** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

Open to Public

Address charge have charge insuri return Prour Prour charge insuri return and	C Name of organization MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS, INC.	D Employer iden		
Pinel			tification	n number
Pinal return/ writin- sted Anumoud	Doing business as CENTER FOR THE ARTS	20	-3022	352
Arrended	Number and street (or P.O. box If mail is not delivered to street address) PO BOX 687	sulta E Telephone nur	nber	-5216
	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		346,877.
	BEL AIR, MD 21014	H(a) is this a grou	er entrem	
pendad	F Name and address of principal officer. TOBIAS MUSSER PO BOX 687, BEL AIR, MD 21014	for subordin	stes?	Yes X No
ax-exemp	H atusus: [X] 501(c)(3) 501(c)() (Hissert no.) 4947(a)(1) or	527 If "No." atta	h a list, 6	see instructions)
Nebsita:	WWW.MDCENTERFORTHEARTS.ORG	Hici Group exem	okon nur	nber >
	anization: X Corporation Trust Association Other	Year of formation: 200		
art I Su	ummary			
2 Che	ifly describe the organization's mission or most significant activities. THE ORGI IE CONSTRUCTION OF A VISUAL AND PERFORMING sek this box > if the organization discontinued its operations or disposed of mber of voting members of the governing body (Part VI, line 1s)	ARTS CENTER	IN F	ARPORD
			3	
	mber of independent voting members of the governing body (Part VI, line 1b)	200.00	4	11
	al number of individuels employed in calendar year 2018 (Part V, line 2a)	-	5	4
	al number of volunteers (estimate if necessary)		6	
7 a Tota	al unrelated business revenue from Part VIII, column (C), line 12		7a	0.
b Net	t unrelated business taxable income from Form 990-T, tine 38		76	0.
		Prior Year		Current Year
	ntributions and grants (Part VIII, line 1h)	295,65		278,349
	ogram service revenue (Part Vitt, line 2g)	35,61		33,579
10 low	estment incoms (Part VIII, column (A), lines 3, 4, and 7d)		0.	202.
	her revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)	-10,90		-23,982
	tal revenue - add tines 6 through 11 (must equal Part VIII, column (A), line 12)	320,36	_	288,148
	ants and similar amounts paid (Part IX, column (A), lines 1-5)		0	0
	nefits paid to or for members (Part IX, column (A), line 4)		0.	0
15 Sat	isries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	59,40		62,568
16a Pro	ofessional fundraising fees (Part IX, column (A), ine 11e)		0.	0
b Tot	tal fundraising expenses (Part IX, column (D), line 25) 148,024.			
17 Ott	her expenses (Part IX, column (A), lines 11s-11d, 11f-24s)	174 04		265.156
18 Tot	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	233.45		327,724
19 Re	evenue less expenses. Subtract line 18 from line 12	86,91		-39,576
	Secretaria de la composição de la compos	Beginning of Current		End of Year
20 Tot	tal assets (Part X, line 16)	365.70		324,431
M - 1 141	ital liabilities (Part X, line 26)	9,80	8	8,109
22 No	at essets or fund balanees. Subtract line 21 from line 20	355,85	8.	316,322

(Expenses \$

0 . Including grants of \$

121,799.

Total program service expenses

Form 990 (2018)

) (Revenue \$

		_		_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 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 98-197 If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7_		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	_	_
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	٠	х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		A
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
C	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	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? # "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? # "Yes," complete	111		X
	Schedule D, Parts XI and XII	12a		х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			· ·
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	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,	170		
	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	8	x
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,			x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	17	12	_
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Х	
-	complete Schedule G, Part III	19		X
2Ua	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	6	x
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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	T	x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
28	of any of these persons? If "Yes," complete Schedule L, Part III 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):	27		Α
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	COMME	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 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?			
Pai	Note. All Form 990 filers are required to complete Schedule O It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	_
	Check if Schedule O contains a response or note to any line in this Part V			닏
4	Enter the number reported in Poy 2 of Farm 1000 Fater 0 16 and a 18 and a 1		Yes	No
ı a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1c	133333	100	1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(garnbling) winnings to prize winners?	1c	х	
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Form 990 (2018) PERFORMING ARTS, INC.

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2		u.ii	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		122	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, dld the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		177.1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5¢		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			92
	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 contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ESO	v
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
	to file Form 8282?	7-		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	100	1555
f	Political and the second of th	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1000
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring 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			15
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		1.00	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	100	
b			700	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 2		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	\$ 53		
C	Enter the amount of reserves on hand	4 1 3		70
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_ b		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15	10000	X
16	If "Yes," see instructions and file Form 4720, Schedule N.	100	1.33	v
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
	ii rea, Complete Furiii 4720, Schedule C.	1.	EQUAL:	- 223

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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.

Car	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management				1	
4		١	1 1	1	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1a	-		000	
				100	1.5	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		1	1		10-0
_	Enter the number of voting members included in line 1a, above, who are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				X	
	officer, director, trustee, or key employee?			2	Λ	_
3	Did the organization delegate control over management duties customarily performed by or under the					₹7
	of officers, directors, or trustees, or key employees to a management company or other person?				_	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				_	X
5	Did the organization become aware during the year of a significant diversion of the organization's as:					X
6	Did the organization have members or stockholders?			6	_	
/8	Did the organization have members, stockholders, or other persons who had the power to elect or a					v
L.	more members of the governing body?	4 -11	••••	. 7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
	persons other than the governing body?			. 7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10.000	35	1000
	The governing body?				X	
ь	Each committee with authority to act on behalf of the governing body?			. 8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			٠
<u>C</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			_
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?					<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	ore filing the form?	11a	Х	_
ь				100	7.	-
12a		******		12a	X	<u> </u>
b				12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, a	lescribe		3.5	
	in Schedule O how this was done			12c	X	- 22
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- 7	7.0	
a	The organization's CEO, Executive Director, or top management official			15a	X	72
Ь	Other officers or key employees of the organization		***************************************	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
าซล	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		with a		TA	v
	taxable entity during the year?			16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the					3.33
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's	5-500		1533
500	exempt status with respect to such arrangements?			16b		
-	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filled MD	100	7.00	400		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, at	nd 99(J-1 (Section 501(c	(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain.					
40			,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy,	and finar	ncial	
-	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records			
	PAUL C. BALSAMO, TREASURER - (410)879-3535					
	508 ROCK SPRING ROAD, BEL AIR, MD 21014					

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Part VIII 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.

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

Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)) than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(fist any hours for related organizations below line)	Individual trustee or demonst	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) TOBY MUSSER	10.00		Ī	Ĭ	4		10			
PRESIDENT (2) DR. MARY TEDDY WRAY	10.00	X		100	9		P.	0.	0.	0
VICE PRESIDENT	3.00	X	4	-	Ą	A	2	0.	0.	0
(3) PAUL BALSAMO TREASURER	3.00	x	W			10		0.	0.	0
(4) CAROLYN EVANS TRUSTEE	10.00	X		9	150			0.	0.	0
(5) LAURA MUSSER	10.00		1	9		H				
SECRETARY (6) KATHY GUNDUZ, PHD TRUSTEE	1.00	X	di	-		-		0.	0.	0
(7) ANTHONY LISUZZO TRUSTEE	1.00	X						0.	0.	0
(8) LARRY NOTO TRUSTEE	1.00	x		Г				0.	0.	0
(9) WALTER "BUTCH" TILLEY TRUSTEE	1.00	x		Г				0.	0.	0
(10) ROBERT RICH TRUSTEE	1.00	x						0.	0.	0
(11) BETH SPOTTS TREASURER	1.00	x						0.	0.	0
						H				
						H				
						\vdash				
					Т	T				

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Sub-total Total from continuation sheets to Part VII, Section A Total from the organization Total from the organizatio	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and relate organization
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who recompensation from the organization Did the organization list any former officer, director, or trustee, key employee, or high line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other and related organizations greater than \$150,000? If "Yes," complete Schedule J for 50 bid any person listed on line 1a receive or accrue compensation from any unrelated rendered to the organization? If "Yes," complete Schedule J for such person lection B. Independent Contractors Complete this table for your five highest compensated independent contractors that the organization. Report compensation for the calendar year ending with or within the (A)	-		organizatio
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ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that the organization. Report compensation for the calendar year ending with or within the calendar year.		ual for services	
the organization. Report compensation for the calendar year ending with or within the calendar year.			5
(A)			ation from
Name and business address NONE	(B)		(C)
	Description of sec	vices C	ompensatio
Total number of independent contractors (including but not limited to those listed a			

PERFORMING ARTS, INC.

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a				3 1 1 1 1 1 1 1	
Gra		Membership dues1b					
A, t		Fundraising events 1c	78,174.				
E E	d	Related organizations 1d					
S.E	ę	Government grants (contributions) 1e	99,500.				N (1 ×1
F	f	All other contributions, gifts, grants, and			1		7
音楽		similar amounts not included above 1f	100,675.	1	TASTI S. L.		N N O
d de	_	Noncash contributions included in lines 1a-1f: \$					N E- a al
<u>ŭ ā</u>	h	Total. Add lines 1a-1f		278,349.			Transfer
		DANGING HOD WITH ARMS T	Business Code	25 544	0.5		
ice		DANCING FOR THE ARTS E	711300	25,744.			
P e	b	PLEIN AIR ART EXHIBITI	711300	7,835.	7,835.		
T S	c						
Rev	d						
Program Service Revenue	С						
ш	f	All other program service revenue		22 580			
		Total. Add lines 2a-2f		33,579.	DESCRIPTION OF THE PROPERTY OF		
	3	Investment income (including dividends, inter		202			200
		other similar amounts)		202.	8%		202.
	4	Income from investment of tax-exempt bond		AN III			
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	***************************************	207				·
		Less: rental expenses	£293.				100 100
		Rental income or (loss) Net rental income or (loss)	A 1				
			and the second s		2000 2000		
	/ a		(ii) Other				
	_	assets other than inventory Less: cost or other basis	W. 100				W
		and sales expenses					100
		Gain or (loss)		¥	1000		
		Net gain or (loss)					
ne		Gross income from fundraising events (not					
Revenue		including \$ 78,174. of					
B		contributions reported on line 1c). See	24 747				
Other			34,747.				
ᅙ			58,729.	22 002	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		00 000
		Net income or (loss) from fundraising events		-23,982.	the second second		-23,982.
	9 a	Gross income from gaming activities. See		- Z JUL			
		Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming activities			Estable 1		
	iva	Gross sales of inventory, less returns					
		and allowances at Less: cost of goods sold					
		Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code			The substitute	NAME OF TAXABLE PARTY.
	11 a		Duaniess Code		Contract de Tillian		Carried Street
	b						
	c						
	d	All other revenue					
	-	Total. Add lines 11a-11d			2530 1 100 2 100 1		
	12	Total revenue. See instructions	CAMP COP CO	288,148.	33,579.	0.	-23,780.

Form 990 (2018)

JeC()	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
_	Check if Schedule O contains a respons	e or note to any line in (A)		7(0)	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
	Individuals, See Part IV, line 22				
3	Grants and other assistance to foreign			F 10 10 10 10 10 10 10 10 10 10 10 10 10	
	organizations, foreign governments, and foreign			ST. T. F.	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				_
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)	57,876.	34,726.	11,575.	11 575
7 8	Other salaries and wages Pension plan accruals and contributions (include	37,870.	34,120.	11,3/3.	11,575
٥	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		- 1		
10	Payroll taxes	4,692.	2,816.	938.	938
11	Fees for services (non-employees):				
а	Management	1,600.	1,600.		
b	Legal	7	DAY.		
C	Accounting	18,700.		18,700.	
d	Lobbying	20,600.			20,600
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	TO THE			
9	Other. (If line 11g amount exceeds 10% of line 25,	15 610	1 100	44.400	
	column (A) amount, list line 11g expenses on Sch O.)	15,617.	1,109.	14,138.	370
12	Advertising and promotion	9,593.	5,782.	1,884.	1 007
13 14	Office expenses	3,333.	5,102.	1,004.	1,927
15	Information technology Royalties				_
16	Occupancy	311.		311.	
17	Travel	2,333.		2,333.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	857.		857.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,889.	1,733.	578.	578
23	Insurance	5,449.	296.	5,054.	99
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in fine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	PROGRAM EVENT EXPENSES	74,082.	64,083.		9,999
b	UNCOLLECTIBLE PLEDGES	73,646.			73,646
c	MARKETING & COMMUNITY R	27,091.	58.		27,033
d	TELEPHONE & INTERNET	4,204.	2,522.	841.	841
e	All other expenses	8,184.	7,074.	692.	418
25	Total functional expenses. Add lines 1 through 24e	327,724.	121,799.	57,901.	148,024
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
_			Beginning of year		End of year
	1	Cash · non-interest-bearing	64,006.	1	43,808
	2	Savings and temporary cash investments	150 010	2	20.00
	3	Pledges and grants receivable, net	156,016.	3	70,884
		Accounts receivable, net	5,721.	4	1,315
- 1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	100 100 100 100 100 100 100 100 100 100		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g	8	
		employers and sponsoring organizations of section 501(c)(9) voluntary		1000	
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
23062	7	Notes and loans receivable, net		7	
١ ٢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	1,000
- 1	10a	Land, buildings, and equipment: cost or other			West in the second
- 1		basis. Complete Part VI of Schedule D 10a 46,864			
	b	Less: accumulated depreciation 10b 18,447	31,306.	10c	28,417
	11	Investments - publicly traded securities	3 1	11	1,277
	12	Investments · other securities. See Part IV, line 11	CO.	12	
	13	Investments - program-related, See Part IV, line 11	4	13	
		Intangible assets		14	
	15	Other assets. See Part IV, line 11	108,657.	15	177,730
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	324,431
	17	Accounts payable and accrued expenses		17	8,109
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,		Loans and other payables to current and former officers, directors, trustees,	TEN THE STATE OF		
		key employees, highest compensated employees, and disqualified persons.			
TROUGE		Complete Part II of Schedule L		22	
ĵ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	- 0
- 1	25	Other liabilities (including federal income tax, payables to related third	3,233.	24	- 0
1		parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1		Schedule D		25	
- 1	26	Total liabilities. Add lines 17 through 25	9,808.	26	8,109
\dashv		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and	3,000:	26	0,100
0		complete lines 27 through 29, and lines 33 and 34.			
net Assets of Fund Dalances	27		168,455.	27	232,830
	28	Unrestricted net assets	187,443.	28	83,492
į	29		107,443.		03,432
	23	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □		29	
				-	
<u> </u>	20	and complete lines 30 through 34.		00	
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	246 200
_	33	Total net assets or fund balances	355,898.	33	316,322
- 1	34	Total liabilities and net assets/fund balances	365,706.	34	324,431 Form 990 (201

	1000 (2010)	20 20	22332	rage 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
		Part of the lates		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,148.
2	Total expenses (must equal Part IX, column (A), line 25)	2	327	,724.
3	Revenue less expenses. Subtract line 2 from line 1	3	-39	,576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	355	,898.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	316	,322.
Pa	rt XII Financial Statements and Reporting			VALE SE
	Check If Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		9 3	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe		""	Will be 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	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis.		1000
	consolidated basis, or both:			8
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit.		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		***	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S			-
	Act and OMB Circular A-133?	igie muult	За	x
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	30	
Ĩ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
				990 (2018)
			LOUIL 4	/~~ (ZU IO)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MARYLAND CENTER FOR THE VISUAL AND **Employer identification number** PERFORMING ARTS, INC. 20-3022352 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). LXI An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 🔟 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. $oldsymbol{ol{ol{oldsymbol{ol}}}}}}}}}}}}}}}}}}}$ functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (w) is the organization lester (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 PERFORMING ARTS, INC. 20-30223

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.)

Called year (of fiscal year beginning in) Called year (of fisc	Section	A. Public Support						
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	18 Priva	ate foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17h	o, check this box	and see instruction	5

Schedule A (Form 990 or 990-EZ) 2018 PERFORMING ARTS, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization	fails to
qualify under the tests listed below, please complete Part II \	

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						17.2
membership fees received. (Do not						
include any "unusual grants.")			7.0			
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organization'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			4			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			-	£ .		
3 received from disqualified persons				7		
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			Z			
c Add lines 7a and 7b			4			
8 Public support. (Subtract line 7c from line 6)	1122	y Cara		5.7.5		
Section B. Total Support		Villa	A17			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		0				
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	the organization	n's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2018 (lin	ne 8, column (f)	, divided by line 13,	column (f))		15	%
16 Public support percentage from 2017 5					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201					17	%
18 Investment income percentage from 20					18	96
19a 33 1/3% support tests - 2018. If the c						17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2017, If the c						and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	ald not check	a box on line 14, 19	a, or 19b, check t			
832023 10-11-18				Scl	nedule A (Form 990	or 990-EZ) 2018

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section .	A.	All	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If *Yes,* provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

that these activities constituted substantially all of its activities.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2a 2b 3a 3b 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 PERFORMING ARTS, INC.	VISU.		20-3022352 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions.
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 8 - Minimum Asset Amount	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):)		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	7		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4 uplace subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

emergency temporary reduction (see instructions)

Pat	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
_	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			and the same of
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d_	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)	Wh. 20		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		2	
4	Distributions for 2018 from Section D,			
_	line 7: \$		(A)	
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
0	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	11/1	N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8				
	Excess from 2014			
	Excess from 2015		//	
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS. INC.

art VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MORRIS A MECHANIC FOUNDATION	40,000.	8,499
DR MARY TEDDY WRAY	99,845.	68,344
BARBARA STRATTON	123,500.	91,999
FOBY MUSSER - MNSG ACQUISTIONS	90,000.	58,499
A.		
Fotal Excess Contributions to Schedule A, Part II, Line 5		227,341

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS, INC. 20-3022352 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 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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) (2018)

Name of organization
MARYLAND CENTER FOR THE VISUAL AND
PERFORMING ARTS, INC.

Employer identification number

20-3022352

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 -		s50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		s6,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		s5,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -		s12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _		s49,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ -		\$	Person Payroll Noncash (Complete Part II for noncash contributions.

Name of organization
MARYLAND CENTER FOR THE VISUAL AND
PERFORMING ARTS, INC.

Employer identification number

20-3022352

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organ MARYLANI	ization O CENTER FOR THE VISU	AL AND	Employer identification number				
PERFORM:	ING ARTS, INC.		20-3022352				
tro co	om any one contributor. Complete columns (a) through (e) and the following line entry. Fo charitable, etc., contributions of \$1,000 or less to	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations write year. (Enter this info. once.) \$\begin{array}{c} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
(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, a	nd 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, a	nd 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.	/h) D						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
323454 11-08-18			Schedule B (Form 990, 990-EZ, or 990-PF) (2018				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
	tions: Complete Part III. D CENTER FOR THE ING ARTS, INC.	VISUAL AND) Empl	oyer Identification number
Part I-A Complete if the ord	janization is exempt und	er section 501(c	or is a section 527 o	rganization.
Provide a description of the organia Political campaign activity expendit Volunteer hours for political campa	ation's direct and indirect politic	al campaign activities	in Part IV. ≽ s	
Part I-B Complete if the org	janization is exempt und	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▼	
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 495	i5 ▶ \$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the org	anization is exempt und	er section 501/c	except section 5010	c)(3).
1 Enter the amount directly expende		19900		
2 Enter the amount of the filing organ exempt function activities	ization's funds contributed to ot	her organizations for	section 527	
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L,	
line 17b		***************************************	►\$	
Did the filing organization file Form Enter the names, addresses and er made payments. For each organization contributions received that were prolitical action committee (PAC). If	nployer identification number (El tion listed, enter the amount paid omptly and directly delivered to a	N) of all section 527 p d from the filing organ a separate political or	political organizations to which sization's funds. Also enter the ganization, such as a separa	th the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

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MARYLAND CENTER FOR THE VISUAL AND

Schedule C (Form 990 or 990 EZ) 2018 PERI Part II-A Complete if the organization	FORMING ation is exe	ARTS, INC. mpt under section	n 501(c)(3) and file	20 – ed Form 5768 (e	3022352 Page 2 election under
section 501(h)).					
A Check Lifthe filing organization be			n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of ex					
B Check Lifthe filing organization ch	ecked box A a	nd "limited control" pre	ovisions apply.		
Limits on L (The term "expenditures	obbying Expe " means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	oublic opinion	(arass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
d Other exempt purpose expenditures	und (b)				
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the a					
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			The state of the s
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000	_	00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce			1 1 1 1 1 1 1 1 1
Over \$17,000,000	\$1,000		ss over \$1,500,000.		
CVC: \$17,000,000	1 \$1,000	,000.	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		12
h Subtract line 1g from line 1a, If zero or les i Subtract line 1f from line 1c. If zero or les j If there is an amount other than zero on e reporting section 4911 tax for this year? (Some organizations that ma	s, enter -0- ither line 1h or 4-Year Av de a section !	line 1i, did the organiz eraging Period Under 501(h) election do not	ation file Form 4720 Section 501(h) have to complete all o		Yes No
		ate instructions for li			
	oppying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
6. Conservato labbados accessibles					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Yes	No		
		Amo	unt
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	X		
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501(c)(5),	or se	ction	
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501(c)(5).	or se	ction	
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	2c 3		
ical	2c 3		
cal	2c 3 4 5		
ical	2c 3 4 5	nd 2 (see	
cal	2c 3 4 5	nd 2 (see	
cal	2c 3 4 5	nd 2 (see	
cal); Part II-A,	2c 3 4 5 5 ines 1 a		
cal	2c 3 4 5 5 ines 1 a		
cal); Part II-A, I	2c 3 4 5 ines 1 a	DURING	
cal); Part II-A,	2c 3 4 5 ines 1 a	DURING	,
cal); Part II-A, I	2c 3 4 5 ines 1 a	DURING	
cal); Part II-A, I	2c 3 4 5 ines 1 a	DURING	
	501(c)(5), rior year? 501(c)(5), o," OR (t	1 2 3 501(c)(5), or second 1 2 3 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 1	X 20 20 X 20 X 501(c)(5), or section Yes 1 2 1 501(c)(5), or section o," OR (b) Part III-A, lin

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS. INC.

Employer identification number 20 – 30 2 2 3 5 2

Pa		ınds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclu		
6	Did the organization inform all grantees, donors, and donor adviso		
	for charitable purposes and not for the benefit of the donor or don		
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the organiza	ition answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	neck all that apply).	
	Preservation of land for public use (e.g., recreation or educa-	tion) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cen	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	/0/10)0	2a
b			10 10 10 10 10 10 10 10 10 10 10 10 10 1
c	Number of conservation easements on a certified historic structure	e included in (a)	2c
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released		e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	nt 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 hold	s?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	iling of violations, and enforcing con	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above sati	isfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea	sements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art	, Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	8), not to report in its revenue state	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibitio		
	the text of the footnote to its financial statements that describes the		
b	If the organization elected, as permitted under SFAS 116 (ASC 95)	8), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educati		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> s
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasure	s, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116 (A		J . F
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ S
	For Paperwork Reduction Act Notice, see the Instructions for I		Schedule D (Form 990) 2018

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MARYLAND CENTER FOR THE VISUAL AND

_	dule D (Form 990) 2018 PERFORM					0.11	20-	3022352	Page
	t III Organizations Maintaining C								
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	t are a sign	ificant use of	fits collection	items
	(check all that apply):								
a	Public exhibition	d			hange progra	ms			
þ	Scholarly research	е		ther			<u> </u>		
C	Preservation for future generations								
4	Provide a description of the organization's c							Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hist	torical trea	isures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be m	aintained as part of t	the organi	zation's c	ollection?,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	<u> </u>
'aı	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements. Comple	ete if the o	organizatio	on answered "	Yes" on Fo	orm 990, Part	IV, line 9, or	
12	Is the organization an agent, trustee, custod		diany for a	antributio	an or other on		ali raha al		
-	on Form 990, Part X?							Yes	□ N
h	If "Yes," explain the arrangement in Part XIII							L Tes	N
~	in 100, explain the arrangement art art All	and complete the lo	mowing ta	ible.				Amazzunk	
•	Beginning balance						4-	Amount	
4		•••••••••••••••					1c		
d e	Additions during the year						1d		
	Distributions during the year	***************************************					_1e		
f	Ending balance	000 O	04.2				11	24000	
	Did the organization include an amount on F							Yes	HN
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete	Check here if the ex	xplanation	has beer	provided on	Part XIII			
	t V Endowment Funds. Complete							. 1	
	District and a set	(a) Current year	(b) Pri	or year	(c) Two years	s Dack (d)	three years b	ack (e) Four y	ears bac
la	Beginning of year balance		- 4		324				
b	Contributions		- 107	- 10		_			
C	Net investment earnings, gains, and losses								
	Grants or scholarships			AND THE					
e	Other expenditures for facilities	/		1.4					
	and programs			(0)					
	Administrative expenses		N 2	19					
g	End of year balance	1000							
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	, column (a)) held as:				
а	Board designated or quasi-endowment	ESA	96						
b	Permanent endowment	%	/						
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	and administer	red for the	organization		
	by:						-		es N
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
	(ii) related digatileations		red on Sc	hedule R?				3b	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi							
	If "Yes" on line 3a(ii), are the related organization		owment fu	ınds.					
1	If "Yes" on line 3a(ii), are the related organization of the second of the two Land, Buildings, and Equipm	organization's endo	owment fu	ınds.					
1	If "Yes" on line 3a(ii), are the related organized bescribe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	e organization's endo nent.			See Form 990	, Part X, lin	se 10.		T
<u> </u>	If "Yes" on line 3a(ii), are the related organization of the Describe in Part XIII the intended uses of the	e organization's endo nent.	0, Part IV,	line 11a.	See Form 990		e 10.	(d) Book	value
-	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the time. Land, Buildings, and Equipm. Complete if the organization answere.	e organization's endo nent. ed "Yes" on Form 990	0, Part IV,	line 11a.	1	(c) Acc		(d) Book	value
aı	If "Yes" on line 3a(ii), are the related organize Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answere Description of property	e organization's endo nent. d "Yes" on Form 990 (a) Cost or o basis (investr	0, Part IV,	line 11a.	t or other	(c) Acc	umulated	(d) Book	value
aı	If "Yes" on line 3a(ii), are the related organize Describe in Part XIII the Intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answers Description of property	e organization's endo nent. d "Yes" on Form 990 (a) Cost or o basis (Investr	0, Part IV,	line 11a.	t or other	(c) Acc	umulated	(d) Book	value
aı a b	If "Yes" on line 3a(ii), are the related organized Describe in Part XIII the Intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answers Description of property Land Buildings	e organization's endo nent. d "Yes" on Form 990 (a) Cost or o basis (Investr	0, Part IV,	line 11a.	t or other	(c) Acc	umulated	(d) Book	value
la b	If "Yes" on line 3a(ii), are the related organized Describe in Part XIII the Intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answered Description of property Land Buildings Leasehold improvements	e organization's endo nent. d "Yes" on Form 990 (a) Cost or o basis (Investr	0, Part IV,	line 11a.	t or other	(c) Acc	umulated	(d) Book	value
la b c	If "Yes" on line 3a(ii), are the related organized Describe in Part XIII the Intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answers Description of property Land Buildings	e organization's endo nent. d "Yes" on Form 99 (a) Cost or o basis (investr	0, Part IV,	line 11a. (b) Cos basis	t or other	(c) Acco	umulated		value

are ze	Other Elabilities.		
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 11e or 11f. S	See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	W. F 1
(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.)		

2. 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

Schedule D (Form 990) 2018

art XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lit	ne 12a,	
Total revenue, gains, and other support per audited financial statements		11
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ACCESSION OF THE PROPERTY OF T
Net unrealized gains (losses) on investments		200
Donated services and use of facilities	2b	180
Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
art XII Reconciliation of Expenses per Audited Financial St	•	nses per Heturn.
Complete if the organization answered "Yes" on Form 990, Part IV, lin		
Total expenses and losses per audited financial statements		
Amounts included on line 1 but not on Form 990, Part IX, line 25:	and the state of	(4)
a Donated services and use of facilities		
b Prior year adjustments		
Chara(Passible in Red VIII.)		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		
***************************************		4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	8.)	5

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

					1	
epartment of the Treasury ernal Revenue Service Go to	► Attach to Form 990 www.irs.gov/Form990 for instr	uction	s and	the latest informat		Open to Public Inspection
	CENTER FOR THE VIG ARTS, INC.	risu	AL	AND	Employer 20-30:	identification numbe
Part I Fundraising Activities. Co		ered "\	es° o	n Form 990, Part IV, I		
required to complete this part. Indicate whether the organization raised		_				
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations		tion of	gover	overnment grants nment grants events		
 2 a Did the organization have a written or or key employees listed in Form 990, Part \ b If "Yes," list the 10 highest paid individu 	VII) or entity in connection with p als or entities (fundralsers) pursu	rofess	ional i	undraising services?		Yes No
compensated at least \$5,000 by the org	panization.	(111	Did		(v) Amount pai	d
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	bave s	Did raiser ontody atrol of utlons?	(iv) Gross receipts from activity	to (or retained be fundraiser listed in col. (i)	to (or retained by
		Yes	No			
		F		_		
		M	N .			
		9				
		7				
otal						
3 List all states in which the organization is or licensing.						
L, AK, AZ, AR, CA, CO, CT, DE T, NE, NV, NH, NJ, NM, NY, NC	,FL,GA,HI,ID,IL,	IN,	IA, SC,	KS,KY,LA,M SD,TN,TX,U	E,MD,MA,1 T,VT,VA,	MI,MN,MS,MO YW,IW,VW,AW

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

Schedule G (Form 990 or 990-EZ) 2018

MARYLAND CENTER FOR THE VISUAL AND Schedule G (Form 990 or 990-EZ) 2018 PERFORMING ARTS, INC. 20-3022352 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000, (a) Event #1 (b) Event #2 (c) Other events (d) Total events DANCING FOR EDGAR ALLEN (add col. (a) through THE ARTS GALPOE EVENT col. (c)) (event type) (event type) (total number) Revenue 92,568. 15,559. 4,794. 112,921. 1 Gross receipts 2 Less: Contributions 66,824. 10,200. 78,174. 1,150. 25,744. 5,359 3.644 34,747. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 2,000. 1,900. 975. 4,875. 1,286 24,166. 7 Food and beverages 25,452. 1,750 8 Entertainment 1,750.

18,011.

8,356.

285.

26,652. 58,729.

-23,982. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming birigo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes % 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:

33

832082 10-03-18

9 Other direct expenses

10 Direct expense summary. Add lines 4 through 9 in column (d)

Schedule G (Form 990 or 990-EZ) 2018

MARYLAND CENTER FOR THE VISUAL AND

		30223	<u> 52</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	_ L Y	es	☐ No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	_ L Y	es	No
3	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			9
þ	An outside facility	13b		9
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	Name >		452.1	42038
	Address			
_				"
6	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer			
_				
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	□ Y	es	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pai	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, line	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				- 11.00
	190			
-			-	
_		-		

MARYLAND CENTER FOR THE VISUAL AND 20-3022352 Page 4 Schedule G (Form 990 or 990 EZ) PERFORMING Part IV Supplemental Information (continued) PERFORMING ARTS, INC.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

MARYLAND CENTER FOR THE VISUAL AND

PERFORMING ARTS, INC.

Employer identification number 20-3022352

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99:	0,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal			
	Travel for companions Payments for business use of personal resident	ence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, c	hef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	5 or the transfer of the			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	A	7744	200	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	ı's	8 1	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study	7		
	Form 990 of other organizations X Approval by the board or compensation compensation.	mittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization;			
а	Descine a supermore manuscript or the second of the second or the second	4a	-	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5-		x
		5a		X
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		-	Α
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	7.11		
•	contingent on the net earnings of:			
			-	v
h	The organization?	6a	\vdash	X
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		Α
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•				v
A	not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7		X
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			x
9		8		Α
-	Regulations section 53.4958-6(c)?			
LH		Cabadula 145		00.15
LH/	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2018

MARYLAND CENTER FOR THE VISUAL AND

20-3022352

PERFORMING ARTS, INC.

Schedule J (Form 990) 2018

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdo	A jo uwc	/-2 and/or 1099-MI	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F
	(A) Name and Title	(i) Base compensal	tion	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneitis	(a)-(a)(g)	in column (s) reported as deferred on prior Form 990
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MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS, INC.

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the Information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

20-3022352

PART I, LINE 3:	
THE ORGANIZATION EXECUTED AN EMPLOYMENT CONTRACT WITH ITS CEO WITH BOARD	
APPROVAL.	
	1/
	0
Schedule J (Form 990) 2018	Form 990) 2018

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

		► Attach to Form 990 or Form 990-EZ. to to www.irs.gov/Form990 for instructions and the latest information.								Open To Public Inspection				
Name of the organizatio	PERFOR							ployer identification number -3022352						
						ion 501(c)(4), and 50 art IV, line 25a or 25				26				
1 (a) Name of disqual		(b) Rela	ationship bet	ween	disqua	lified				ю.	(d)	Сотте	cted?	
(a) Name or disquar	med person	F	erson and c	rganiz	ation	"	c) Description of tran	nsacuo	п		Υ	es	No	
									H					
2 Enter the amount of	of tax incurred by	the ora	nization ma	naners	or dis	nuslified persons du	ring the year under							
section 4958								1	\$					
3 Enter the amount of	of tax, if any, on I	ine 2, ab	ove, reimbur	sed b y	the or	ganization			> \$					
	and/or From													
						, Part V, line 38a or	Form 990, Part IV, li	ne 26; d	or if th	ie orga	nizati	on		
(a) Name of interested person	(b) Relation	nship (pan to or m the itzation?	(e) Original principal amount	(f) Balance due	(g) In default?					i) Written preement?	
				-	From			Yes	No	Yes	No	Yes	No	
					200								_	
					E.	100								
					655									
				1										
			- 60		400									
			- 10	l Ib.	100								_	
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									_			-		
Total						▶ \$				100		100000		
	or Assistance		_											
Complete if the organization (a) Name of interested person		(b)	(b) Relationship between interested person and the organization			(c) Amount of assistance	(d) Type of assistance		T	(e) Purpose of assistance				
			_						+					
LHA For Paperwork R	eduction Act No	otice se	a the Instru	etione	for Eo	rm 000 or 000 E7	Set.	edule I			0	30 F7		

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No PAUL BALSAMO TREASURER OF THE OR 3,200.TAX PREPARA X Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: PAUL BALSAMO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TREASURER OF THE ORGANIZATION (C) AMOUNT OF TRANSACTION \$ 3,200. (D) DESCRIPTION OF TRANSACTION: TAX PREPARATION SERVICES PROVIDED BY BALSAMO, STEWART, LUTTERS & RUTH, P.A. (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

NATION OF THE PROPERTY AND COMMENT OF THE PROPERTY OF THE

Open to Public

Inspection

Name of the organization

MARYLAND CENTER FOR THE VISUAL AND

Employer identification number

PERFORMING ARTS, INC. 20-3022352	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
COUNTY, MARYLAND ACCESSIBLE TO ALL, TO NURTURE ART, ARTISTS & COMMUNITY	
BY PROVIDING A BROAD RANGE OF CREATIVE AND COLLABORATIVE EXPERIENCES	
THROUGH QUALITY ARTS EDUCATION, PRESENTATION, AND EXHIBITS IN THE	
DISCIPLINES OF MUSIC, DANCE, THEATER, AND ART.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
PRESENTATION AND EXHIBITS IN THE THE DISCIPLINES OF MUSIC, DANCE,	
THEATER AND ART.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
DANCE WORKSHOPS	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 2:	
TOBIAS MUSSER, BOARD CHAIR, AND LAURA MUSSER, BOARD SECRETARY, ARE HUSBA	ND
AND WIFE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
TOBIAS MUSSER, PRESDIENT AND BOARD CHAIR, AND LAURA MUSSER, SECRETARY AN	ID_
BOARD MEMBER, ARE HUSBAND AND WIFE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED THROUGH INQU	JIRY
OF ALL BOARD MEMBERS UPON THEIR ADMITTANCE AS A MEMBER OF THE BOARD AND	ON
AN ANNUAL BASIS THEREAFTER. THE POLICY IS FURTHER ENFORCED BY THE CEO A	ND

832211 10-10-18

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

Schedule O (Form 990 or 990-EZ) (2018)

2018 DEPRECIATION AND AMORTIZATION REPORT

42.1

(D) - Asset disposed

□C, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 8868

(Rev. January 2019)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

	atic 6-Month Extension of Time Only sub-	A	-1 (1 B		-	
All cornor	atic 6-Month Extension of Time. Only submitations required to file an income tax return other than Fo				14	
must use	Form 7004 to request an extension of time to file income	tax retui	(including 1120-C filers), partnersi	nps, HEMIC	is, and trusts	
	, , , , , , , , , , , , , , , , , , , ,			Enter (II)		
Type or	Name of exempt organization or other filer, see instruc	tions			er's identifying	
print	MARYLAND CENTER FOR THE VIS	Employe	Employer identification numbe			
	PERFORMING ARTS, INC.					
File by the due date for filing your return, See	Number, street, and room or suite no, if a P.O. box, se PO BOX 687	Social se	Social security number (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a for BEL AIR, MD 21014		A			
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			
	0 (individual)	02	Form 1041-A			
Form 990		03	Form 4720 (other than individual)			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990-T (trust other than above)			Form 8870			
• The bo	PAUL C. BALSAMO poks are in the care of > 508 ROCK SPRING	ROAI	D - BEL AIR, MD 2: Fax No. ►	1014		
Teleph If the c	organization does not have an office or place of business s for a Group Return, enter the organization's four digit G	iroup Exe	ited States, check this box mption Number (GEN)	If this is fo	r the whole gro	up, check this
Teleph If the c If this box I re the	organization does not have an office or place of business is for a Group Return, enter the organization's four digit Garage. If it is for part of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The until question is for the organization named above. The extension is for the organization named above. The extension is for the organization named above. The until question is for the organization named above. The extension is for the organization named above. The extension is for the organization named above.	MAS nization's	ited States, check this box mption Number (GEN) ch a list with the names and EINs of 15, 2020 to fi return for:	If this is fo of all memb	r the whole gro ers the extens opt organization	ion is for.
Teleph If the c If this bax I I re the If the	organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. Quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization period. The tax year entered in line 1 is for less than 12 months, check the country of the country	MAN nization's , and	ited States, check this box imption Number (GEN) ch a list with the names and EINs 7 15, 2020 to find the return for: dending JUN 30, 2019 on: Initial return	If this is fo of all memb	r the whole gro ers the extens opt organization	ion is for.
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Teleph If the c If this box If this box If the c If this box If the c If th	proganization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box. If it is for part of the group, check this box. Quest an automatic 6-month extension of time until organization named above. The extension is for the organization that is for less than 12 months, check the change in accounting period the programming period the progr	MAN nization's , and eck reaso or 6069, e	ited States, check this box imption Number (GEN) ch a list with the names and EINs of 15, 2020 to find the return for: diending JUN 30, 2019 on: Initial return center the tentative tax, less or refundable credits and	If this is fo of all memb ile the exem	r the whole grovers the extens	on is for.
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)