From: <u>Lili Zhang</u>
To: <u>Sheffi Sachs</u>

Subject: FW: 2013 Electronic Return Accepted by the IRS

**Date:** Friday, June 13, 2014 12:20:37 PM

From: CCH-ReturnNotification@wolterskluwer.com [mailto:CCH-ReturnNotification@wolterskluwer.com]

Sent: Friday, June 13, 2014 12:20 PM

To: Lili Zhang

Subject: 2013 Electronic Return Accepted by the IRS

Greater Baltimore Cultural Alliance,

You are receiving this e-mail on behalf of SB & Company LLC.

Your electronically filed Amended Exempt federal income tax return for tax year 2013 has been acknowledged as accepted for processing by the IRS on 06/13/2014.

Your return was sent to the Ogden Service Center.

Your SubmissionID is 27037520141640331e05.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

### PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

# Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning

2013, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form88 Name of exempt organization Employer identification number

# Greater Baltimore Cultural Alliance, Inc

26-0010594

Name and title of officer

Jeannie Howe

Executive Director

# Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| 1a | Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 1157613                                 |
|----|---|----|---|
| 2a | Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)                     | 2b |   |
| За | Form 1120-POL check here b Total tax (Form 1120-POL, line 22)                                   | 3b |   |
|    | Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)          | 4b |   |
| 5a | Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)             | 5b | *************************************** |

### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

| Officer's P | IN: | check | one | box | only | ý |
|-------------|-----|-------|-----|-----|------|---|
|-------------|-----|-------|-----|-----|------|---|

| X   authorize SB & Company, LLC   | to enter my PIN 10594                          |
|---|--|
| ERO firm name   | Enter five numbers, but do not enter all zeros |
| as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within the specified with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize my PIN on the return's disclosure consent screen.                                      |  |
| As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charprogram, I will enter my PIN on the return's disclosure consent screen.  Officer's signature |  |

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27037520721

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date > 06/12/14

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 323051 10-01-13

Form **8879-EO** (2013)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

| Separation   Comparison   Com  | A F   | or the             | e 2013 calendar year, or tax year beginning a   | nd ending       | _                            |                               |
|---|-------|--------------------|---|-----------------|------------------------------|-------------------------------|
| Doing Business As   Doing Business As   Doing Business As   1800 N. Charles Street   1800 N.    | B     | Check if applicabl | C Name of organization  |                 | D Employer identified        | cation number                 |
| Doing Business As   Doing Business As   Doing Business As   1800 N. Charles Street   1800 N.    |       | Addre              | ss Greater Baltimore Cultural Alliance.   | Inc             |                              |                               |
| Number and street (of P.U. Dos if final is not deleted to street aboriess)   81.0   (410) 230 – 0200  |       | □Name              |   |                 | 26-0                         | 010594                        |
| State   Stat  |       | Initial<br>return  | Number and street (or P.O. box if mail is not delivered to street address)                  | Room/suite      | E Telephone number           |                               |
| Representation   Repr  |       | Termin             |   | 810             |                              |                               |
| Raltimore, MD   21201   H(s) Is this a group return for subordinates?   Yes   X No H(b) As man and address of principal officer. Jeannie   Howe   Same as Cabove   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As all accriments related by the same as Cabove   Yes   No If 'No." attach a list, (see instructions)   Yes   X No H(b) As a Cabove   Yes   X No H(b) As a Cabove   X No H(b) As a   | X     |                    | City or town, state or province, country, and ZIP or foreign postal code                    |                 | G Gross receipts \$          | 1,157,613.                    |
| Finame and address of principal officer, U eatIII1 10 HOWe   Same as C above   Not present a status   X   501(0)(3)   501(0)   M   (insett no.)   4947(a)(1) or   527   Final officer, U early   Not present a status   X   501(0)(3)   501(0)   M   (insett no.)   4947(a)(1) or   527   Final officer, U early   Not present a status   X   501(0)(3)   501(0)   M   (insett no.)   4947(a)(1) or   527   Final officer, U early   Not present a status   X   501(0)(3)   501(0)   M   (insett no.)   4947(a)(1) or   527   Final officer, U early   Not present a status   X   501(0)(3)   M   (insett no.)   4947(a)(1) or   527   Final officer, U early   Not present a status      |       | Application        | <sup>a</sup> Baltimore, MD 21201  |                 | H(a) Is this a group re      | eturn                         |
| Same as C above   Taxaxxxxmstatus   |       | pendi              | F Name and address of principal officer: Jeannie Howe                                       |                 | for subordinates             | ? Yes X No                    |
| Website:   WWW. Daltimoreculture.org   Hick Group exemption number  |       |                    | same as C above   |                 | H(b) Are all subordinates in | cluded? Yes No                |
| Form of organization:   X   Corporation   Trust   Association   Other   Vear of formation:   2001   M State of legal domicile: MD   | T 1   | Гах-ех             | empt status: X 501(c)(3)  | (1) or 527      | If "No," attach a            | list. (see instructions)      |
| Part   Summary  | J     | Nebsi              | e:▶ www.baltimoreculture.org  |                 |                              |                               |
| Briefly describe the organization's mission or most significant activities:   Greater Baltimore Cultural Alliance exists as a catalyst to create a cohesive cultural 2   Check this box   Lift the organization discontinued its operations or disposed of more than 25% of its net assets.   |       |                    | organization: X Corporation Trust Association Other   | <b>∟</b> Year   | of formation: 2001 N         | State of legal domicile; MD   |
| Alliance exists as a catalyst to create a cohesive cultural  2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)  | Pá    |                    |   |                 |                              |                               |
| B Net unrelated business taxable income from Form 990-T, line 34   To   Current Year   Say 9, 848   1,137,397   Say 1,   | Ģ     | 1                  | Briefly describe the organization's mission or most significant activities: Gre             | eater Ba        | altimore Cul                 | tural                         |
| B Net unrelated business taxable income from Form 990-T, line 34   To   Current Year   Say 9, 848   1,137,397   Say 1,   | anc   |                    | Alliance exists as a catalyst to create   | a cohe          | esive cultur                 | <u>al</u>                     |
| B Net unrelated business taxable income from Form 990-T, line 34   To   Current Year   Say 9, 848   1,137,397   Say 1,   | ern   |                    | · · · · · · · · · · · · · · · · · · ·   | sposed of more  | e than 25% of its net as     |                               |
| B Net unrelated business taxable income from Form 990-T, line 34   To   Current Year   Say 9, 848   1,137,397   Say 1,   | Š     |                    |   |                 |                              |                               |
| B Net unrelated business taxable income from Form 990-T, line 34   To   Current Year   Say 9, 848   1,137,397   Say 1,   | ۵     |                    |   |                 | ·····                        |                               |
| B Net unrelated business taxable income from Form 990-T, line 34   To   Current Year   Say 9, 848   1,137,397   Say 1,   | ies   |                    |   |                 | ·····                        |                               |
| B Net unrelated business taxable income from Form 990-T, line 34   To   Current Year   Say 9, 848   1,137,397   Say 1,   | Ę     | 6                  | Total number of volunteers (estimate if necessary)  |                 |                              |                               |
| 8   Contributions and grants (Part VIII, line 1h)   289,848. 1,137,397.   9   Program service revenue (Part VIII, line 2g)   15,016. 20,000.   10   Investment income (Part VIII, column (A), lines 3, 4, and 7g)   308. 216.   11   Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   2.   0.     12   Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 12)   305,174. 1,157,613.   13   Grants and similar amounts paid (Part IX, column (A), lines 13.)   0.   79,500.   14   Benefits paid to or for members (Part IX, column (A), lines 4)   0.   0.   0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   161,801. 241,899.   16   Portessional fundraising lese (Part IX, column (A), line 1e)   0.   0.   0.     17   Other expenses (Part IX, column (A), line 1e)   0.   0.   0.     18   Total expenses (Part IX, column (A), line 1e)   0.   0.   0.     19   Total expenses (Part IX, column (A), line 1e)   0.   0.   0.     18   Total expenses (Part IX, column (A), line 1e)   0.   0.   0.     19   Total expenses (Part IX, column (A), line 1e)   0.   0.   0.     19   Total expenses (Part IX, column (A), line 1e)   0.   0.   0.     10   Total expenses (Part IX, column (A), line 25)   288,563.   500,024.   179,088.   821,203.   189,000,024.   199,000,000,000,000,000,000,000,000,000,   | Ac    | 1                  |   |                 |                              |                               |
| 8 Contributions and grants (Part VIII, line 1h) 289,848. 1,137,397. 9 Program service revenue (Part VIII, line 2g) 15,016. 20,000. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 16a Professional fundraising ees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 28 Total expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature of officer    Jeannie Howe, Executive Director   Type or print name and title   Prim   Prim   Preparer's signature   Preparer's signature   Preparer's signature   Prim   Pri |       | b                  | Net unrelated business taxable income from Form 990-T, line 34                              | ·····           |                              |                               |
| 9   |       |                    | 0   |                 |                              | Current Year                  |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | ne    | 1                  |   |                 |                              |                               |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | ven   | 1                  |   |                 |                              |                               |
| 12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   305,174   | Be    |                    |   |                 |                              |                               |
| 13   Grants and similar amounts paid (Part IX, column (A), lines 13)   0 . 79,500.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 .     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)   161,801 . 241,899 .     16   Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 .     17   Other expenses (Part IX, column (D), line 25)   26,189 .     17   Other expenses (Part IX, column (D), line 25)   26,189 .     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   288,563 . 500,024 .     19   Revenue less expenses. Subtract line 18 from line 12   16,611 . 657,589 .     20   Total assets (Part X, line 16)   179,088 . 821,203 .     21   Total liabilities (Part X, line 26)   83,562 . 68,439 .     22   Net assets of fund balances. Subtract line 21 from line 20   95,526 . 752,764 .     Part II   Signature Block   Part II   Signature Block   Part II   Signature Block   Part II   Signature Graph of  |       | 1                  |   |                 |                              |                               |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses (Part IX, column (A), lines 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  27 Part II   Signature Block  28 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  29 Signature of officer  20 Jeannie Howe, Executive Director  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Jeannie Howe, Executive Director  26 Jeannie Howe, Executive Director  26 Jeannie Howe, Executive Director  27 Jeannie Howe, Firm's name SB & Company, LLC  28 Jeannie Howe, Firm's address 20 Tinternational Circle, Suite 5500  29 Hunt Valley, MD 21030  20 The Phone no. (410) 584-0060   | _     |                    |   |                 |                              |                               |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   161,801. 241,899.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0.     17 Other expenses (Part IX, column (A), line 25)   26,189.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   288,563. 500,024.     19 Revenue less expenses. Subtract line 18 from line 12   16,611. 657,589.     20 Total assets (Part X, line 16)   179,088. 821,203.     21 Total liabilities (Part X, line 26)   83,562. 68,439.     22 Net assets or fund balances. Subtract line 21 from line 20   95,526. 752,764.     Part II   Signature Block   |       | 1                  |   |                 | -                            |                               |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 . 0 .   | 'n    | 1                  |   |                 | _                            |                               |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II   Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Print/Type or print name and title    Print/Type preparer's name   | Se    |                    |   | ····            |                              |                               |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II   Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Print/Type or print name and title    Print/Type preparer's name   | per   | h                  | Total fundraising expenses (Part IX, column (D), line 25) 26.                               | 189.            | •                            | <b>,</b>                      |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   288,563.   500,024.     19 Revenue less expenses. Subtract line 18 from line 12   16,611.   657,589.     20 Total assets (Part X, line 16)   179,088.   821,203.     21 Total liabilities (Part X, line 26)   83,562.   68,439.     22 Net assets or fund balances. Subtract line 21 from line 20   95,526.   752,764.     Part II   Signature Block   | Ĕ     |                    |   |                 | 126.762.                     | 178,625.                      |
| 19   Revenue less expenses. Subtract line 18 from line 12   16,611.   657,589.  |       |                    |   |                 |                              |                               |
| Beginning of Current Year   End of Year   179,088.   821,203.   83,562.   68,439.   821,203.   83,562.   83  |       | 19                 |   |                 |                              |                               |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Jeannie Howe, Executive Director   | or    |                    | · · · · · · · · · · · · · · · · · · ·   | Be              |                              |                               |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Jeannie Howe, Executive Director   | sets  | 20                 | Total assets (Part X, line 16)  |                 | 179,088.                     | 821,203.                      |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Jeannie Howe, Executive Director   | t Ass | 21                 | Total liabilities (Part X, line 26)   |                 |                              |                               |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    Jeannie Howe, Executive Director   |       | 22                 | Net assets or fund balances. Subtract line 21 from line 20                                  |                 | 95,526.                      | 752,764.                      |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Jeannie Howe, Executive Director Type or print name and title  Print/Type preparer's name Paid Pamela Gray Prim's name SB & Company, LLC Firm's name SB & Company, LLC Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060  | Pa    | art II             | -   |                 |                              |                               |
| Sign Here   Signature of officer   Date   |       |                    |   |                 |                              | / knowledge and belief, it is |
| Here  Jeannie Howe, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  O6/12/14  Firm's name  SB & Company, LLC  Firm's address  200 International Circle, Suite 5500  Hunt Valley, MD 21030  Phone no. (410) 584-0060   | true  | , correc           | t, and complete. Declaration of preparer (other than officer) is based on all information o | f which prepare | r has any knowledge.         |                               |
| Here  Jeannie Howe, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  O6/12/14  Firm's name  SB & Company, LLC  Firm's address  200 International Circle, Suite 5500  Hunt Valley, MD 21030  Phone no. (410) 584-0060   |       |                    | Circohung of officer  |                 | Doto                         |                               |
| Type or print name and title  Print/Type preparer's name Paid Pamela Gray Preparer  Preparer  Preparer's signature Pode/12/14  Firm's name SB & Company, LLC Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060   | Sig   | n                  | <b>'</b>  |                 | Date                         |                               |
| Print/Type preparer's name Paid Pamela Gray Preparer  Preparer  Preparer's signature Paid Pamela Gray Print/Type preparer's name Paid Pamela Gray Poid Poid Poid Poid Poid Poid Poid Poid   | Her   | е                  |   |                 |                              |                               |
| Paid Pamela Gray 06/12/14 self-employed P01237506  Preparer Use Only Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060   |       |                    | F 21 1  | ı               | Data Ι Γ                     | II DTIN                       |
| Preparer   Firm's name   SB & Company, LLC   Firm's EIN   20-2153727   Use Only   Firm's address   200 International Circle, Suite 5500   Hunt Valley, MD 21030   Phone no. (410) 584-0060  | D. '  |                    |   |                 | OHOOK L                      |                               |
| Use Only Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060   |       |                    |   | (               |                              | 20 2152727                    |
| Hunt Valley, MD 21030 Phone no. (410) 584-0060  |       |                    |   | -               | Firm's EIN                   | 40-4153/4/                    |
|   | use   | Unity              | Hunt Wallow MD 21020  | .e 5500         | Dhone no / A                 | 10) 501_0060                  |
|   | N 4   | , the !!           | _   |                 | Priorie no. ( 4              |                               |

332002 10-29-13 398,241.

Total program service expenses

# 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)?  |     | х   |    |
| _   | If "Yes," complete Schedule A  | 1   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | Λ   |    |
| 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   |     | х  |
| 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   |     | Х  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III      | 5   |     | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |     |    |
| Ü   | 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   |     | х  |
| 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   |     | Х  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |     |     |    |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | Х  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |     |     |    |
|     | as applicable.   |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a | Х   |    |
| 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 | Х   |    |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |     |     |    |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | Х  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |     |     |    |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | Х  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |     |    |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 40- | х   |    |
|     | Schedule D, Parts XI and XII   | 12a | Λ   |    |
| D   | 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 and XII is optional | 12b |     | х  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X  |
|     | 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 |     | Х  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |     |     |    |
|     | foreign organization? 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 other assistance to   |     |     |    |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | Х  |
| 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  |     | Х  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     |     |    |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | Х  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | Х  |
| 20a |  | 20a |     | X  |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
|     |  |     |     |    |

# Part IV Checklist of Required Schedules (continued)

|     |  |     | Yes | No  |
|-----|--|-----|-----|-----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |     |     |
|     | government 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 or 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  | Х   |     |
| 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 25a  | 24a |     | X   |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |     |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |     |     |     |
|     | any tax-exempt bonds?  | 24c |     |     |
|     | 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- |     | х   |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     |     |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete |     |     |     |
|     | Schedule L. Part I   | 25b |     | х   |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  | 230 |     |     |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,  |     |     |     |
|     | complete Schedule L, Part II   | 26  |     | Х   |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |     |     |     |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |     |     |     |
|     | 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   |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b |     | Х   |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  |     |     |     |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c |     | X   |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | X   |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     | .,  |
|     | contributions? If "Yes," complete Schedule M   | 30  |     | X   |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |     |     | v   |
|     | 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   | 00  |     | Х   |
| 33  | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 32  |     |     |
| 33  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | х   |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 33  |     |     |
| 0.7 | Part V, line 1   | 34  |     | х   |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | X   |
|     | 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 |     |     |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |     |     |     |
|     | If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Х   |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |     |     |     |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | Х   |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |     |     |     |
|     | Note. All Form 990 filers are required to complete Schedule O  | 38  | Х   |     |

Form **990** (2013)

# Form 990 (2013) Greater Baltimore Cultural Alliance, Inc 26-0010594 Part V Statements Regarding Other IRS Filings and Tax Compliance

|    | Check if Schedule O contains a response or note to any line in this Part V  |           |                       |     |     |        |
|----|---|-----------|-----------------------|-----|-----|--------|
|    |   |           |                       |     | Yes | No     |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a        | 22                    |     |     |        |
| 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 r                        |           | ole gaming            |     |     |        |
|    | (gambling) winnings to prize winners?   |           |                       | 1c  | Х   |        |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                               |           | Î                     |     |     |        |
|    | filed for the calendar year ending with or within the year covered by this return   | 2a        | 5                     |     |     |        |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns             | rns?      |                       | 2b  | X   |        |
|    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions                  | s)        |                       |     |     |        |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year?                             |           |                       | 3a  |     | Х      |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule                | 0         |                       | 3b  |     |        |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other                   | authori   | ty over, a            |     |     |        |
|    | financial account in a foreign country (such as a bank account, securities account, or other financial                    | accour    | it)?                  | 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                      | Accoun    | its.                  |     |     |        |
| 5а |   |           |                       | 5a  |     | X      |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction           |           |                       | 5b  |     | Х      |
|    | 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                    |           |                       |     |     | 77     |
|    | any contributions that were not tax deductible as charitable contributions?   |           |                       | 6a  |     | X      |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contribut                   |           | *                     |     |     |        |
| _  | were not tax deductible?  |           |                       | 6b  |     |        |
| 7  | Organizations that may receive deductible contributions under section 170(c).   | niosa ni  | rouided to the neverO | _   |     | Х      |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set       |           | 1                     | 7a  |     |        |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                           |           | ľ                     | 7b  |     |        |
| С  | to file Form 8282?  | as requ   | illed                 | 7c  |     | Х      |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d        |                       | 70  |     |        |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of                  |           | t?                    | 7e  |     | Х      |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti                  |           | ľ                     | 7f  |     | Х      |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Fe              |           | ľ                     | 7g  |     |        |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization            | ation fil | e a Form 1098-C?      | 7h  |     |        |
| 8  | $Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ D$ | id the su | ıpporting             |     |     |        |
|    | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at           | any time  | e during the year?    | 8   |     |        |
| 9  | Sponsoring organizations maintaining donor advised funds.   |           |                       |     |     |        |
| а  | Did the organization make any taxable distributions under section 4966?   |           |                       | 9a  |     |        |
| 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  | 10a       |                       |     |     |        |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                               | 10b       |                       |     |     |        |
| 11 | Section 501(c)(12) organizations. Enter:  | 11        |                       |     |     |        |
| а  | Gross income from members or shareholders   | 11a       |                       |     |     |        |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against                                  | l l       |                       |     |     |        |
| 40 | amounts due or received from them.)   | 11b       |                       | 40  |     |        |
| _  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                      | 1 1       | ŀ                     | 12a |     |        |
| 12 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                     | 12b       |                       |     |     |        |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers.  |           | ł                     | 13a |     |        |
| а  | Is the organization licensed to issue qualified health plans in more than one state?                                      |           |                       | ısa |     |        |
| h  | Enter the amount of reserves the organization is required to maintain by the states in which the                          |           |                       |     |     |        |
| D  | organization is licensed to issue qualified health plans  | 13b       |                       |     |     |        |
| С  | Enter the amount of reserves on hand  | 13c       |                       |     |     |        |
|    |   |           |                       | 14a |     | Х      |
|    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul                    |           |                       | 14b |     |        |
|    | ,   |           |                       |     | 990 | (2013) |

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.

| Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year   1a   30    1b Enter the number of voting members of the governing body, or if the governing body deligated broad authority to an excutive committee or similar committee, explain in Schedule 0.  1b Enter the number of voting members included in line 1s, above, who are independent   1b   30    2 Did any officer, director, furtice, or key employee?  2 Did any officer, director, furtice, or key employee at a management duties customarily partnerses relationship with any other afficer, director, trustees, or key employee?  3 Did the organization to delegate control over management duties customarily partnerses of the direct supervision of officers, director, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior form 980 was filed?  4 Did the organization to wave mathematics of the programmation have members or stochholders.  5 Did the organization have members, stockholders, or officer pursons who had the power to decit or appoint one or more members of the powering body?  5 Did the organization thave members, stockholders, or officer pursons who had the power to decit or appoint one or more members of the powering body?  5 Did the organization thave members, stockholders, or officer pursons who had the power to decit or appoint one or more members of the powering body?  5 Did the organization thave members, stockholders, or officer pursons who had the power to decit or appoint one or poerson of the than the governing body?  5 Did the organization than the programmatical trustees of the powering body?  5 Did the organization than the programmatical trustees of the powering body?  6 Did the organization than the programmatical trustees of the powering body?  7 Did the organization have written power provides the names and addresses in Schedule O.  8 Did the organization have writ  |   |  |         |                                   |          |       | X  |  |  |  |  |
|--|---|--|---------|-----------------------------------|----------|-------|----|--|--|--|--|
| the terret the number of voting members of the governing body at the end of the tax year there are material differencies in voting prefix storage members of the governing body, or life governing body delegated troad authority to an exacutive committee or similar committee, explain in Schedule 0.  b Ender the number of voting members included in line 1a, above, who are independent  Did any officer, director, director, visues, or key employee?  2 X  Did the organization delegate control over management dullies 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  Did the organization become aware during the year of a significant diversion of the organization sasets?  5 Did the organization have members or stockholders or the organization of the organization have members or stockholders?  6 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?  5 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?  5 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?  5 Did the organization that the thing bower than the governing body?  7 Did the organization problem of the organization of the organization of the organization of the organization problem of the organization problem of the organization of th  | <u>Sec</u>  | tion A. Governing Body and Management  |         |                                   |          |       |    |  |  |  |  |
| there are material differences in voting rights arrong members of the governing body, of if the governing body delegated broad authority to an executive committee or similar committee, englain in Schedule 0.  b Enter the number of voting members included in line 1s, above, who are independent.  2  |   |  |         |                                   |          | Yes   | No |  |  |  |  |
| body delegated broad authority to an executive committee or similar committee, replain in Schedule 0.  b Enter thre number of voting members included in line 1a, above, who are independent  officier, director, trustee, or key employee have a family relationship or a business relationship with any other officier, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officiers, directors, or frustees, or key employees to a management company or other person?  3   | 1a  | Enter the number of voting members of the governing body at the end of the tax year  | 1a      | 30                                |          |       |    |  |  |  |  |
| b Enter the number of voting members included in line 1a, above, who are independent   |   | If there are material differences in voting rights among members of the governing body, or if the governing  |         |                                   |          |       |    |  |  |  |  |
| 2  |   | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |                                   |          |       |    |  |  |  |  |
| officer, director, tustee, or key employee?    Solicit 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?    A   | b   | Enter the number of voting members included in line 1a, above, who are independent   | 1b      | 30                                |          |       |    |  |  |  |  |
| officer, director, tustee, or key employee?    Solicit 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?    A   | 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi   | p with  | any other                         |          |       |    |  |  |  |  |
| 3 Did the organization delegate control over management dutles customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  5 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4  |   | officer, director, trustee, or key employee?   |         |                                   | 2        |       | Х  |  |  |  |  |
| of officers, directors, or trustees, or key employees to a management company or other person?  4  | 3   |  |         |                                   |          |       |    |  |  |  |  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization become aware during the year of a significant diversion of the organization's assets?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Draw any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization the submitten with all the governing body?  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 "Nes", provide the names and addresses in Schedule O  9 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 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?  10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11 Did the organization have a written conflict of interest policy? If "No.", go to line f3  12 Did the organization have a written written did interest policy?  13 Did the organization have a written world and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12 Did the organization have a written document retention and  |   |  |         |                                   | 3        |       | Х  |  |  |  |  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5  | 4   |  |         |                                   | 4        |       | Х  |  |  |  |  |
| 6  | 5   |  |         |                                   |          |       |    |  |  |  |  |
| Ta   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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7a   X    Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b   X    Bid the organization contemporaneously document the meetings held or written actions underfaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b 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  section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Ves No. 10a Did the organization have local chapters, branches, or affiliates?  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 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 is exempt purposes?  10c Did the organization have a written conflict of interest policy? If "No.", go to line 13  b Weer officers, directors, or trustees, and key employees required to disclase annually interests that could give rise to conflict?  12b X  b User officers, directors, or trustees, and key employees required to disclase annually interests that could give rise to conflicts?  12c X  b Other organization have a written whistleblower policy?  13  X  b Other organization have a written whistleblower policy?  15  Did the proganization have a written whistleblower policy?   | 6   |  |         |                                   |          |       |    |  |  |  |  |
| more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  a The governing body?  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O 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 If the organization have written conflict of interest policy?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," got line 13  b Uffer officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to onflicts?  12b X  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to onflicts?  12b X  b Uffer officers or key employees of the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15b If "Yes," of differency or key employees of the o  | 7a  |  |         |                                   |          |       |    |  |  |  |  |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8   |   |  |         |                                   | 7a       |       | Х  |  |  |  |  |
| persons other than the governing body?  8 bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  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  10a Did the organization have local chapters, branches, or affiliates?  10b 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 If the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  10c Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  10b Did the organization have a written condict of interest policy? If *No,* go to line 13  10c Did the organization have a written obtained and enforce compliance with the policy? If *Yes,* describe in Schedule O the process, if any, used by the organization to review this Form 990.  10c Did the organization have a written condict of interest policy? If *No,* go to line 13  10c Did the organization have a written condict of interest policy? If *No,* go to line 13  10c Did the organization have a written condict of interest policy?  11c Did the proganization have a written whistleblower policy?  11c Did the proganization have a written whistleblower policy?  11d Did the organization have a written obcument retention and destruction policy?  11d Did the organization have a written obcument retention and destruction policy?  11d Did the organization is CEC, Executive Director, or top management official  11d Did the organization is CEC, Executive Director, or top management official  11d Did the organization is CEC, Executive Director, or top management official  11d Did the | b   |  |         |                                   |          |       |    |  |  |  |  |
| Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  ls 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  Section 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?  10b 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 If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c 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 whistelblower policy?  14 Did the organization have a written whistelblower policy?  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 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 organiza  |   |  |         | •                                 | 7b       |       | Х  |  |  |  |  |
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| 9 Is there any officer, director, frustee, 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  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Bas the organization have a written conflict of interest policy? If "No," go to line 13  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c 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 12b Did the organization have a written whistleblower policy? 12b Did the organization have a written document retention and destruction policy? 13a X 12b Did the organization have a written document retention and destruction policy? 13b Did the organization have a written policy or procedure of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 11b A X 12b Did the organization have a written policy or promodure of the deliberation and decision? 11b A X 12b Did the organization of the organi  | 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 0.  b Enter the number of voting members included in line 1a, above, who are independent  b Enter the number of voting members included in line 1a, above, who are independent  cofficer, director, trustee, or key employees 1 as management company or under the direct supervision of officers, director, trustee, or key employees 1 as management company or or other person?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees 10 amanagement company or other person?  3 Did the organization have members or stockholders?  5 Did the organization have members or stockholders, or other persons?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 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?  8 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?  8 Did the organization enterpervaneously document the meetings held or written actions undertaken during the year by the following:  8 To persons other than the governing body?  8 Did the organization commerporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization reputative with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee lested in Part VII, Section A, who cannot be reached at the organization smalling address? If Yes's, provide the names and addresses in Schedule O to exact the organization have written policies and procedures governing t |  |         |                                   |          |       |    |  |  |  |  |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Ves   |   |  |         |                                   |          |       |    |  |  |  |  |
| Section 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?  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 I1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990 to line 13  12a Did the organization have a written conflict of interest policy? If "No." go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization have a written whistleblower policy?  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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 Tes To Internation Sec C.E. Secuctive Director, or top management official  15 Did the organization have a mitten 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 in programation from the file of the process in Schedule O (see instructions).  16 Did the organization in cheet in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Did the organization forwest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  18 Section C. Disclosure  19 Describe in Sc  | •   |  |         |                                   | 9        |       | х  |  |  |  |  |
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| 14 Did the organization have a written document retention and destruction policy?  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?  15a X  15a X  15b Other officers or key employees of the organization  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16a X  16a X  16a X  16a X  16b 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 exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ MD  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X 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, and financial 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: ▶  15a X  15a X  15a X  15b X  15a X  16b X   | 13  |  |         |                                   | -        |       |    |  |  |  |  |
| 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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b 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 exempt status with respect to such arrangements?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed MD  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Leannie L. Howe - (410)230-0200  |   |  |         |                                   | <b>—</b> |       |    |  |  |  |  |
| persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If "Yes," 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 exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed MD  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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:  Jeannie L. Howe - (410) 230 – 0200   |   |  |         |                                   |          |       |    |  |  |  |  |
| a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a   | -   |  | -       | -1                                |          |       |    |  |  |  |  |
| 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 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 0 9 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates? 10b 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 Bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Bas the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Use the organization have a written own that the organization to review this Form 990.  12c Did the organization have a written own this teleblower policy? 13c Did the organization have a written own the standard of the deliberation and decision? 15c Did the organization have a written own the standard of the deliberation and decision? 16a Did the organization have a written found restricts of the organization in evalu  |   | Х  |         |                                   |          |       |    |  |  |  |  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16b X   |   |  |         |                                   |          |       | Х  |  |  |  |  |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶MD  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Jeannie L. Howe - (410)230-0200  | _   |  |         |                                   |          |       |    |  |  |  |  |
| taxable entity during the year?  b 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 exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►MD  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X 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, and financial 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: ►  Jeannie L. Howe - (410)230-0200  | 16a   |  | ment    | with a                            |          |       |    |  |  |  |  |
| b 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 exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶MD  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website X 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, and financial 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: ▶   |   | Associated and the state of the |         |                                   | 16a      |       | Х  |  |  |  |  |
| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►MD  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website X 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, and financial 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: ►  Jeannie L. Howe - (410)230-0200  | b   | ,  |         |                                   |          |       |    |  |  |  |  |
| exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►MD  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website X 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, and financial 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: ►  Jeannie L. Howe - (410)230-0200  |   |  |         |                                   |          |       |    |  |  |  |  |
| Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶MD  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website ☒ Another's website ☒ 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, and financial 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: ▶  ☐ Jeannie L. Howe - (410)230-0200  |   |  |         |                                   | 16b      |       |    |  |  |  |  |
| <ul> <li>List the states with which a copy of this Form 990 is required to be filed ►MD</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Jeannie L. Howe - (410)230-0200</li> </ul>  | Sec   |  |         |                                   |          |       |    |  |  |  |  |
| <ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>  |   |  |         |                                   |          |       |    |  |  |  |  |
| for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Jeannie L. Howe - (410)230-0200  |   |  | Γ (Sec  | tion 501(c)(3)s only)             | availab  | le    |    |  |  |  |  |
| Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  Jeannie L. Howe - (410)230-0200   |   |  | -       | , , , , , , , , , , , , , , , , , |          |       |    |  |  |  |  |
| <ul> <li>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Jeannie L. Howe - (410)230-0200</li> </ul>  |   |  | in Sc   | hedule O)                         |          |       |    |  |  |  |  |
| 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:  Jeannie L. Howe - (410)230-0200   | 19  | • • •  |         | •                                 | d finar  | ncial |    |  |  |  |  |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►   |   |  |         | ,,,                               |          |       |    |  |  |  |  |
| Jeannie L. Howe - (410)230-0200  | tion:   | •  |         |                                   |          |       |    |  |  |  |  |
| De Enter the number of voting members included in line 1a, above, who are independent 19 30 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 and a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization delegate control over management dutlies customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization have members, so the specification of the organization's assets? 4 Did the organization have members, stockholders? 5 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? 7 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations and processes of the provening body? 8 Did the organization management of the provening body? 8 Did the organization have local chapters, branches, or affiliates? 9 Did the organization have local chapters, branches, or affiliates? 9 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization severape purposes? 10 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 and devices of the o  |   |  |         |                                   |          |       |    |  |  |  |  |
|  |   |  | 212     | 201                               |          |       |    |  |  |  |  |

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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 week   | box                            | not cl<br>unle        | ss pe   | ition<br>more<br>rson | than<br>is bot               | h an     | (D)  Reportable compensation from      | (E) Reportable compensation from related | (F) Estimated amount of other  |
|-------------------------------|--|--------------------------------|-----------------------|---------|-----------------------|------------------------------|----------|--|--|--|
|                               | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee          | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Deb Bedwell               | 1.00   | , ,                            |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0  |
| Director (2) John Berndt      | 1.00   | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| CEO                           | 1.00   | х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (3) Doreen Bolger             | 1.00   | Λ                              |                       |         |                       | $\vdash$                     |          | 0.                                     | 0.                                       | •  |
| Director                      | 1.00   | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (4) Peter Bruun               | 1.00   | 77                             |                       |         |                       |                              |          | 0.                                     | 0.                                       |  |
| Director                      | 1.00   | x                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (5) Rosewell Encina           | 1.00   |                                |                       |         |                       |                              |          |  | •  |  |
| Director                      |  | x                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (6) Margaret Footner          | 1.00   |                                |                       |         |                       |                              |          | -                                      |  |  |
| Director                      |  | х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (7) Rodney Foxworth           | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      |  | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (8) Anne Fulwiler             | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      |  | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (9) Bill Gilmore              | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      |  | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (10) Lea Gilmore              | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      |  | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (11) Liz Lerman               | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      |  | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (12) Kristen Campbell McGuire | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      |  | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (13) David Mitchell           | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      | 1 00   | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (14) Cindi Monahan            | 1.00   |                                |                       |         |                       |                              |          |  |  |  |
| Director                      | 1 00   | Х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (15) Linda Moxley             | 1.00   |                                |                       |         |                       |                              |          | 0.                                     | 0.                                       | ^  |
| Director (16) Kathy O'Dell    | 1.00   | Х                              |                       |         |                       | <u> </u>                     | $\vdash$ | 0.                                     | 0.                                       | 0.   |
| Director                      | 1.00   | х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| (17) Bryn Parchman            | 1.00   | ^                              |                       |         |                       | $\vdash$                     | $\vdash$ | "                                      | 0.                                       | <u></u>  |
| Director                      | 1.00   | х                              |                       |         |                       |                              |          | 0.                                     | 0.                                       | 0.   |
| DITCCCOI                      | 1  | 77                             |                       |         | <u> </u>              |                              | <u> </u> | 1 0.                                   | 0.                                       | - 000  |

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Form 990 (2013)

|   |                   |              |                       |            |              |                              |          | Alliance, Ir            |                     | 0594      | Page 8                 |
|---|-------------------|--------------|-----------------------|------------|--------------|------------------------------|----------|-------------------------|---------------------|-----------|------------------------|
| Part VII Section A. Officers, Directors, Trus   |                   | ploy         | ees                   | , and      | d Hi         | ighe                         | st C     | Compensated Employe     | ees (continued)     |           |                        |
| (A)   | (B)               |              |                       |            | C)           |                              |          | (D)                     | (E)                 |           | (F)                    |
| Name and title  | Average           | (do          | not c                 | Pos        | ition        | than                         | one      | Reportable              | Reportable          | Es        | timated                |
|   | hours per         | box          | , unle                | ss pe      | rson         | is bot                       | h an     | compensation            | compensation        | an        | nount of               |
|   | week              | $\vdash$     | Jer ar                | lu a u     | lirecic      | )r/trus                      | iee)     | from                    | from related        |           | other                  |
|   | (list any         | or director  |                       |            |              |                              |          | the                     | organizations       |           | pensation              |
|   | hours for related | ordi         | 99                    |            |              | ated                         |          | organization            | (W-2/1099-MISC)     |           | om the                 |
|   | organizations     | trustee      | trust                 |            | e e          | Suedic                       |          | (W-2/1099-MISC)         |                     |           | anization<br>d related |
|   | below             | lual tr      | tional                |            | ploye        | st con                       | _        |                         |                     |           | anizations             |
|   | line)             | Individual 1 | Institutional trustee | Officer    | Key employee | Highest compensated employee | orme     |                         |                     | orga      | 11124110110            |
| (18) Sam Rogers   | 1.00              | _            | _                     |            | Ť            |                              |          |                         |                     |           |                        |
| Director  |                   | Х            |                       |            |              |                              |          | 0.                      | . 0                 |           | 0.                     |
| (19) Sharayna Christmas Rose  | 1.00              |              |                       |            |              |                              |          |                         |                     |           |                        |
| Director  |                   | Х            |                       |            |              |                              |          | 0.                      | . 0                 |           | 0.                     |
| (20) Debra Rubino   | 1.00              |              |                       |            |              |                              |          |                         |                     |           |                        |
| Director  |                   | Х            |                       |            |              |                              |          | 0.                      | . 0                 | •         | 0.                     |
| (21) Stacie Sanders Evans   | 1.00              |              |                       |            |              |                              |          |                         |                     |           |                        |
| Director  |                   | Х            |                       |            |              |                              |          | 0.                      | . 0                 | •         | 0.                     |
| (22) Jeffrey Sharkey  | 1.00              |              |                       |            |              |                              |          |                         |                     |           |                        |
| Director  |                   | Х            |                       |            |              |                              |          | 0.                      | . 0                 | •         | 0.                     |
| (23) Leslie Shepard   | 1.00              | ļ            |                       |            |              |                              |          |                         |                     |           |                        |
| Director  |                   | Х            |                       |            |              |                              |          | 0.                      | 0                   | •         | 0.                     |
| (24) Shodekeh Talifero  | 1.00              | ļ            |                       |            |              |                              |          |                         |                     |           |                        |
| Director  | 1 00              | Х            |                       |            |              |                              |          | 0.                      | . 0                 | •         | 0.                     |
| (25) Olive Waxter   | 1.00              | ļ            |                       |            |              |                              |          |                         |                     |           | •                      |
| Director  | 1 00              | Х            |                       |            |              |                              |          | 0.                      | . 0                 | •         | 0.                     |
| (26) Gregg Wilhelm  | 1.00              | ١            |                       |            |              |                              |          |                         |                     |           | •                      |
| Director  |                   | Х            |                       |            |              |                              | <u> </u> | 0.                      | 0                   |           | 0.                     |
| 1b Sub-total  |                   |              |                       |            |              |                              |          |                         | 0                   |           | 0.                     |
| c Total from continuation sheets to Part V  |                   |              |                       |            |              |                              |          | 115,000.                |                     |           | 0.                     |
| d Total (add lines 1b and 1c)   |                   |              |                       |            |              |                              | <u> </u> | 115,000.                | _                   | •         | 0.                     |
| 2 Total number of individuals (including but r  | not limited to th | nose         | liste                 | ed al      | bove         | e) wł                        | ho re    | eceived more than \$10  | 0,000 of reportable |           | 1                      |
| compensation from the organization  |                   |              |                       |            |              |                              |          |                         |                     | 1         | Yes No                 |
| 2 Did the consciention list and formal officers   | dina atau an tan  |              |                       |            | 1 -          |                              |          | L:                      |                     |           | Tes No                 |
| 3 Did the organization list any <b>former</b> officer,  |                   |              |                       |            |              |                              |          |                         |                     |           | х                      |
| line 1a? If "Yes," complete Schedule J for s  |                   |              |                       |            |              |                              |          |                         |                     | 3         |                        |
| 4 For any individual listed on line 1a, is the standard related organizations greater than \$15 |                   |              |                       |            |              |                              |          |                         | the organization    |           | х                      |
| <ul><li>5 Did any person listed on line 1a receive or</li></ul>                                 |                   |              |                       |            |              |                              |          |                         | idual for consisce  | 4         | - 2                    |
| rendered to the organization? If "Yes," com   |                   |              |                       |            | -            |                              |          | -                       |                     | 5         | х                      |
| Section B. Independent Contractors  | ipiete Scriedai   | C 0 1        | UI SI                 | JUIT       | pers         | SOIT .                       |          |                         |                     |           |                        |
| Complete this table for your five highest co  | mnensated in      | dene         | nde                   | ent c      | onti         | racto                        | are t    | that received more than | \$100,000 of compe  | neation f | rom                    |
| the organization. Report compensation for   | · ·               | -            |                       |            |              |                              |          |                         | •                   | ioution i | 10111                  |
| (A)   | <u></u>           |              |                       | <u>g</u> . |              | <u> </u>                     |          | (B)                     | yeu                 | (0        | <del></del>            |
| Name and business   | address           | NC           | INC                   | 3          |              |                              |          | Description of          | services            | Compe     |                        |
|   |                   |              |                       |            |              |                              |          |                         |                     |           |                        |
|   |                   |              |                       |            |              |                              |          |                         |                     |           |                        |
|   |                   |              |                       |            |              |                              | П        |                         |                     |           |                        |
|   |                   |              |                       |            |              |                              |          |                         |                     |           |                        |
|   |                   |              |                       |            |              |                              |          |                         |                     |           |                        |
|   |                   |              |                       |            |              |                              | _        |                         |                     |           |                        |

\$100,000 of compensation from the organization ▶ 0

See Part VII, Section A Continuation sheets

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

Form **990** (2013)

| Form 990 Greater 1                           | Baltimoı  | <u>ce</u>                      | Cι                    | <u>11t</u> | cui          | ra.                          | L 2      | Alliance, In                                   | c 26-001   | 0594  |
|--|---|--------------------------------|-----------------------|------------|--------------|------------------------------|----------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Er  | nplo                           | oyee                  | s, a       | nd l         | High                         | est      | Compensated Employ                             | ees (continued)                                  |   |
| <b>(A)</b><br>Name and title                 | (B)<br>Average<br>hours   | (cl                            | heck                  | Pos        |              |                              | ıly)     | <b>(D)</b> Reportable compensation             | <b>(E)</b><br>Reportable<br>compensation         | <b>(F)</b><br>Estimated<br>amount of  |
|  | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer    | Key employee | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (27) Kathleen Basham<br>Treasurer            | 1.00  |                                |                       | x          |              |                              |          | 0.   | 0.   | 0.  |
| (28) Jed Dietz<br>Secretary                  | 1.00  |                                |                       | х          |              |                              |          | 0.   | 0.   | 0.  |
| (29) Michael Franco                          | 1.00  |                                |                       |            |              |                              |          | 0.   | 0.   | •   |
| Vice President                               | 1.00  | 1                              |                       | х          |              |                              |          | 0.   | 0.   | 0.  |
| (30) Paul Meecham                            | 1.00  |                                |                       |            |              |                              | $\vdash$ | 0.   | 0.   | J •   |
| President                                    | 1.00  |                                |                       | Х          |              |                              |          | 0.   | 0.   | 0.  |
| (31) Jeannie L. Howe                         | 40.00   |                                |                       |            |              |                              |          |  |  |   |
| Executive Director                           |   |                                |                       |            |              | Х                            |          | 115,000.                                       | 0.   | 0.  |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
|  |   |                                |                       |            |              |                              |          |  |  |   |
| Total to Part VII, Section A, line 1c        | <u> </u>  |                                |                       |            |              |                              |          | 115,000.                                       |  |   |

|                           |          | Check if Schedule O contains a response                 | e or note to any lin | e in this Part VIII         |  |   |   |
|---------------------------|----------|---|----------------------|-----------------------------|--|---|---|
|                           |          |   | ·                    | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts                       | 1 a      | a Federated campaigns 1a                                |                      |                             |  |   |   |
| 5 E                       | k        | Membership dues 1b                                      | 72,625.              |                             |  |   |   |
| Ar.                       | c        | Fundraising events 1c                                   |                      |                             |  |   |   |
| <u> </u>                  | c        | d Related organizations 1d                              |                      |                             |  |   |   |
| ž <u>į</u>                |          | e Government grants (contributions)                     |                      |                             |  |   |   |
|                           | f        | f All other contributions, gifts, grants, and           | 064 550              |                             |  |   |   |
| <b>ĕ</b> ∌                |          |   | ,064,772.            |                             |  |   |   |
| and Other Similar Amounts | ç        | Noncash contributions included in lines 1a-1f: \$       |                      | 1 127 207                   |  |   |   |
| 9 C                       | <u> </u> | n Total. Add lines 1a-1f                                | Business Code        | 1,137,397.                  |  |   |   |
| ,                         | 2 -      | a Program Fees  | 900099               | 20,000.                     | 20,000.                                |   |   |
| 3                         | Ł        |   |                      |                             |  |   |   |
| E &                       |          |   |                      |                             |  |   |   |
|                           |          | d   |                      |                             |  |   |   |
| Revenue                   |          | e   |                      |                             |  |   |   |
| <u> </u>                  | f        | All other program service revenue                       |                      |                             |  |   |   |
|                           | ç        | Total. Add lines 2a-2f                                  |                      | 20,000.                     |  |   |   |
|                           | 3        | Investment income (including dividends, inte            | <i>'</i>             |                             |  |   |   |
|                           |          | other similar amounts)                                  | ▶                    | 216.                        |  |   | 216.  |
|                           | 4        | Income from investment of tax-exempt bond               |                      |                             |  |   |   |
|                           | 5        | Royalties   |                      |                             |  |   |   |
|                           | _        | (i) Real  | (ii) Personal        |                             |  |   |   |
|                           |          | a Gross rents   |                      |                             |  |   |   |
|                           |          | b Less: rental expenses                                 |                      |                             |  |   |   |
|                           |          | c Rental income or (loss) d Net rental income or (loss) |                      |                             |  |   |   |
|                           |          | a Gross amount from sales of (i) Securities             | (ii) Other           |                             |  |   |   |
|                           | , ,      | assets other than inventory                             | (ii) Other           |                             |  |   |   |
|                           | ŀ        | b Less: cost or other basis                             |                      |                             |  |   |   |
|                           | _        | and sales expenses                                      |                      |                             |  |   |   |
|                           |          | Gain or (loss)  |                      |                             |  |   |   |
|                           |          | d Net gain or (loss)                                    |                      |                             |  |   |   |
| о                         |          | a Gross income from fundraising events (not             |                      |                             |  |   |   |
| Other Revenue             |          | including \$ of   |                      |                             |  |   |   |
| ا ۿِ                      |          | contributions reported on line 1c). See                 |                      |                             |  |   |   |
| e l                       |          | Part IV, line 18  | a                    |                             |  |   |   |
| 됩                         |          |   | ·                    |                             |  |   |   |
| Ĭ                         |          | Net income or (loss) from fundraising events            | <b>&gt;</b>          |                             |  |   |   |
|                           | 9 a      | a Gross income from gaming activities. See              |                      |                             |  |   |   |
|                           |          | Part IV, line 19  |                      |                             |  |   |   |
|                           |          | 1   | ·                    |                             |  |   |   |
| - 1.                      |          | Net income or (loss) from gaming activities             |                      |                             |  |   |   |
|                           | 10 6     | a Gross sales of inventory, less returns and allowances | ,                    |                             |  |   |   |
|                           | ŀ        | b Less: cost of goods sold                              |                      |                             |  |   |   |
|                           |          | Net income or (loss) from sales of inventory            |                      |                             |  |   |   |
|                           |          | Miscellaneous Revenue                                   | Business Code        |                             |  |   |   |
| -                         | 11 a     |   |                      |                             |  |   |   |
|                           | k        |   |                      |                             |  |   |   |
|                           |          |   |                      |                             |  |   |   |
|                           | c        | d All other revenue                                     |                      |                             |  |   |   |
|                           | 6        | Total. Add lines 11a-11d                                | ▶                    |                             |  |   |   |
| Ι.                        | 12       | Total revenue. See instructions.                        | <b>&gt;</b>          | 1,157,613.                  | 20,000.                                | 0.                                      | 216.  |

10

# Part IX | Statement of Functional Expenses

|       | ion 501(c)(3) and 501(c)(4) organizations must comp  | olete all columns. All oth |                                    |                                     | [ ++ ]                                |  |  |
|-------|--|----------------------------|------------------------------------|-------------------------------------|---------------------------------------|--|--|
|       | Check if Schedule O contains a response or note to any line in this Part IX  |                            |                                    |                                     |                                       |  |  |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses      | (B)<br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |  |  |
| 1     | Grants and other assistance to governments and   |                            |                                    |                                     |                                       |  |  |
|       | organizations in the United States. See Part IV, line 21   |                            |                                    |                                     |                                       |  |  |
| 2     | Grants and other assistance to individuals in  |                            |                                    |                                     |                                       |  |  |
|       | the United States. See Part IV, line 22  | 79,500.                    | 79,500.                            |                                     |                                       |  |  |
| 3     | Grants and other assistance to governments,  | -                          | -                                  |                                     |                                       |  |  |
|       | organizations, and individuals outside the   |                            |                                    |                                     |                                       |  |  |
|       | United States. See Part IV, lines 15 and 16  |                            |                                    |                                     |                                       |  |  |
| 4     | Benefits paid to or for members  |                            |                                    |                                     |                                       |  |  |
| 5     | Compensation of current officers, directors,   |                            |                                    |                                     |                                       |  |  |
| ·     | trustees, and key employees  | 115,000.                   | 82,800.                            | 20,700.                             | 11,500.                               |  |  |
| 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   | 98,568.                    | 70,969.                            | 17,742.                             | 9,857.                                |  |  |
| 8     | Pension plan accruals and contributions (include   | 20,300                     | , , , , , , , ,                    | Z:;!=U+                             | 2,0574                                |  |  |
| 0     | section 401(k) and 403(b) employer contributions)  |                            |                                    |                                     |                                       |  |  |
| 0     | The state of the s | 6,451.                     | 4,645.                             | 1,161.                              | 645.                                  |  |  |
| 9     | Other employee benefits  | 21,880.                    | 15,754.                            | 3,938.                              | 2,188.                                |  |  |
| 10    | Payroll taxes  | ZI,000.                    | 10,/04•                            | 3,330.                              | 2,100.                                |  |  |
| 11    | Fees for services (non-employees):   |                            |                                    |                                     |                                       |  |  |
|       | Management   |                            |                                    |                                     |                                       |  |  |
|       | Legal  | 10,380.                    | 8,927.                             | 1,453.                              |                                       |  |  |
|       | Accounting   | 10,380.                    | 0,947.                             | 1,453.                              |                                       |  |  |
|       | Lobbying   |                            |                                    |                                     |                                       |  |  |
| е     | Professional fundraising services. See Part IV, line 17  |                            |                                    |                                     |                                       |  |  |
| f     | Investment management fees   |                            |                                    |                                     |                                       |  |  |
| g     | Other. (If line 11g amount exceeds 10% of line 25,   | 440 545                    | 110 001                            | 24 002                              |                                       |  |  |
|       | column (A) amount, list line 11g expenses on Sch 0.)   | 143,517.                   | 112,294.                           | 31,223.                             |                                       |  |  |
| 12    | Advertising and promotion  | 300.                       | 300.                               |                                     | 404                                   |  |  |
| 13    | Office expenses  | 4,433.                     | 3,586.                             | 663.                                | 184.                                  |  |  |
| 14    | Information technology   | 3,035.                     | 2,428.                             | 607.                                |                                       |  |  |
| 15    | Royalties  |                            |                                    |                                     |                                       |  |  |
| 16    | Occupancy  | 12,743.                    | 10,832.                            | 1,911.                              |                                       |  |  |
| 17    | Travel   | 3,244.                     | 3,244.                             |                                     |                                       |  |  |
| 18    | Payments of travel or entertainment expenses   |                            |                                    |                                     |                                       |  |  |
|       | for any federal, state, or local public officials  |                            |                                    |                                     |                                       |  |  |
| 19    | Conferences, conventions, and meetings   |                            |                                    |                                     |                                       |  |  |
| 20    | Interest   |                            |                                    |                                     |                                       |  |  |
| 21    | Payments to affiliates   |                            |                                    |                                     |                                       |  |  |
| 22    | Depreciation, depletion, and amortization  | 1,100.                     | 880.                               | 220.                                |                                       |  |  |
| 23    | Insurance  | 1,460.                     | 1,095.                             | 365.                                |                                       |  |  |
| 24    | Other expenses. Itemize expenses not covered   | -                          |                                    |                                     |                                       |  |  |
|       | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)   |                            |                                    |                                     |                                       |  |  |
|       | amount, list line 24e expenses on Schedule 0.)   | 2 025                      |                                    | 1 210                               | 1 01 F                                |  |  |
|       | Licenses & Permits   | 3,025.                     | 007                                | 1,210.                              | 1,815.                                |  |  |
| b     | Dues & subscriptions   | 1,161.                     | 987.                               |                                     |                                       |  |  |
| С     | Miscellanous   | 227.                       |                                    | 227.                                |                                       |  |  |
| d     | Bad debt   | -6,000.                    |                                    | -6,000.                             |                                       |  |  |
|       | All other expenses   | FAA AA4                    | 200 044                            |                                     | 06 100                                |  |  |
| 25    | Total functional expenses. Add lines 1 through 24e   | 500,024.                   | 398,241.                           | 75,594.                             | 26,189.                               |  |  |
| 26    | <b>Joint costs.</b> 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)   |                            |                                    |                                     |                                       |  |  |
| 22001 | 0 10-29-13   |                            |                                    |                                     | Form <b>990</b> (2013)                |  |  |

| Ра                          | πх  | Balance Sneet  |               |                      |                                 |          |                           |
|-----------------------------|-----|--|---------------|----------------------|---------------------------------|----------|---------------------------|
|                             |     | Check if Schedule O contains a response or not       | e to any line | e in this Part X     |                                 |          |                           |
|                             |     |  |               |                      | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                          |               |                      | 113,078.                        | 1        | 442,577.                  |
|                             | 2   | Savings and temporary cash investments               |               | 2                    |                                 |          |                           |
|                             | 3   | Pledges and grants receivable, net                   |               | 3                    |                                 |          |                           |
|                             | 4   | Accounts receivable, net                             |               |                      | 11,581.                         | 4        | 269,120.                  |
|                             | 5   | Loans and other receivables from current and fo      |               |                      |                                 |          |                           |
|                             |     | trustees, key employees, and highest compensa        | ated employ   | ees. Complete        |                                 |          |                           |
|                             |     | Part II of Schedule L                                |               |                      |                                 | 5        |                           |
|                             | 6   | Loans and other receivables from other disquali      | fied persons  | s (as defined under  |                                 |          |                           |
|                             |     | section 4958(f)(1)), persons described in section    | 4958(c)(3)(   | B), and contributing |                                 |          |                           |
|                             |     | employers and sponsoring organizations of sect       | ion 501(c)(9  | 9) voluntary         |                                 |          |                           |
| ţ                           |     | employees' beneficiary organizations (see instr).    | Complete I    | Part II of Sch L     |                                 | 6        |                           |
| Assets                      | 7   | Notes and loans receivable, net                      |               |                      |                                 | 7        |                           |
| ⋖                           | 8   | Inventories for sale or use                          |               |                      |                                 | 8        |                           |
|                             | 9   | Prepaid expenses and deferred charges                |               |                      | 1,503.                          | 9        | 1,817.                    |
|                             | 10a | Land, buildings, and equipment: cost or other        |               |                      |                                 |          |                           |
|                             |     | basis. Complete Part VI of Schedule D                |               | 66,534.              |                                 |          |                           |
|                             | b   | Less: accumulated depreciation                       | 10b           | 7,610.               | 376.                            | 10c      | 58,924.                   |
|                             | 11  | Investments - publicly traded securities             |               |                      |                                 | 11       |                           |
|                             | 12  | Investments - other securities. See Part IV, line 1  |               |                      | 52,550.                         | 12       | 48,765.                   |
|                             | 13  | Investments - program-related. See Part IV, line     | 11            |                      |                                 | 13       |                           |
|                             | 14  | Intangible assets                                    |               |                      |                                 | 14       |                           |
|                             | 15  | Other assets. See Part IV, line 11                   |               |                      |                                 | 15       |                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa      |               |                      | 179,088.                        | 16       | 821,203.                  |
|                             | 17  | Accounts payable and accrued expenses                |               |                      | 13,500.                         | 17       | 68,439.                   |
|                             | 18  | Grants payable                                       |               |                      | <b>50.060</b>                   | 18       |                           |
|                             | 19  | Deferred revenue                                     |               |                      | 70,062.                         | 19       |                           |
|                             | 20  | Tax-exempt bond liabilities                          |               |                      |                                 | 20       |                           |
|                             | 21  | Escrow or custodial account liability. Complete F    |               |                      |                                 | 21       |                           |
| es                          | 22  | Loans and other payables to current and former       |               |                      |                                 |          |                           |
| Ħ                           |     | key employees, highest compensated employee          |               |                      |                                 |          |                           |
| Liabilities                 |     | Complete Part II of Schedule L                       |               |                      |                                 | 22       |                           |
| _                           | 23  | Secured mortgages and notes payable to unrela        |               |                      |                                 | 23       |                           |
|                             | 24  | Unsecured notes and loans payable to unrelated       |               |                      |                                 | 24       |                           |
|                             | 25  | Other liabilities (including federal income tax, pa  |               |                      |                                 |          |                           |
|                             |     | parties, and other liabilities not included on lines | •             | •                    |                                 |          |                           |
|                             |     | Schedule D   |               |                      | 83,562.                         | 25       | 68,439.                   |
|                             | 26  | Total liabilities. Add lines 17 through 25           |               |                      | 03,302.                         | 26       | 00,439.                   |
| "                           |     | Organizations that follow SFAS 117 (ASC 958          |               | ere 📂 🕰 and          |                                 |          |                           |
| çe                          |     | complete lines 27 through 29, and lines 33 an        |               |                      | 95,526.                         | 07       | 160,130.                  |
| lan                         | 27  | Unrestricted net assets                              |               |                      | 93,320.                         | 27       | 592,634.                  |
| Ba                          | 28  | Temporarily restricted net assets                    |               |                      |                                 | 28       | 372,034.                  |
| 낕                           | 29  |  |               |                      |                                 | 29       |                           |
| Net Assets or Fund Balances |     | Organizations that do not follow SFAS 117 (A         | oc yod), cr   | ieck liefe 🟲 📖       |                                 |          |                           |
| o si                        | 20  | and complete lines 30 through 34.                    |               |                      |                                 | 20       |                           |
| set                         | 30  | Capital stock or trust principal, or current funds   |               |                      |                                 | 30<br>31 |                           |
| . As                        | 31  | Paid-in or capital surplus, or land, building, or eq |               |                      |                                 | 32       |                           |
| Net                         | 32  | Retained earnings, endowment, accumulated in         |               |                      | 95,526.                         | 33       | 752,764.                  |
|                             | 33  | Total net assets or fund balances                    |               |                      | 179,088.                        | 34       | 821,203.                  |
|                             | 34  | i otal liabilities and het assets/fund balances      |               |                      | 177,000                         | 34       | Form <b>990</b> (2013)    |

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| Pa | rt XI Reconciliation of Net Assets  |            |      | •   |     |
|----|---|------------|------|-----|-----|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |            |      |     |     |
|    |   |            |      |     |     |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 1,15 |     |     |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2          |      | 0,0 |     |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3          |      |     | 89. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4          | 9    |     | 26. |
| 5  | Net unrealized gains (losses) on investments  | 5          |      | - 3 | 51. |
| 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         | 75   | 2,7 | 64. |
| Pa | rt XII Financial Statements and Reporting   |            |      |     |     |
|    | Check if Schedule O contains a response or note to any line 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        | Ο.         |      |     |     |
| 2a | 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       | l on a     |      |     |     |
|    | separate basis, consolidated basis, or both:  |            |      |     |     |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |            |      |     |     |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |            | 2b   | Х   |     |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat       | e basis,   |      |     |     |
|    | consolidated basis, or both:  |            |      |     |     |
|    | 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 th     | e audit,   |      |     |     |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |            | 2c   | Х   |     |
|    | 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 Sir   | igle Audit |      |     |     |
|    | Act and OMB Circular A-133?   |            | 3a   |     | Х   |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |            |      |     |     |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |            | 3b   |     |     |

# **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** Greater Baltimore Cultural Alliance, 26-0010594 Inc

| Pa   | rt I  | Reason   | for Public Char                | <b>ity Status</b> (All organiz           | ations mu                                     | st complet         | e this par           | t.) See inst                 | ructions.                      |            |             |                |         |
|------|---|--|--------------------------------|--|---|--------------------|----------------------|------------------------------|--------------------------------|------------|-------------|----------------|---------|
| The  | organ   | ization is not a   | a private foundation           | because it is: (For lines                | 1 through                                     | 11, check          | only one b           | oox.)                        |                                |            |             |                |         |
| 1    |   | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   |                                |  |   |                    |                      |                              |                                |            |             |                |         |
| 2    |   | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)   |                                |  |   |                    |                      |                              |                                |            |             |                |         |
| 3    |   |  |                                | tal service organization                 |   |                    | 170(b)(1)            | (A)(iii).                    |                                |            |             |                |         |
| 4    |   | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   | city, and stat   |                                |  |   |                    |                      |                              |                                |            |             |                |         |
| 5    |   | 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    |   |  |                                | •  | t describe                                    | d in <b>sectio</b> | n 170(b)(            | 1)(A)(v).                    |                                |            |             |                |         |
| 7    | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public descri |  |                                |  |   |                    |                      | cribed                       | in                             |            |             |                |         |
|      |   |  | ( <b>b)(1)(A)(vi).</b> (Comple |  |   |                    | J                    |                              |                                | J          |             |                |         |
| 8    |   |  |                                | ection 170(b)(1)(A)(vi).                 | (Complete                                     | Part II.)          |                      |                              |                                |            |             |                |         |
| 9    | X   |  |                                | eives: (1) more than 33                  |   |                    | rom contr            | ibutions. n                  | nembershir                     | o fees, a  | and aross r | eceints        | s from  |
|      |   |  |                                | nctions - subject to certa               |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                | axable income (less sect                 |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  | <b>509(a)(2).</b> (Complete    | •  |   | - ,                |                      |                              | , 9                            |            |             | ,              |         |
| 10   |   |  |                                | perated exclusively to te                | st for publ                                   | ic safety. S       | See <b>secti</b> o   | on 509(a)(4                  | 1).                            |            |             |                |         |
| 11   |   | _  | -                              | perated exclusively for the              | •   | -                  |                      |                              | -                              | v out the  | e purposes  | of one         | or      |
|      |   | •  |                                | ations described in secti                |   |                    |                      |                              | •                              | •          |             |                |         |
|      |   |  |                                | organization and compl                   |   | •                  | , , ,                | _,                           |                                | .,,-,-     |             |                |         |
|      |   | а П Туре   |                                | · — ·                                    |   | nctionally i       |                      | ا ر                          | Type                           | e III - No | n-function  | allv inte      | earated |
| е    |   | • •  | •                              | it the organization is not               |   | -                  | -                    |                              |                                |            |             | •              | •       |
|      |   |  |                                | han one or more publicly                 |   |                    |                      |                              |                                |            |             |                |         |
| f    |   |  | -                              | ten determination from t                 |   | _                  |                      |                              |                                | ( )( )     |             | ( )( )         |         |
|      |   | •  | rganization, check th          |  |   | •                  |                      |                              |                                |            |             |                |         |
| g    |   |  | ,                              | organization accepted ar                 |   |                    |                      |                              | owing pers                     | sons?      |             |                |         |
| ·    |   |  |                                | irectly controls, either al              |   |                    |                      |                              |                                |            | <i>/</i> ,  | Yes            | No      |
|      |   |  |                                | upported organization?                   |   |                    |                      |                              |                                |            |             | , <del> </del> |         |
|      |   |  |                                | n described in (i) above?                |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                | person described in (i) o                |   |                    |                      |                              |                                |            |             |                |         |
| h    |   |  |                                | about the supported or                   |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
| (i)  | Name  | of supported   | (ii) EIN                       | (iii) Type of organization               |   | organization       |                      | u notify the                 | ( <b>vi)</b> Is<br>organizațio | the        | (vii) Amou  | nt of mo       | netarv  |
| (-)  |   | anization  | (, =                           | (déscribed on lines 1-9                  | in col. (i) listed in your organization in co |                    |                      | ol. (i) organization in col. |                                | 1 ' '      | pport       | , , ,          |         |
|      |   |  |                                | above or IRC section (see instructions)) | governing document?                           |                    | (i) of your support? |                              | (i) organized in the<br>U.S.?  |            |             |                |         |
|      |   |  |                                | (acc manuchona))                         | Yes   | No                 | Yes                  | No                           | Yes                            | No         |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
|      |   |  |                                |  | <u> </u>                                      |                    |                      | <u> </u>                     |                                |            |             |                |         |
|      |   |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
| Tota | al  |  |                                |  |   |                    |                      |                              |                                |            |             |                |         |
| LHA  | For F   | Paperwork Re   | eduction Act Notice            | , see the Instructions f                 | or  |                    |                      |                              | Schedule                       | e A (For   | m 990 or 9  | 90-EZ          | 2013    |

332021 09-25-13

Form 990 or 990-EZ.

17050612 138138 GBCA

2013.02070 Greater Baltimore Cultural GBCA\_\_\_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) 2009                    | <b>(b)</b> 2010       | (c) 2011                  | (d) 2012                   | (e) 2013            | (f) Total    |
| 1    | Gifts, grants, contributions, and  | , ,                         | , ,                   | , ,                       | , ,                        | , ,                 | ,,           |
|      | membership fees received. (Do not  |                             |                       |                           |                            |                     |              |
|      | include any "unusual grants.")   |                             |                       |                           |                            |                     |              |
| 2    | Tax revenues levied for the organ-   |                             |                       |                           |                            |                     |              |
|      | ization'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   |                             |                       |                           |                            |                     |              |
|      | 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 5 from line 4.                               |                             |                       |                           |                            |                     |              |
| _    | ction B. Total Support   |                             |                       |                           | •                          | •                   |              |
| Cale | ndar year (or fiscal year beginning in)                                    | (a) 2009                    | <b>(b)</b> 2010       | (c) 2011                  | (d) 2012                   | (e) 2013            | (f) Total    |
| 7    | Amounts from line 4  | , ,                         | , ,                   | , ,                       | , ,                        | , ,                 | ,,           |
| 8    | Gross income from interest,  |                             |                       |                           |                            |                     |              |
|      | dividends, payments received on  |                             |                       |                           |                            |                     |              |
|      | securities loans, rents, royalties   |                             |                       |                           |                            |                     |              |
|      | and income from similar sources  |                             |                       |                           |                            |                     |              |
| 9    | Net income from unrelated business   |                             |                       |                           |                            |                     |              |
|      | activities, whether or not the   |                             |                       |                           |                            |                     |              |
|      | business is regularly carried on   |                             |                       |                           |                            |                     |              |
| 10   | Other income. Do not include gain  |                             |                       |                           |                            |                     |              |
|      | or loss from the sale of capital   |                             |                       |                           |                            |                     |              |
|      | assets (Explain in Part IV.)   |                             |                       |                           |                            |                     |              |
| 11   | Total support. Add lines 7 through 10                                      |                             |                       |                           |                            |                     |              |
| 12   | Gross receipts from related activities,                                    | etc. (see instructi         | ons)                  |                           |                            | 12                  |              |
| 13   | First five years. If the Form 990 is for                                   | the organization's          | s first, second, thir | d, fourth, or fifth t     | ax year as a sectio        | on 501(c)(3)        |              |
|      | organization, check this box and stop                                      | here                        |                       |                           |                            |                     | <b>&gt;</b>  |
| Sec  | ction C. Computation of Publ   | c Support Pe                | rcentage              |                           |                            |                     |              |
|      | Public support percentage for 2013 (I                                      |                             |                       |                           |                            | 14                  | %            |
|      | Public support percentage from 2012  |                             |                       |                           |                            |                     | %            |
| 16a  | 33 1/3% support test - 2013. If the o                                      |                             |                       |                           |                            |                     |              |
|      | stop here. The organization qualifies as a publicly supported organization |                             |                       |                           |                            |                     |              |
| b    | 33 1/3% support test - 2012. If the o                                      |                             |                       |                           |                            |                     |              |
|      | and <b>stop here.</b> The organization quali                               |                             |                       |                           |                            |                     |              |
| 17a  | 10% -facts-and-circumstances test  |                             |                       |                           |                            |                     |              |
|      | and if the organization meets the "fac                                     | ts-and-circumstan           | ices" test, check t   | his box and <b>stop l</b> | <b>nere.</b> Explain in Pa | rt IV how the organ | nization     |
|      | meets the "facts-and-circumstances"  | test. The organiza          | ation qualifies as a  | publicly supporte         | d organization $_{\dots}$  |                     | ▶□           |
| b    | 10% -facts-and-circumstances test  | t - <b>2012.</b> If the org | janization did not d  | check a box on line       | e 13, 16a, 16b, or         | 17a, and line 15 is | 10% or       |
|      | more, and if the organization meets the                                    |                             |                       |                           |                            |                     |              |
|      | organization meets the "facts-and-circ                                     |                             |                       |                           |                            |                     |              |
| 18   | Private foundation. If the organization                                    | n did not check a           | box on line 13, 16    | a, 16b, 17a, or 17        |                            |                     |              |
|      |  |                             |                       |                           | Cala                       | adula A (Form 990   | 000 EZ\ 0040 |

# 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.)

| qualify under the tests listed by Section A. Public Support               | pelow, please comp   | лете Part II.)        |                        |                     |                     |  |  |
|---|--|-----------------------|------------------------|---------------------|---------------------|--|--|
| Calendar year (or fiscal year beginning in)                               | (a) 2009   | <b>(b)</b> 2010       | (c) 2011               | (d) 2012            | <b>(e)</b> 2013     | (f) Total                                      |  |
| 1 Gifts, grants, contributions, and                                       | (4) 2000   | (2) 2010              | (0) 2011               | (4) 2312            | (0) 2010            | (i) rotal                                      |  |
| membership fees received. (Do not   |  |                       |                        |                     |                     |  |  |
| include any "unusual grants.")  | 361,498.   | 213,905.              | 265,655.               | 245,539.            | 1,137,397.          | 2,223,994.                                     |  |
| 2 Gross receipts from admissions,   | 332,1331   | 220,3000              | 200,000                | 210,0000            | _,,,                | _,,  |  |
| merchandise sold or services per-   |  |                       |                        |                     |                     |  |  |
| formed, or facilities furnished in  |  |                       |                        |                     |                     |  |  |
| any activity that is related to the                                       | 25,250.  | 29,984.               | 25,630.                | 59,325.             | 20,000.             | 160,189.                                       |  |
| organization's tax-exempt purpose   | 23,230.  | 49,904.               | 23,030.                | 33,343.             | 20,000.             | 100,109.                                       |  |
| 3 Gross receipts from activities that                                     |  |                       |                        |                     |                     |  |  |
| 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   |  |                       |                        |                     |                     |  |  |
| 6 Total. Add lines 1 through 5  | 386,748.   | 243,889.              | 291,285.               | 304,864.            | 1,157,397.          | 2,384,183.                                     |  |
| 7a Amounts included on lines 1, 2, and                                    |  |                       |                        |                     |                     |  |  |
| 3 received from disqualified persons                                      | 152,672.   | 113,032.              | 41,432.                | 68,824.             | 850,250.            | 1,226,210.                                     |  |
| <b>b</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   | 152,672.   | 113,032.              | 41,432.                | 68,824.             | 850,250.            | 1,226,210                                      |  |
| 8 Public support (Subtract line 7c from line 6.)                          |  |                       |                        | 00,0220             | 000,2001            | 1,157,973.                                     |  |
| Section B. Total Support  |  |                       |                        |                     |                     | _,,  |  |
| Calendar year (or fiscal year beginning in)                               | (a) 2009   | <b>(b)</b> 2010       | (c) 2011               | (d) 2012            | (e) 2013            | (f) Total                                      |  |
| 9 Amounts from line 6   | 386,748.   | 243,889.              | 291,285.               | 304,864.            | 1,157,397.          | 2,384,183.                                     |  |
| 10a Gross income from interest,   | 300,740.   | 243,003.              | 231,203.               | 301,001.            | 1,137,337.          | 2,301,103                                      |  |
| dividends, payments received on   |  |                       |                        |                     |                     |  |  |
| securities loans, rents, royalties  | 512.   | 648.                  | 192.                   | 308.                | 216.                | 1 076  |  |
| and income from similar sources   | 312.   | 040.                  | 194.                   | 300.                | 210.                | 1,876.   |  |
| <b>b</b> Unrelated business taxable income                                |  |                       |                        |                     |                     |  |  |
| (less section 511 taxes) from businesses                                  |  |                       |                        |                     |                     |  |  |
| acquired after June 30, 1975  |  |                       | 1.00                   |                     |                     | 1 0=1  |  |
| c Add lines 10a and 10b   | 512.   | 648.                  | 192.                   | 308.                | 216.                | 1,876.   |  |
| 11 Net income from unrelated business                                     |  |                       |                        |                     |                     |  |  |
| activities not included in line 10b,<br>whether or not the business is    |  |                       |                        |                     |                     |  |  |
| regularly carried on  |  |                       |                        |                     |                     |  |  |
| 12 Other income. Do not include gain                                      |  |                       |                        |                     |                     |  |  |
| or loss from the sale of capital assets (Explain in Part IV.)             |  | 587.                  | 140.                   | 2.                  |                     | 729.   |  |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                         | 387,260.   | 245,124.              | 291,617.               | 305,174.            | 1,157,613.          | 2,386,788.                                     |  |
| 14 First five years. If the Form 990 is fo                                | r the organization's   | s first, second, thir | d. fourth. or fifth ta | ax vear as a sectio | n 501(c)(3) organiz | ation.   |  |
| check this box and stop here  | •  |                       | •                      | •                   | . , . ,             | . —  |  |
| Section C. Computation of Publ  |  |                       |                        |                     |                     | <u>,                                      </u> |  |
| 15 Public support percentage for 2013 (                                   |  |                       | column (f))            |                     | 15                  | 48.52 %  |  |
| <b>16</b> Public support percentage from 2012                             |  |                       |                        |                     | 16                  | 89.49 %  |  |
| Section D. Computation of Inve  |  |                       |                        |                     |                     |  |  |
| 17 Investment income percentage for 20                                    |  |                       | ne 13 column (fl)      |                     | 17                  | .08 %  |  |
|   |  |                       |                        |                     | 18                  | .24 %  |  |
|   |  |                       |                        |                     |                     |  |  |
|   | 9a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |                       |                        |                     |                     |  |  |
| · ·   | •  |                       |                        |                     |                     | ······   |  |
|   | b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and  |                       |                        |                     |                     |  |  |
| line 18 is not more than 33 1/3%, che                                     |  |                       | •                      |                     | ŭ                   |  |  |
| 20 Private foundation. If the organization                                | on did not check a   | box on line 14, 19    | a, or 19b, check th    |                     |                     |  |  |
| 332023 09-25-13   |  |                       |                        | Sch                 | edule A (Form 99    | 0 or 990-EZ) 201                               |  |

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| artiv | (Form 990 or 990-EZ) 2013 Greater Baltimore Cultural Alliance, Inc $26-0010594$ Pace Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. |
|-------|--|
|       | Also complete this part for any additional information. (See instructions).  |
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## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

Greater Baltimore Cultural Alliance,

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

26-0010594

Organization type (check one): Filers of Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

# Greater Baltimore Cultural Alliance, Inc

26-0010594

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition                     | nal space is needed.       |   |
|------------|---|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1          | Baltimore Collegetown Network  P.O. Box 11049  Baltimore, MD 21202                              | \$6,000.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 2          | Baltimore Office of Promotion & Art  10 East Baltimore Street  Baltimore, MD 21202              | \$5,000.                   | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 3          | France-Merrick Foundation, Inc. Quadrangle East Suite 302, 2 Hamill Road  Baltimore, MD 21210   | \$ 25,000.                 | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 4          | Henry and Ruth Blaustein Rosenberg Foundation One South Street, Suite 2900  Baltimore, MD 21202 | \$ 10,000.                 | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution  |
| 5          | The Jacob and Hilda Blaustein Foundation One South Street, Suite 2900 Baltimore, MD 21202       | \$\$15,100.                | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 6          | Maryland State Arts Council  175 W Ostend Street, Suite E  Baltimore, MD 21230                  | \$ 24,000.                 | Person X Payroll  |

Name of organization

Employer identification number

# Greater Baltimore Cultural Alliance, Inc

26-0010594

|             | er Baltimore Cultural Alliance, Inc  | •                          | 0-0010594   |
|-------------|--|----------------------------|---|
| Part I      | Contributors (see instructions). Use duplicate copies of Part I if addition              | onal space is needed.      |   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                   |
| 11          | Robert E. Meyerhoff  1025 Cranbrook Road  Cockeysville, MD 21030                         | \$\$                       | Person X Payroll  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                   |
| 7           | The Robert W. Deutsch Foundation  1800 N. Charles Street, Suite 810  Baltimore, MD 21201 | -<br>-<br>\$\$415,450.     | Person X Payroll  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                   |
| 8           | Surdna Foundation  330 Madison Ave  New York, NY 10007-5001                              | 50,000.                    | Person X Payroll Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                   |
| 9           | T. Rowe Price Foundation-Donor  100 E Pratt Street, BA-0317  Baltimore, MD 21202         | -<br>  \$\$                | Person X Payroll  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                   |
| 10          | Visit Baltimore  100 Light Street, 12th Floor  Baltimore, MD 21202                       | -<br>-<br>-<br>-<br>-      | Person X Payroll  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution                                   |
| 323452 10-2 | William G. Baker Memorial Fund  2 East Read Street, 9th Floor  Baltimore, MD 21202       | - \$ 410,800.              | Person X Payroll  |

GBCA\_\_\_2

Name of organization **Employer identification number** 

# Greater Baltimore Cultural Alliance, Inc

26-0010594

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | f additional space is needed.                  |                             |
|------------------------------|---|--|-----------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received        |
|                              |   | -<br>-<br>-<br>-<br>- \$                       |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received        |
|                              |   | -<br>-<br>-<br>-<br>\$                         |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received        |
|                              |   | \$   |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received        |
|                              |   | \$   |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received        |
|                              |   | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received        |
| 222452 10 24                 |   | Schodula B (Form (                             | 190 990-F7 or 990-PF) /2013 |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number Greater Baltimore Cultural Alliance, 26-0010594 Inc Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

# **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.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047

Open to Public Inspection

| Nam    | ne of the organization Greater Baltimore Cultural Alliance, In   | Employer identification number 26-0010594     |
|--------|--|---|
| Pai    | art I Organizations Maintaining Donor Advised Funds or Other Similar Funds   |   |
|        | organization answered "Yes" to Form 990, Part IV, line 6.  |   |
|        | (a) Donor advised funds  | (b) Funds and other accounts                  |
| 1      | Total number at end of year  | (,  |
| _      | Aggregate contributions to (during year)   |   |
| 2<br>3 | Aggregate contributions to (during year)  Aggregate grants from (during year)  |   |
| 4      | Aggregate value at end of year   |   |
| 5      | Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor   | od funds                                      |
| 3      | are the organization's property, subject to the organization's exclusive legal control?  |   |
| 6      | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used to the organization of the organizati |   |
| Ū      | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of   |   |
|        | impermissible private benefit?   |   |
| Pai    | Int II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa   |   |
| 1      | Purpose(s) of conservation easements held by the organization (check all that apply).  | artiv, mie 7.                                 |
| •      |  | corically important land area                 |
|        | Protection of natural habitat  Protection of natural habitat   |   |
|        | Preservation of open space   | ned Historic Structure                        |
| 2      | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of   | of a consequation easement on the last        |
| _      | day of the tax year.   | or 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   |   |
| b      |  |   |
| C      |  |   |
|        | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structu   |   |
| -      | listed in the National Register  |   |
| 3      | Number of conservation easements modified, transferred, released, extinguished, or terminated by the   |   |
| -      | year ▶   | organization danning and task                 |
| 4      | Number of states where property subject to conservation easement is located  |   |
| 5      | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of   |   |
|        | violations, and enforcement of the conservation easements it holds?  | Yes No  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du   |   |
| 7      | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during   |   |
| 8      | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(   |   |
|        | and section 170(h)(4)(B)(ii)?  |   |
| 9      | In Part XIII, describe how the organization reports conservation easements in its revenue and expense  |   |
|        | include, if applicable, the text of the footnote to the organization's financial statements that describes t   | he organization's accounting for              |
|        | conservation easements.  |   |
| Pai    | organizations Maintaining Collections of Art, Historical Treasures, or Ot  | ther 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 (ASC 958), not to report in its revenue statem  | nent and balance sheet works of art,          |
|        | historical treasures, or other similar assets held for public exhibition, education, or research in furtherar  | nce 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   | olic service, provide the following amounts   |
|        | relating to these items:   |   |
|        | (i) Revenues included in Form 990, Part VIII, line 1   | <b>&gt;</b> \$                                |
|        | (ii) Assets included in Form 990, Part X   | <b>&gt;</b> \$                                |
| 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:  |   |
| а      | Revenues included in Form 990, Part VIII, line 1   |   |
| b      | Assets included in Form 990, Part X  | <b>&gt;</b> \$                                |

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

GBCA

Greater Baltimore Cultural Alliance, Inc 26-0010594 Page 3 Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives ..... (2) Closely-held equity interests (3) Other Mutual Funds 48,765. End-of-Year Market Value (A) (B) (C) (D) (E) (F) (G) (H) 48,765. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4)(5)(6) (7)(8)(9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4)(5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

GBCA

Schedule D (Form 990) 20

December 31, 2013, and determined that there were no matters that would

require recognition in the financial statements or, which may have any

effect on its tax-exempt status. As of December 31, 2013, the statute of

| Schedule D (Form 990) 2013 Greater Baltimore Cultural Alliance, Inc26-0010594 Page 5  Part XIII Supplemental Information (continued) |
|--|
| limitations for tax years 2010 through 2013 remains open with the U.S.   |
| Federal jurisdiction or the various states and local jurisdictions in  |
| which GBCA files tax returns. It is GBCA's policy to recognize interest  |
| and/or penalties related to uncertain tax positions, if any, in income tax   |
| expense.   |
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## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

| Greater E  | 26-0010594         |                               |                          |                                   |   |  |                                    |  |
|--|--------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|--|
| Part I General Information on Grants             | and Assistance     |                               |                          |                                   |   |  |                                    |  |
| Does the organization maintain records           | to substantiate th | e amount of the grant         | s or assistance, the     | e grantees' eligibili             | ty for the grants or as:                              | sistance, and the selecti              | on                                 |  |
| criteria used to award the grants or assistance? |                    |                               |                          |                                   |   |  |                                    |  |
| 2 Describe in Part IV the organization's pr      | rocedures for moni | toring the use of gran        | t funds in the Unite     | ed States.                        |   |  |                                    |  |
| Part II Grants and Other Assistance to           | Governments an     | d Organizations in th         | e United States.         | Complete if the org               | anization answered "                                  | Yes" to Form 990, Part I               | V, line 21, for any                |  |
| recipient that received more than                |                    | · ·                           | 1                        |                                   | (f) Mathead of  |  |                                    |  |
| Name and address of organization or government   | (b) EIN            | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |  |
|  |                    |                               |                          |                                   |   |  |                                    |  |
|  |                    |                               |                          |                                   |   |  |                                    |  |
|  |                    |                               |                          |                                   |   |  |                                    |  |
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|  |                    |                               |                          |                                   |   |  |                                    |  |
|  |                    |                               |                          |                                   |   |  |                                    |  |
| 2 Enter total number of section 501(c)(3)        | and government or  | <br>rganizations listed in tl | he line 1 table          |                                   |   |  | <b>•</b>                           |  |
| 3 Enter total number of other organization       | -                  | -                             |                          |                                   |   |  | • <u> </u>                         |  |
| LHA For Paperwork Reduction Act Notice           |                    |                               |                          |                                   |   |  | Schedule I (Form 990) (2013        |  |

| Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. |                          |                          |                                       |   |  |  |  |  |  |
|--|--------------------------|--------------------------|---------------------------------------|---|--|--|--|--|--|
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |  |  |  |  |
|  |                          |                          |                                       |   |  |  |  |  |  |
| Cash Grant   | 3                        | 75,000.                  | 0.                                    |   |  |  |  |  |  |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

Schedule I (Form 990) (2013)

Explanation: The Baker Artist Awards use an online nomination process through the website BakerArtistAwards.org. Artists must upload a portfolio of work samples and may include project descriptions, background information, and the the artist's CV. An anonymous panel of local and national jurors who select finalists for the b-grants and the three \$25,000 Mary Sawyers Baker Prizes reviews all nominations on the site. Finalists are screened by staff and board representatives for geographic and age eligibility. The awards are based on artistic excellence and my be used

| Sche      | edule I (F | orm 990)                       |         | Gre    | eater Ba. | TCII | nore     | e Cu. | Iturai | Alliance, | Inc | 26-0010594 | Page 2 |
|-----------|------------|--------------------------------|---------|--------|-----------|------|----------|-------|--------|-----------|-----|------------|--------|
| Pa        | rt IV      | Form 990)<br><b>Suppleme</b> l | ntal In | format | tion      |      |          |       |        |           |     |            |        |
|           | •          |                                |         |        |           |      |          |       |        |           |     |            |        |
| hv        | +h_        | artict                         | for     | antr   | purpose   | hρ   | or       | aha   | deeme  | fit       |     |            |        |
| <u>Dy</u> | CITE       | arcisc                         | 101     | any    | purpose   | 116  | <u> </u> | 5116  | deems  | 116.      |     |            |        |
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# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **2013**Open to Public

Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Greater Baltimore Cultural Alliance, Inc

Employer identification number 26-0010594

Form 990, Part I, Line 1, Description of Organization Mission:

community that strengthens the livability and economic vitality of the

Greater Baltimore region. Greater Baltimore Cultural Alliance serves

arts organizations, coalitions and individual artists by: being a

unifying voice and bridge builder; acting as a convener; and providing

information and services.

Form 990, Part III, Line 1, Description of Organization Mission:

economy while making the region attractive to tourists and livable for

residents, artists, and families. GBCA advocates for the recognition of

the sector's many contributions and provides funding, professional

development, and audience development services to artists and

organizations.

Form 990, Part VI, Section B, line 11:

Explanation: The Form 990 is presented to the Executive Committee for review and distributed to the full board electronically and at a board meeting before submission.

Form 990, Part VI, Section B, Line 12c:

Explanation: The policy is circulated to the board on an annual basis. Any potential conflicts are reviewed with the Executive committee for action if necessary. If a conflict arises, the Board member is contacted by the Executive Director or Board president.

Form 990, Part VI, Section B, Line 15a:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

| Schedule O (Form 990 or 990-EZ) (2013)                             | Page 2                                    |
|--|---|
| Name of the organization  Greater Baltimore Cultural Alliance, Inc | Employer identification number 26-0010594 |
| Explanation: Compensation for the executive director is b          | oased on                                  |
| experience, comparison to other Baltimore-based arts orga          | nnizations                                |
| represented by the Board of Directors, and is reviewed by          | the GBCA                                  |
| Executive Committee based upon the Executive Director's a          | ability to meet the                       |
| stated goals of GBCA and its strategic plan.                       |   |
|  | _   |
| Form 990, Part VI, Section C, Line 19:                             |   |
| Explanation: The organization makes its governing documen          | nts, conflict of                          |
| interest policy, and financial statements available to th          | ne public upon                            |
| request.   |   |
|  | _   |
| Form 990, Part IX, Line 11g, Other Fees:                           |   |
| Other professional fees:   |   |
| Program service expenses   | 112,294.                                  |
| Management and general expenses                                    | 31,223.                                   |
| Fundraising expenses   | 0.  |
| Total expenses   | 143,517.                                  |
| Total Other Fees on Form 990, Part IX, line 11g, Col A             | 143,517.                                  |
| Flower 0000 Power WIII I in a 200.                                 |   |
| Form 990, Part XII, Line 2C:                                       |   |
| Explanation: The organization has a finance committee who          |   |
| responsibility for oversight of the audit and selection o          | of an                                     |
| independent accountant.  |   |
|  |   |
| AMENDED RETURN   |   |
| Explanation: AMENDED AREAS OF THIS RETURN:                         |   |
| On Page 1:   |   |
| 332212<br>09-04-13 Sched   | dule O (Form 990 or 990-EZ) (2013)        |

| Ochedule O (1 off) 330 CE) (2010)                                  | r age <b>z</b>                            |
|--|---|
| Name of the organization  Greater Baltimore Cultural Alliance, Inc | Employer identification number 26-0010594 |
| Line 17, Other expenses decreased to 178,625.                      |   |
| Line 18, Total expenses decreased to 500,024.                      |   |
| Line 20 Total assets increased to 821 203.                         |   |
| Line 22 Net assets increased to 752 764                            |   |
|  |   |
| Page 2:  |   |
| Line 4a, Expenses decreased to 398,241.                            |   |
|  |   |
| Page 10:   |   |
| Line 11g, Other fees for service decreased to 143,517.             |   |
|  |   |
| Page 11:   |   |
| Line 15, Equipment increased to 66,534.                            |   |
| Line 16, Total assets increased to 821,203                         |   |
| Line 27, Unrestricted net assets increased to 160,130.             |   |
| Line 28, Temporarily restricted net assets increased to 5          | 92,634.                                   |
| Line 33, Total net assets increased to 752,764.                    |   |
| Line 34, Total liabilities and net assets increased to 75          | 2,764.                                    |
|  |   |
| Page 12:   |   |
| Line 2, Total expenses decreased to 500,024                        |   |
| Line 3, Revenue less expenses increased to 657,589.                |   |
| Line 10, Net assets or fund balances increased to 752,764          | •   |
|  |   |
| Schedule D:  |   |
| Part VI, Page 3:   |   |
| Other increased to 55,000.   |   |
| Part XI, Page 4:   |   |
| 332212<br>09-04-13 Sche  | dule O (Form 990 or 990-EZ) (2013)        |

| Name of the organization | Greater  | Baltimo  | re Cul  | tural Al | liance,  | Inc     | 26-0010594  |
|--------------------------|----------|----------|---------|----------|----------|---------|-------------|
| Line 1, Total            | revenue  | per aud  | lited f | inancial | . statem | ents in | creased to  |
| 1,157,262.               |          |          |         |          |          |         |             |
| Part XII, Page           | e 4:     |          |         |          |          |         |             |
| Line 1, Total            | expenses | s per au | dited   | financia | ıl state | ments d | ecreased to |
| 500,024.                 |          |          |         |          |          |         |             |
|                          |          |          |         |          |          |         |             |
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