. Add lines 1 through 3				224,055.	510,726.	734,781.
	The portion of total contributions					<u> </u>	
-	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						734,781.
	ction B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4			\	224,055.	510,726.	734,781.
	Gross income from interest,				1		<u> </u>
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				2.	5.	7.
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			†			
.0	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	· · · · · ·					734,788.
12		etc (see instructi	ons)			12	21,731.
13		•	•	rd. fourth. or fifth	tax vear as a section		
.0	organization, check this box and stop	<u> </u>		,	, 500, 40 4 500110	0 . (0)(0)	$\triangleright x$
Sec	ction C. Computation of Publi		rcentage			·	
	Public support percentage for 2012 (I			column (f))		14	%
	Public support percentage from 2011	•	•	\"		15	%
	33 1/3% support test - 2012. If the c	•	•	on line 13, and line	e 14 is 33 1/3% or n		
	stop here. The organization qualifies	•				,	
ŀ	33 1/3% support test - 2011. If the c		_		d line 15 is 33 1/3%	or more, check th	nis box
•	and stop here. The organization qual						▶□
17:	a 10% -facts-and-circumstances test				ne 13, 16a, or 16b a	and line 14 is 10%	or more.
	and if the organization meets the *fac	-	-				
	meets the "facts-and-circumstances"			· ·	·	non the organ	
	10% -facts-and-circumstances tes	-	•		•	I7a and line 15 is	. ► 10% or
	more, and if the organization meets the	`					
	organization meets the "facts-and-circ				•		<i>`</i> ▶ □
19			_				
18	Frivate foundation. If the organization	in did Hot check a	DOX OF THE 13, 16	<u>a, 100, 17a, 0f 17</u>	O, CHECK THIS DOX a	in see instruction	<u> </u>

Schedule A (Form 990 or 990-EZ) 2012 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.)	

Sec	tion A. Public Support						<u> </u>
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose		İ				
2	Gross receipts from activities that		-				
3	are not an unrelated trade or bus-						
_	iness under section 513					 	
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						
	the organization without charge	<u>.</u>					
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			İ			
	c Add lines 7a and 7b						
			-				
	Public support (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	<u> </u>	<u></u>		
		/-> 0000	n-> 2000	(-) 2010	(4) 2011	(*) 2012	(6 Total
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6			 			
10	a Gross income from interest, dividends, payments received on				1		
	securities loans, rents, royalties						
	and income from similar sources						
1	o Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b	· -					
11							
	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			İ		İ	
	assets (Explain in Part IV)			 			
	Total support (Add lines 9, 10c, 11, and 12)		1	1.6 1) 601			
14	First five years. If the Form 990 is for	the organization	's first, second, th	ira, tourtn, or timn	tax year as a sect	ion 50 i (c)(3) organi	zation,
_	check this box and stop here	· 0 · 1 D					. P
	ction C. Computation of Publ						
15	Public support percentage for 2012 (·	column (f))		15	
16						16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	<u> </u>			
17	Investment income percentage for 20	112 (line 10c, colu	mn (f) divided by l	ine 13, ∞lumn (f))		17	
18						18	%
19	a 33 1/3% support tests - 2012. If the			on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization						
<u> </u>	Filvate Touridation, it the organization	at did flot Check a	LOUN OF MIC 14, 1	Ja, OF TOD, CHECK	THIS DOT AND SEE I	i i i i i i i i i i i i i i i i i i i	20 571 204

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.

OMB No 1545-0047

2012
Open to Public Inspection

Employer identification number

Name of the organization

BALTIMORE HERITAGE AREA ASSOCIATION, INC 45-2429915

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III Organizations Maintaining Colle									Page Z
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply)		— .							
а	Public exhibition	d	$\overline{}$		hange progra	ams				
b	Scholarly research	е	Ш(Other						
C	Preservation for future generations									
4	Provide a description of the organization's collect	ions and explain	how th	ey further t	he organizati	ion's exem	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit or rec					er sımılar a	assets	_	_	
	to be sold to raise funds rather than to be maintain	ined as part of th	ne orgar	nization's co	ollection?			<u>L</u>	Yes	No_
Par	t IV Escrow and Custodial Arrangen		te if the	organizatio	n answered	"Yes" to F	om 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part X,									
1a	Is the organization an agent, trustee, custodian o	r other intermedi	ary for o	contribution	s or other as	ssets not 11	ncluded	_	_	
	on Form 990, Part X?							L.	Yes	L∐ No
b	if "Yes," explain the arrangement in Part XIII and	complete the foll	lowing t	able			,			
									Amount	
С	Beginning balance .						1c			
đ	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line :	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. Che			n has been	provided in	Part XIII				
Par						•).			
	(a)	Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
	Contributions		-							·
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ŭ	and programs									
f	Administrative expenses									
	End of year balance			· · · · · · · · · · · · · · · · · · ·						
2	Provide the estimated percentage of the current	vear end halance	e (line 1	a column (a	a)) held as:					
	Board designated or quasi-endowment	year end balance	% %	g, oolanii (c	2)) 11014 40.					
	Permanent endowment	%								
	Temporarily restricted endowment	^% %								
C	The percentages in lines 2a, 2b, and 2c should e									
2-	Are there endowment funds not in the possession		ation the	at are held a	and administr	ered for th	e organi	zation		
Зa		or the organize	20011 1116	at are ricid a	ina danimist	cred for th	o organ	Lution	Γ	Yes No
	by								3a(i)	103 110
	(i) unrelated organizations								3a(ii)	
	(ii) related organizations	ad as required a	n Schoo	tulo D2					3b	
_	If "Yes" to 3a(ii), are the related organizations list								30	
Dai	Describe in Part XIII the intended uses of the orget VI Land, Buildings, and Equipment									
1 0		(a) Cost or o			t or other	(0) 00	cumulat	ed	(d) Book	c value
	Description of property	basis (investn			(other)	1 ''	reciation	I	(a) Book	Value
_	1 and	Dasis (investi		54313	(511101)	ССР				
	Land						_			
b	Buildings									
C	Leasehold improvements					-				
	Equipment					 				
<u>e</u>	Other	<u> </u>		<u> </u>		<u> </u>				0

Part VIII Investments - Other Securities . See Form 990, Part X, Ine 12. (g) Method of valuation: Cost or end-of-year market value	Schedule D (Form 990) 2012 BALTIMORE H	ERITAGE AREA	ASSOCIATION	N, INC 4	5-2429915 Page 3
(0) Financial derivatives (2) Closely held equity interests (3) Other (4) (4) (5) (6) (6) (7) (7) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				aluation: Cost or er	nd-of-vear market value
		(5) 2001. 12.00	(c) mounds on the		Ta or your market value
(3) Other (4) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				<u>-</u>	
(A) (B) (C) (D) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E					
G G G G G G G G					
(E) (B) (B) (C) (C) (D) must equal form 990, Part X, col. (B) line 12.) (C) (B) (C) (D) must equal form 990, Part X, col. (B) line 12.) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(E) (P) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(C)				
(F) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(D)				
(G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P			_		
Col.			-		
Gold Col. (b) must equal Form 990, Part X, col. (e) line 12.)					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation. Cost or end of year market value (1)					
Part VIII Investments - Program Related. See Form 990, Part X, Ine 13 (a) Description of investment type (b) Book value (c) Method of valuation. Cost or end of year market value		, .			
(a) Description of investment type (b) Book value (c) Method of valuation. Cost or end of year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		e Form 990 Part X line	13		
(1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			(c) Method of va	aluation. Cost or er	nd-of-year market value
Column C					
(6) (9) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. See Form 990, Part X, col. (B) line 15.)					
(5) (6) (7) (8) (9) (10) Intal (Col. (b) must equal Form 990, Part X, col. (B) line 15.) Part IX Other Assets. See Form 990, Part X, ine 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, the 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (11) (11) (11				·	
(6) (7) (8) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilitities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (10) (11) (10) (11) (11) (11	(4)				
(7) (8) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (10) (11) (11) (11) (11) (11	(5)				
(8) (9) (10) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (10) (10) (11) (11) (11) (11	(6)				
(9) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (1) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (10) (1) (1) Federal income taxes (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (10) (10) (10) (10) (10) (11) (10) (11) (11					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Total (Col. (b) must equal Form 990, Part X, col. (8) line 13. Description (b) Book value				 	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				· · · · · · · · · · · · · · · · · · ·	
(a) Description (b) Book value (1)		15			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, ine 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	the state of the s				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, tine 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's		·			\-\(\(\frac{\cup_1}{\cup_1}\)
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, tine 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnole In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, tine 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	(5)				
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	***************************************				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's		 -	 		
Part X Other Liabilities. See Form 990, Part X, line 25		- 45)			
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's				_	<u>' </u>
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	(a) Description of liability	line 25	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	······································		(-)		
(3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
(4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	(5)				
(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	(6)				
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	(7)				
(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's	(8)				
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ■ 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's					
			-		

		(Form 990) 2012 BALTIMORE HERITAGE AREA ASS				2429915 Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Reven	ue per Re	eturr	
i	Total	evenue, gains, and other support per audited financial statements			1	<u>531,577.</u>
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net u	nrealized gains on investments	2a			
b	Donat	ed services and use of facilities	2b			
С	Recov	reries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add I	nes 2a through 2d			2e	0.
3	Subtr	act line 2e from line 1		ſ	3	531,577.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII)	4b			
С	Add li	nes 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		ļ	5	531,577.
		Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses per l	Retu	
1		expenses and losses per audited financial statements			1	487,067.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25.		Ī		•
		ed services and use of facilities	2a			
b		vear adjustments	2b			
		losses	2c			
-		(Describe in Part XIII)	2d			
		nes 2a through 2d			2e	0.
3		act line 2e from line 1		Ì	3	487,067.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	-	-		20,700,0
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII)	4b			
		nes 4a and 4b			4c	0.
5		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	487,067.
		Supplemental Information				40770074
		his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	lines 1a and 4: Da	rt IV lines 1h	and	2h Part V line 4: Part
	•	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	•			20, Fait V, inte 4, Fait
		L, LINE 2: THE ORGANIZATION IS EXEMPT FE	-			DEB.
L	<u> </u>	., HINE Z. THE ORGANIZATION ID EXEMIT IT	OM INCOME	INNED	011	DER
Ø5(01(0	(1) OF THE INTERNAL REVENUE CODE (IRC)	, AND CON	SEQUEN'	<u> </u>	, THE
FII	NANC	LIAL STATEMENTS DO NOT CONTAIN A PROVISI	ON FOR IN	COME TA	AXE	s.
	-					
						
THI	E OF	GANIZATION HAS EVALUATED ITS TAX POSIT	ONS TAKEN	FOR A	<u> </u>	OPEN YEARS,
JUI	NE 3	0, 2010 THROUGH 2013. CURRENTLY, THE C	RGANIZATI	ON IS I	TON	UNDER
<u>AUI</u>	OIT,	NOR HAVE THEY BEEN CONTACTED BY ANY TA	XING JURI	SDICTIO	<u>ons</u>	. IF
דאי	rere	ST AND PENALTIES WERE RECORDED. THEY WO	NIID BE TN	משמוזים	TN	TNCOME TAX

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 BALTIMORE HERITAGE AREA ASSOCIATION, INC45-2429915 Page 5 Part XIII Supplemental Information (continued)
EXPENSE. AS OF JUNE 30, 2013 AND 2012, NO INTEREST OR PENALTIES HAVE BEEN
RECORDED.
BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS AND ELECTIONS,
MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN WOULD BE UPHELD UNDER
EXAMINATION. THEREFORE, NO PROVISION FOR EFFECTS OF UNCERTAIN TAX
POSITIONS HAVE BEEN RECORDED AS OF JUNE 30, 2013 AND 2012 AND FOR THE
YEARS THEN ENDED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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.

2012
Open to Public Inspection

Name of the organization

BALTIMORE HERITAGE AREA ASSOCIATION, INC

Employer identification number 45-2429915

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESOURCES FOR CURRENT AND FUTURE GENERATIONS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PROVIDED GUIDED WALKING AND TROLLEY TOURS FOR HERITAGE WALK, MT. VERNON
CULTURAL WALK, PENNSYLVANIA AVENUE AND FELLS POINT. PROVIDED SUPPORT
FOR OTHER ACTIVITIES AND MANAGEMENT OF THE BALTIMORE NATIONAL HERITAGE
AREA.
EXPENSES \$ 317,549. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20,846.
FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC COPY OF FORM 990 IS
PROVIDED TO THE EXECUTIVE DIRECTOR WHO THEN DISTRIBUTES IT TO THE ENTIRE
BOARD OF DIRECTORS VIA EMAIL.
FORM 990, PART VI, SECTION B, LINE 12C: EACH OFFICER OR DIRECTOR MUST SIGN A STATEMENT TAT THEY HAVE NO CONFLICTS OF INTEREST ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION WAS DETERMINED BY
BOARD REVIEW WITH USE OF INDUSTRY SPECIFIC RESOURCES WHICH HELP GUIDE THE
BOARD IN THEIR DECISION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANICIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990 EZ) (2012)	Page 2
Name of the organization BALTIMORE HERITAGE AREA ASSOCIATION, INC	Employer identification number 45-2429915
BANK FEES:	
PROGRAM SERVICE EXPENSES	480.
MANAGEMENT AND GENERAL EXPENSES	72.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	552.
	 _
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	56,595.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,595.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	57,147.

Form 886	8 (Rev 1:2013)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		ightharpoons
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fil	ed Form	8868	
If you a	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies need	ed)
			Enter filer's	identifyir	ng number, se	e instructions
Type or						
print						
File by the BALTIMORE HERITAGE AREA ASSOCIATION, INC 45-2429915						<u>9915 </u>
due date for filing your	thurn See 100 LIGHT STREET, 12TH FLOOR					(SSN)
return See						
instructions	City, town or post office, state, and ZIP code For a fo	oreign add	lress, see instructions			
	BALTIMORE, MD 21202	-				
	Determine and a few the west was that they application in fac (El		**			0 1
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			OIL
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720	09		
Form 990		04	Form 5227	10		
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	Form 990-T (trust other than above) 06 Form 8870					12
STOP! D	o not complete Part II if you were not already granted JEFFREY P. BUCI		natic 3-month extension on a previ	iousiy tile	a Form 8868	·
• The b	ooks are in the care of 100 LIGHT STREI		?ጥፔ ₽I.^^P _ BAI.ጥTM/	אס בי	MT 2120	2
	none No ► 410-878-6411	<u> 1, 1</u> ,	FAX No FAX No	, uar	MD 2120	<u>4</u>
•	organization does not have an office or place of business	s in the l lr				
	is for a Group Return, enter the organization's four digit			this is fo	r the whole an	oun check this
box ►	If it is for part of the group, check this box					
			15, 2014 .	Can III OI II O	OF THE ONIGHT	50110 101.
	r calendar year, or other tax year beginning			JUN	30, 20	13 .
6 If t	he tax year entered in line 5 is for less than 12 months, c	heck reas	on Initial return	Final r		
	Change in accounting period					
7 Sta	ate in detail why you need the extension					
AI	DDITIONAL TIME IS NEEDED TO	COMPI	<u>LE INFORMATION NEC</u>	ESSAR	Y TO CC	MPLETE
<u>A1</u>	N ACCURATE RETURN.					·
					T	
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nrefundable credits See instructions			8a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	•				
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid					
	eviously with Form 8868			8b	\$	0.
	lance due. Subtract line 8b from line 8a Include your pa	•	th this form, if required, by using	_		•
EF	TPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o	8c	\$	0.
Linder nor	alties of perjury, I declare that I have examined this form, includ		•	-	f my knowloda	and helief
it is true, o	correct, and complete, and that I am authorized to prepare this fo	orm.	panying seneutiles and statements, and to	นาย มธอเ ป	i iny kilowicuyt	and venet,

Title ► EXECUTIVE DIRECTOR

Form 8868 (Rev 1-2013)

Date 🕨

Signature >