# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the 2	2021 calend	dar year, or tax year beginning	07/01/2021	and ending	06/30	V2022							
В	Check if a	pplicable:	C Name of organization MARYLA	ND CENTER FOR TH	HE VISUAL AND PER	REPORMING ART	S D Employ	er Identification	number					
	Address c	hange	Doing business as Maryland C	enter for the Arts			1	20-3022352						
$\bar{\sqcap}$	Name cha	nge	Number and street (or P.O. box if	mail is not delivered to s	treet address)	Room/sulte	E Telephor	ne number						
$\overline{\Box}$	Initial retur	rn	PO Box 687					443-567-5216						
Ħ	Final return	n/terminated	City or town, state or province, co	ountry, and ZiP or foreign	postal code									
$\overline{\Box}$	Amended		Bel Air, MD 21014				G Gross re	eceipts \$	532,688					
Ħ	Application	- 7	F Name and address of principal of	icer: Carolyn Evans		H(e) is this a	group return for s	ubordinates? 🔲 Y	es 🗸 No					
_			2830 Churchville Road, Suite		21028-1620			included? Y						
ī	Tax-exem	pt status:	√ 501(c)(3) 501(c) (		4947(a)(1) or 527	If "No," atta	ich a list. See	instructions.						
1	Website:	► www.m	dcenterforthearts.org				exemption nu	ımber ▶						
K			Corporation Trust Associa	tion ☐ Other ▶	L Year of for	mation: 2005	M State of	legal domicile:	MD					
Part I Summary														
-				ion or most signific	ant activities: The I	Maryland Cente	r for the Vis	ual and Perfo	rming					
ø		Briefly describe the organization's mission or most significant activities: The Maryland Center for the Visual and Performing  Arts' (MDCFA) mission is to provide a broad range of creative and collaborative experiences in quality education, presentation												
DUE			on Schedule O, Statement 1)											
Ë			box ► ☐ if the organization	discontinued its or	erations or dispose	ed of more that	1 25% of it	s net assets.						
õ			voting members of the gove					-	16					
e#			independent voting member				4		16					
10			per of individuals employed in				5		1					
묫			per of volunteers (estimate if	-			6		55					
Activities & Governance			ated business revenue from				-		0					
-			ted business taxable income	•	•			-	0					
_	5 1	46t utiroja	ted business taxable income	1,011110111120011,1	tare i, into 11	Prior Ye		Current Ye						
Revenue	8 (	Contributio	ons and grants (Part VIII, line		391,253 163,57									
			ervice revenue (Part VIII, line		21,541	H-12/100	219,971							
		•	service revenue (Part VIII, line 2g)											
æ														
			nue-add lines 8 through 11 (n				435,840		68,448 452,015					
-			similar amounts paid (Part I		THE RESERVE OF THE PARTY OF THE		0		0					
			aid to or for members (Part I)											
3			her compensation, employee				21,092	30,928						
Expenses			al fundraising fees (Part IX, c				0		0					
ē			raising expenses (Part IX, col			Bracks All		A SPECIAL CO.	U2 10 1 FL S					
ä			enses (Part IX, column (A), lin				95,547		168,989					
			nses. Add lines 13-17 (must			-	116,639		199,917					
	1		ess expenses. Subtract line 1				319,201		252,098					
h. 19		neveriue is	ass expenses. Subtract line 1	O HOM MILE 12 .		Beginning of Cu		End of Ye						
Assets or Balances	20 -	Total acces	to (Bost V. line 16)			Doguming of or	897.834		,144,632					
34	20 ]		ts (Part X, line 16) ities (Part X, line 26)				28,609		23,309					
T'Ret	21 22		or fund balances. Subtract I				869,225		1,121,323					
	art II		re Block	III E I II OIII IMIC 20			000,220		, 12 1,020					
			, I declare that I have examined this	return, including accomp	nanving schedules and st	tatements, and to	he best of my	knowledge and	bellef, it is					
tru	e, correct,	and complet	e. Declaration of preparer (other than	officer) is based on all in	formation of which prep	arer has any knowl	edge.		180					
_			1. 1.11. 97	1. Par	11.1		11/14	2022						
Sig	on i	Signati	uib of officer //	1700	7 2 1 ~ 1	Da	te	10000						
	re	_	lyn Evans, President	•										
	]		r print name and title			<del></del>		·						
_		7 71	preparer's name	Preparer's signature		Date	Check [	it PTIN						
Pa		"					self-emplo							
	eparer		ne 🕨			Firm	ı's EIN ▶	1.0						
Us	e Only	Firm's add				_	ne no.							
Ma	v the IR		this return with the preparer	shown above? See	instructions	50000		. Yes	□No					
77154	,						0.5							

Form 99	0 (2021) Page 2
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS' (MDCFA) MISSION IS TO PROVIDE A BROAD
	RANGE OF CREATIVE AND COLLABORATIVE EXPERIENCES IN QUALITY EDUCATION, PRESENTATIONS AND EXHIBITS IN
	ALL DISCIPLINES OF THE ARTS. MDCFA is DEDICATED TO THE ESTABLISHMENT OF A VISUAL AND PERFORMING ARTS
-	(Continued on Schedule O, Statement 2)  Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
*	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
-10	The organization sponsors an annual Bluegrass Festival. The two-day event is open to the public and features both amateur and
	professional bluegrass bands.
	Notesaniai piucqi 833 milio.
	***************************************
	444444111111111111111111111111111111111
	\$14141141414111100000000000000000000000
4b	(Code: ) (Expenses \$ 22,027 including grants of \$ 0 ) (Revenue \$ 19,975 )
	The organization held a Plein Air art exhibition over several days in September, 2021. Artists from various States participated and
	competed for prizes. The public was invited to view and purchase the artists' works.
	***************************************
	***************************************
	(Code: ) (Expenses \$ 14.431 including grants of \$ 0 ) (Revenue \$ 77,198 )
4c	(OOOO. / (Experience)
	Maryland Center for the Art's primary goal is to construct a performing arts center (theater, ampi-theater and related buildings) on
	44 acres of land that it owns in Harford County, Md. A significant amount of time expended by Officers, employees and volunteers
	is devoted to planning the construction and raising the funds needed for construction costs. As of June 30, 2022, the organization
	has spent more than \$825,000 on this project. Those costs are included in the organization's balance sheet.
	***************************************
4 -1	Other are grown continue (Deposition on Schodule O.) See Schodule O. Statement ?
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 3 (Expenses \$ 48,445 including grants of \$ 0 ) (Revenue \$ 0 )
40	(Expenses \$ 48,445 including grants of \$ 0 ) (Revenue \$ 0 )  Total program service expenses ▶ 112,653

art	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		✓
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		<b>√</b>
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		<b>√</b>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_
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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		· ·
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		· ·
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	TE		
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	1	
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	•	<b>V</b>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>,</u>
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	<b>✓</b>	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	:	✓_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	_	1
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		1
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_		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		
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<u>Part</u>	Checklist of Required Schedules (continued)			
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
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		<b>✓</b>
24a	\$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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
м	to defease any tax-exempt bonds?	24c 24d		<del></del>
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		$\vdash$
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		/
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		<b>/</b>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		5	225
	"Yes," complete Schedule L, Part IV	28a 28b		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u> </u>
	"Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>/</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<del>-</del>
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		✓_
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		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
04	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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	330		<del>                                     </del>
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36	,	✓_
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		1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	/	
Part	V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	76	Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		3 00	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	1	
		Fort	n 990	(2021)

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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	and or management of the same
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			Carried St
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	35.55	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	<u> </u>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_ 5c	_	<del></del>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5</b> C	$\vdash$	$\vdash$
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		<u> </u>
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		30-3	
_	and services provided to the payor?	7a	brown man	-
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			B
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1100 00000
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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		-	
_	sponsoring organization have excess business holdings at any time during the year?	8		E CONTRACTOR DE LA CONT
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b		_
b 10	Section 501(c)(7) organizations. Enter:	30	9	(Various)
10	Initiation fees and capital contributions included on Part VIII, line 12	2		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	83		
11	Section 501(c)(12) organizations. Enter:			
' a	Gross income from members or shareholders	-		
ь	Gross income from other sources. (Do not net amounts due or paid to other sources	21		
	against amounts due or received from them.)			Yam.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		1000
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.	2.5		
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	711		
_				E.W
C 140	Enter the amount of reserves on hand	14a		1
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<b>1</b>
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	i — i — i	1
	If "Yes." complete Form 4720, Schedule O.	15		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	D. W. 1854		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Part '	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь 2	Enter the number of voting members included on line 1a, above, who are independent .    1b 16  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_		I
а	The governing body?	8a	<b>√</b>	
Ь	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>V</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	anno di c	<b>√</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		1
þ	Other officers or key employees of the organization	15b		<b>/</b>
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			3
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► MD  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-  (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	01(c)
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>	
	George Hergenhahn, (443)567-5216			

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Р	я	а	A	

Form **990** (2021)

Form 990 (2021)

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

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 the instructions for definition of "key employees."
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this have if neither the aggregation per any related organization compensated any current officer, director, or trustee

See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any current	officer, director,	or trustee.
	İ	(C)								
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and title	Average			t check more than one nless person is both an				Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any	오코	悥	ç	8	3 ∓	77	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	묽	Į₩	Officer	3	Highest co	Former	1099-MISC/	1099-MISC/	organization and
	related	을 를	ğ		븇	AB C	"	1099-NEC)	1099-NEC)	related organizations
	organizations below	Individual trustee or director			Key employee	ğ		ŀ		
	dotted line)	ê	Institutional trustee		-	Highest compensated employee				
		l	<b>a</b>	١.	l	ated		<u></u>		
Robert Willenbrink	30.00			Г						
Board Member	0.00		_	_	1			17,500	0	0
Tobias Musser	5.00									
Board Member	0.00	1	_	_	_			0	_0	0
Cynthia Hergenhahn	5.00		ļ					]		
Board Member	0.00	1	_		$\vdash$		_	0	0	0
Paul C Balsamo	5.00	1								
Board Member	0.00	✓.	_		┡		_	0	0	0
Anthony Lisuzzo	5.00									_
Board Member	0.00	1	<u> </u>				_	0	0	0
John Mettee IV	5.00	1			ı			İ		
Board Member	0.00	1	_	_	<u> </u>		<u> </u>	0	0	0
Larry Noto	5.00	1.			ı				_	_
Board Member	0,00	1	<u> </u>		┡		_	0	0	0
Robert Rich	5.00	1.			ı					_
Board Member	0.00	1	<u> </u>		┞		<u> </u>	0	0	0
Jon Kohler	5.00	┨			ı				_	1 .
Board Member	0.00	1	<u> </u>	_	┞		_	0	0	0
Debi Williams	5.00				ı					_
Board Member	0.00	✓	_	<u> </u>	<u> </u>		<u> </u>	0	0	0
Amy Jahnigen	5.00				ı					
Board Member	0.00	✓	_	<u> </u>	┡		<u> </u>	0	0	0
Claudine Adams	5.00	1.			ı					_
Board Member	0.00	1	<u> </u>	<u> </u>	<u> </u>		_	0	0	0
Carolyn Evans	10.00	1								
President	0.00		<u> </u>	1	$oldsymbol{oldsymbol{oldsymbol{eta}}}$		<u> </u>	0	0	0
Mary Teddy Wray	10.00	1								
Vice President	0.00			✓	<u> </u>			0	0	0

Part	VII Section A. Officers, Directors,	Trustees,	Key l	Emj	plo	yee	s, an	id F	lighest Compe	nsated Emplo	yees (c	ontinued)	
(A) Name and title		(B) Average hours per week (list any hours for related	(do r box, office	from the from related						(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organization		
		organizations below dotted line)	Individual trustee or director	Institutional trustee		жоу <del>ев</del>	Highest compensated employee		·				
George	Hergenhahn	10.00											
Treasu	<del></del>	0.00		├	✓	├		$\vdash$	0	0		0	
********	en Heidelmaier	10.00 0.00	ł		1				ا ا	0		0	
Secret	91 y	0.00	Ш		Ť			Γ					
						Г				<del></del>			
				Г		_							
				-				-					
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				-				-	_				
				┢	_			-					
			_	$\vdash$	$\vdash$	-							
			<u> </u>	<u> </u>		L		_					
												<u>-</u>	
	Subtotal								17,500	0		0	
	Total from continuation sheets to Part					•			17,500			0	
<u>d</u>	Total (add lines 1b and 1c)	t not limited	to th	1086	isi	ted	above	e) w		e than \$100,000	of		
	reportable compensation from the organ	Zation						_	0			Yes No	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	officer, dire	ector, for s	tru uch	iste ind	e, l ivid	key e ual	mpl	loyee, or highes	st compensated	3	1	
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio	on a	nd other compe	nsation from the			
	individual										4	1	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe comp	nsa lete	tion Scl	fro hedi	m any ule Jii	y un	related organiza	tion or individua	5	-	
Section	on B. Independent Contractors												
1	Complete this table for your five high compensation from the organization. Rep	nest comport comper	ensat isatio	ed n fo	inde r the	epe e ca	ndent Ienda	cc r ye	entractors that a par ending with or	received more within the organ	than \$1 nization'	100,000 of s tax year.	
	(A) Name and business add								(B) Description of sen		(C) Compens		
None	- variable spring account related species										_		
											_		
2	Total number of independent contractor	ors (includi	ng bi the oi	ut n	ot izat	limi tion	ted to	o th	nose listed abov	e) who			
				_	_	_					-		

Part	VIII	Check if Schedule O contains a response or note to	any line in this Pa	rt VIII		
		Check if Schedule O contains a response of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>ம்</b> ம	1a	Federated campaigns 1a	0			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b 23				
8 2	c	Fundraising events 1c 78,05	- C - C - C - C - C - C - C - C - C - C			
ર્જુ ₹	d	Related organizations 1d	0			
[를 량	е	Government grants (contributions) 1e 63,00	00		II—III The	
S. F.	f	All other contributions, gifts, grants,				Tree leading
윤희		and similar amounts not included above 1f 22,2	13			
호	g	Noncash contributions included in				
통합		lines 1a–1f 1g \$ 9,00	The state of the s			
<u> </u>	h	Total. Add lines 1a-1f	163,578			
_		Business Code				
Š	2a					
Program Service Revenue	Ь		<del> </del>			
gram Ser Revenue	Ç		<del>  -</del>	<del> </del>		
E &	a		<del> </del>			
§ _	e f	All other program service revenue	219,971	219.971	0	-0
ъ	g		219,971	210,017	Us d	40
-	3	Investment income (including dividends, interest, an				
		other similar amounts)	<b>▶</b> 18	18	0	0
	4	Income from investment of tax-exempt bond proceeds	<b>O</b>	0	0	0
	5	Royalties	0	0	0	0
		(i) Real (ii) Personal				
	6a	Gross rents 6a 0	0			
	b	Less: rental expenses 6b 0	0			
	C	Rental income or (loss) 6c 0	0			
	d	Net rental income or (loss)	0	.0	0	0
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets	0		ALCOHOLD MANAGEMENT	The second of
		other than inventory 7a				Barrier Territor
9	b	Less: cost or other basis and sales expenses . 7b 0				
Revenue			0			
E e	C		<b>D</b> 0	0	0	0
Je.	d	Gross income from fundraising				
Ę.	8a	events (not including \$ 127				
		of contributions reported on line				
		1c). See Part IV, line 18 8a 149,13	21			
	ь	Less: direct expenses 8b 80,6				
	С	33 (33)	68,448		0	68,448
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a	AS THE ST			
		Less: direct expenses 9b		10000		
		ttet moonie et (1000) ment genting =	<u> </u>			
	10a	Gross sales of inventory, less	Walter FT 8		1 - 12 - 12	
		returns and allowances 10a				
	b	Less: cost of goods sold 10b		Name and Address of the Owner, when the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the		
	С	THE MOONING OF (1999) WELL COLORS			E	
SI		Business Code	2			
Miscellaneous Revenue	11a			<del>                                     </del>		
scellaned Revenue	b	***************************************	<del></del>			
Re	6	All other revenue				
Σ	d e		<b>&gt;</b> 0	Access To the Control		Carrier and
	12		452,015		0	68,448

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .	<u> </u>	
	t include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundralsing
	, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	0	0		
2	individuals. See Part IV, line 22		ا		
	Grants and other assistance to foreign	0	0	0	
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members		0	the second second	
5	Compensation of current officers, directors,				
•	trustees, and key employees	17,500	8.750	8,750	0
6	Compensation not included above to disqualified	11,000			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	o	o	0
7	Other salaries and wages	12,348	4,116	4,116	4,116
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	1,080	360	360	360
11	Fees for services (nonemployees):				
а	Management	16,750	0	8,375	8,375
þ	Legal	6,089	3,164	2,925	0
C	Accounting	1,839	613	613	
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	. 0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)			ا	
		63,255	63,255	10,140	<u>0</u> 10,140
12	Advertising and promotion	30,654	10,374 5,472	5,472	5,472
13	Office expenses	16,416 3,378	1,126	1,126	1,126
14	Information technology	3,376	0,120	0	0
15 16	Royalties	14,650	8,650	3,000	3,000
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	0	o	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	2,267		2,267	
23	Insurance	4,340	1,560	1,390	1,390
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	8 - 10			5/4
а					
b	**************************************				
C					
d	All other eveness	0.254	5,213	2,069	2,069
<b>0</b>	All other expenses  Total functional expenses. Add lines 1 through 24e	9,351 199,917	112,653	50,603	36,661
25 26	Joint costs. Complete this line only if the		112,033		55,561
20	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 (2021)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . . . . Beginning of year End of year 1 49.957 125,543 2 2 Savings and temporary cash investments . . . . . . . 234,122 3 3 Pledges and grants receivable, net . . . . . . . 4 4 450 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 7 Assets 8 8 9 6,101 17,558 9 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a 10c Less: accumulated depreciation . . . . . 10b 23.870 23,927 25,268 11 Investments—publicly traded securities . . . . 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11 . . . 13 14 14 741,870 15 819,068 Other assets. See Part IV, line 11 . . . . . . . 15 Total assets. Add lines 1 through 15 (must equal line 33) . . 16 897,834 1,144,632 16 17 9,791 8,729 Accounts payable and accrued expenses . . . . . . . . 17 18 18 19 13,775 14,580 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 5,043 26 26 Total liabilities. Add lines 17 through 25 . . . . . . 28,609 23,309 Organizations that follow FASB ASC 958, check here ▶ 🔽 **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 1,121,323 869,225 Net assets without donor restrictions . . . . . . . 27 28 0 28 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . 31 Retained earnings, endowment, accumulated income, or other funds . . . 31 32 1.121.323 32 869,225 33 Total liabilities and net assets/fund balances . . . . 897,834 1,144,632

vm 99	0 (202	n				Pa	ge 12
	•	Reconciliation of Net Assets					
	,	Check if Schedule O contains a response or note to any line in this Part XI					
1	Tota	I revenue (must equal Part VIII, column (A), line 12)	1				2,015
2		I expenses (must equal Part IX, column (A), line 25)	2			19	9,917
3	Reve	enue less expenses. Subtract line 2 from line 1	3			25	2,098
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			86	9,225
5		unrealized gains (losses) on investments	5				0
6		ated services and use of facilities	6				0
7		stment expenses	7				0
8		period adjustments	8		_		0
9		er changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
		column (B))	10			1,12	1,323
Part		Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII					
						Yes	
1	Acc	ounting method used to prepare the Form 990:   Cash  Accrual  Other					=
•	If th	e organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			8 3
		edule O.					
2a	Wer	e the organization's financial statements compiled or reviewed by an independent accountant?			2a		1
	If "Y	'es," check a box below to indicate whether the financial statements for the year were con	npiled	or			1888
	revie	ewed on a separate basis, consolidated basis, or both:					
		eparate basis			1135		HIS
h		e the organization's financial statements audited by an independent accountant?		. [	2b		1
-	If "Y	'es," check a box below to indicate whether the financial statements for the year were audi	ted o	n a 🛭		1	
	sepa	arate basis, consolidated basis, or both:			1		
		eparate basis			= 4		
C	H "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of		7-1-2	
•	the :	audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?	.	2c		
	If the	e organization changed either its oversight process or selection process during the tax year, ex	kplain	on			Title 1
		edule O.		- 1			100

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form 990 (2021)

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#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

**2021** Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 20-3022352 MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS INC 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). 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 university: An organization that normally receives (1) more than 331/3% 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 331,2% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d. 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 b 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, c 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) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (vi) Amount of (iv) is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (i) Name of supported organization other support (see (described on lines 1-10 listed in your governing support (see instructions) document? instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	295,696	278,349	415,954	391 <u>,253</u>	85,488	1,466,740
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	295,696	278,349	415,954	391,253	85,488	1,466,740
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						07.000
_							97,000 1,369,740
6 Cooti	Public support. Subtract line 5 from line 4					20	1,369,740
	on B. Total Support  dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Calen 7	Amounts from line 4	295,696	278,349	415,954	391,253	85,488	1,466,740
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	233,030	202	63	-103	18	180
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						_
11	Total support. Add lines 7 through 10			(VIIII ASSES			1,466,920
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	452,015
13	First 5 years. If the Form 990 is for the				or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he					<u> </u>	🟲 🗌
Secti	on C. Computation of Public Suppor	rt Percentag	e				
14	Public support percentage for 2021 (line	6, column (f), d	ivided by line	11, column (f))		14	93.38 %
15	Public support percentage from 2020 Sci	nedule A, Part	II, line 14 .			15	96.51 %
16a	331/2% support test—2021. If the organi box and stop here. The organization qua	ization did not	check the box	organization	IQ III 19 14 15 30	37370 OF ITIOIE,	▶ 🛛
	331/3% support test—2020. If the organic	innes as a publ	chock a box o	n line 13 or 16	a and line 15	is 331/2% or m	ore, check
b	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		🟲 📙
17a	organia i i i i i i i i i i i i i i i i i i	neets the facts facts-and-circ	-and-circumstaumstaumstances tes	ances test, che st. The organiz	eck this box a ation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2: 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	cts-and-circur cumstances te	nstances test, est. The organi	check this bozation qualifies	x and stop he s as a publicly 	re. Explain supported
18	Private foundation. If the organization						
	instructions	· · · · ·	· · · · ·				· · - L

# 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.)

Secti	on A. Public Support		<u></u>				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees					1	1
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			<u> </u>			
	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	<del></del>		_			
-	unrelated trade or business under section 513		'	1			
4	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		1				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		-	_			
	received from disqualified persons .						
L	Amounts included on lines 2 and 3		<del> </del>	<del>                                     </del>		_	<del></del>
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1001 21 101			Text of the last	to the second	
•	line 6.)		12 12 12 12		10001-3		
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(2) 20 11	(=, == ::=	\-,			
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties, and income from similar sources .		ŀ	ĺ			
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						j
C	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether				1		
	or not the business is regularly carried on						
12	Other income. Do not include gain or	<del>-</del>					
	loss from the sale of capital assets						
	(Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	l, third, fourth,	or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor		e				
15	Public support percentage for 2021 (line	B, column (f), o	livided by line	13, column (f))		15	%
16	Public support percentage from 2020 Scl	nedule A, Part	III, line 15 .		<u>.</u>	16	%_
Secti	on D. Computation of Investment In	come Perce	ntage				<u></u>
17	Investment income percentage for 2021 (	line 10c, colur	nn (f), divided t	by line 13, colu	ımn (f))		<u>%</u>
18	Investment income percentage from 2020	Schedule A.	Part III, line 17			18	%
19a	331/3% support tests-2021. If the organ	ization did nol	check the box	k on line 14, a	nd line 15 is m	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🟲 🔲
b	331/3% support tests - 2020. If the organiz	zation did not d	heck a box on	line 14 or line	19a, and line 10	6 is more than	33¹/s%, and
	line 18 is not more than 331/2%, check this	box and stop I	nere. The organ	ization qualifies	as a publicly s	supported organ	nization 🕨 🔲
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🔲

# Part IV Supporting Organizations

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

Secti	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		1000
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		ME
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		i e
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.	9a		
b	and the second s	9b		
C	Did a disqualified person (as defined on 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.	9с		
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 line 10b below.	10a		
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.)	10b		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44 -		
	11c below, the governing body of a supported organization?	11a		
Ь	A family member of a person described on line 11a above?	11b		17.000.00
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Casti	on B. Type I Supporting Organizations	110		
Secu	on b. Type i supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	53	NO
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> .  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? <i>If "Yes" or "No," provide details in Part VI</i> .	За	WE	
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.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
	Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expi	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	ions A through E.
Secti	on 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		(77) 0 114
Secti	on B—Minimum Asset Amount		(A) Prior Year	(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):			The state of the s
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	<u> </u>	
d	Total (add lines 1a, 1b, and 1c)	1 <u>d</u>		
е	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		M
2	Enter 0.85 of line 1.	2	Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	
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, unless subject to			
	emergency temporary reduction (see instructions).	6	The state of the s	53
7	Check here if the current year is the organization's first as a non-functional	ally	integrated Type III suppo	rting organization
	(see instructions).			

Part	1 Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continue	<u>u) </u>	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		_	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	nizations	3	<u></u>	
4	Amounts paid to acquire exempt-use assets	13.1 35, 34,		4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	·
6	Other distributions (describe in Part VI). See instructions.	<del></del>		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.	<u> </u>		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				THE RESIDENCE
9	Applied to underdistributions of prior years			Ц	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				L L L L L L L L L L L L L L L L L L L
j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				DOLLAR BUSINESS
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if			- 1	
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in	1 8 1 1 1 3 5 E			
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				2000
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d					
е	Excess from 2021				

Part 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 D (Form 990)

# **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.

Open to Put

Employer Identification number

Department of the Treasury Internal Revenue Service

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

2021
Open to Public Inspection

OMB No. 1545-0047

	AND CENTER FOR THE VISUAL AND PERFORMING	ARTS INC	20-3022352
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fund	is or Accounts.
	Complete if the organization answered	<u>"Yes" on Form 990, Part IV, line 6.</u>	
		(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	3	
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control	l? Yes □ No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	t tunds can be used
	only for charitable purposes and not for the bene conferring impermissible private benefit?	it of the donor or donor advisor, or to	· · · · · · □ Yes □ No
		<u> </u>	· · · · · L Tes L No
Par	II Conservation Easements.	m	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	6 - Ni-terically important land area
	Preservation of land for public use (for example, recr	eation or education) Preservation o	or a historically important land area
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
_	☐ Preservation of open space Complete lines 2a through 2d if the organization h	old a qualified conservation contribution	n in the form of a conservation
2	easement on the last day of the tax year.	eld a qualified conservation contribution	Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easemen Number of conservation easements on a certified	historia atrustura included in (a)	2c
C	Number of conservation easements on a certified Number of conservation easements included in	(c) acquired after 7/25/06, and not of	on a
d	historic structure listed in the National Register	(b) abdanca arror vizores, and incident	2d
	Number of conservation easements modified, tran	sferred released extinguished or terr	
3	tax year	isianoa, toidaboa, oximgaisiaa, e	····
4	Number of states where property subject to conse	rvation easement is located	
5	Does the organization have a written policy re	garding the periodic monitoring, insp	pection, handling of
•	violations, and enforcement of the conservation ea	sements it holds?	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing	g conservation easements during the year
•	<b>▶</b>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		□ Yes □ No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text	of the foothole to the organization's line	ancial statements that describes the
	organization's accounting for conservation easem		Other Similar Appata
Par	Organizations Maintaining Collection	is of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered  If the organization elected, as permitted under FA	Tes on Form 990, Fait IV, line 0.	in statement and balance sheet works
1a	of art, historical treasures, or other similar asset	s held for public exhibition, education	or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describ	es these items.
	If the organization elected, as permitted under FA	ISB ASC 958, to report in its revenue s	statement and balance sheet works of
b	art, historical treasures, or other similar assets hel	d for public exhibition, education, or re-	search in furtherance of public service,
	provide the following amounts relating to these ite	ms:	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assots included in Form 990, Part Y		▶ \$
2	If the organization received or held works of an	, historical treasures, or other similar	assets for financial gain, provide the
_	following amounts required to be reported under f	FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , ,	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<u> </u>	<mark> ▶ \$</mark>

Part	III Organizations Maintaining C	ollections of	Art, Hist	torical 1	reasures	, or Ot	her Similar A	ssets (cont	inued)
3	Using the organization's acquisition, acc	cession, and oth	ner recor	ds, chec	k any of th	e follow	ing that make	significant u	se of its
	collection items (check all that apply):								
а	☐ Public exhibition				or exchang				
Ь	Scholarly research		e	☐ Other			*********		
C	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Part	rt IV Escrow and Custodial Arrangements.								
	Complete if the organization a	nswered "Yes"	on For	m 990, F	Part IV, line	e 9, or ı	reported an a	mount on F	orm
	990, Part X, line 21.							<del></del>	
1a	Is the organization an agent, trustee, c								
	included on Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the 10	llowing to	apie:		1	Amount	
_	Beginning balance					10		AIIIOUIIL	
C	Additions during the year					1d	<del>-}</del>		
d	Distributions during the year					1e	1	-	
e f	Ending balance					11	<del></del>		
2a	Did the organization include an amount of	on Form 990. Pa	rt X. line		scrow or c			y?   Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the ex	planatio	n has been	provide	d on Part XIII		
	V Endowment Funds.								
	Complete if the organization as	nswer <u>ed "Yes"</u>	on For	m 990, f	Part IV, line	e 10.			
		(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four ye	ars back
1a	Beginning of year balance							_	
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs						<u> </u>		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the			e (line 1g	ı, column (a	i)) held a	IS:		
a	Board designated or quasi-endowment		.%						
b	Permanent endowment ▶								
C	Term endowment ▶ %	s abould agual 16	nn 04						
2-	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p	s snoulu equal it	e organi:	zation th	at are held	and adi	ministered for t	the	
Şā	organization by:	30330331011 01 111	o organii					Y	es No
	(i) Unrelated organizations							3a(i)	$\top$
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga							3b	
4	Describe in Part XIII the intended uses o								
Part	VI Land, Buildings, and Equipm	ent.		_					
	Complete if the organization a	nswered <u>"Yes'</u>	on For						
	Description of property	(a) Cost or oti (investme			or other basis other)		Accumulated preciation	(d) Book v	alue
1a	Land		0		0	V-7-31			0
b	Buildings		0		0		0		0
C	Leasehold improvements		0	_	0	<u> </u>	0		0
d	Equipment		15,095		0	ļ_ <del></del> _	12,764		2,331
e	Other	et oqual Form 00	34,100	C column	0 (R) line 1	nc l	12,504		21,596 23,927
ı otal.	AUD IIITES TE UNTOUGH TE. (COMMIN (d) MUS	aceguai i Oilli 33	JU, I CIIL/	y colultil	· (-), mic 1	/ • •			-ujul/

Part VII	Complete if the organization answered "Yes" on Form 990, Par	t IV. line 11b. See I	Form 990.	Part X. line 12.
	(a) Description of security or category	(b) Book value		ethod of valuation:
	(including name of security)	<b>(</b>		nd-of-year market value
(1) Financia	derivatives			
	neld equity interests			
(3) Other			ļ	
(A)	www.see.gegggggggggggggggggggggggggggggg			<del></del>
(B)				
(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
(D)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(E)			+	<u> </u>
(F)			+	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		-	
(H)	Ab A Con Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .  Investments—Program Related.			
Part VIII	Complete if the organization answered "Yes" on Form 990, Par	t IV line 11c See F	Form 990	Part X line 13.
	(a) Description of investment	(b) Book value		ethod of valuation:
	(a) Description of investment	(b) Book value		nd-of-year market value
(1)	·····		_	
(2)			-	
(3)				
(4)				
(5)				
(6)				
(7)				·
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11d. See i	-orm 990	Part X, line 15.
	(a) Description			(b) Book value
	zed Project Cost			819,068
(2)				
(3)		<u></u>		
(4)		<del></del>		
(5)		<del>-</del>		
(6)		<u> </u>		
(7) (D)		<u> </u>		
(8)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ▶	819,068
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 11e or 11i	. See For	m 990, Part X,
	line 25			
1.	(a) Description of flability			(b) Book value
(1) Federal i	ncome taxes			
(2)				
(3)			_	
(4)				
_(5)				
(6)				<u></u>
(8)				
(9)	(A) word and Course COO Florid V and (D) line DE 1		. ▶	
O Linkiller for	mn (b) must equal Form 990, Part X, col. (B) line 25.)	anization's financial st		at reports the
organization	s liability for uncertain tax positions under FASB ASC 740. Check here if the te	ext of the footnote has	been provid	led in Part XIII .
or yarnzanon	a manify for anomican two positions and of those two trees the anomical trees to			<u>_</u> _

Part			netuiii.
	Complete if the organization answered "Yes" on Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		180
a	•	4a	
ь	Other (Describe in Part XIII.)	4b	Com.
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part		ents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	2a	
a	Prior year adjustments		
þ	Other losses		
C	Other (Describe in Part XIII.)		
d			2e
е	Add lines 2a through 2d		3
3	Subtract line 2e from line 1	i	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	45	
	Investment expenses not included on Form 490 Part VIII line /h	4a	100
a	investment expenses not included our country of the vin, into the	415	
	Other (Describe in Part XIII.)		40
а	Other (Describe in Part XIII.)		40
a b c 5	Other (Describe in Part XIII.)		4c 5
a b c 5	Other (Describe in Part XIII.)	e 18.)	5
a b c 5 Part	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provid 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provid 2; Par	Other (Describe in Part XIII.)	e 18.)	5 o; Part V, line 4; Part X, line aformation.
a b c 5 Part Provice 2; Par	Other (Describe in Part XIII.)	e 18.)	5 o; Part V, line 4; Part X, line information.
a b c 5 Part Provio 2; Par	Other (Describe in Part XIII.)	e 18.)	5 o; Part V, line 4; Part X, line information.
a b c 5 Part Provio 2; Par	Other (Describe in Part XIII.)	e 18.)	5 o; Part V, line 4; Part X, line information.
a b c 5 Part Provid 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provice 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	e 18.)	5 o; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provio 2; Par	Other (Describe in Part XIII.)	e 18.)	5 o; Part V, line 4; Part X, line information.
a b c 5 Part Provio 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provice 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provio 2; Par	Other (Describe in Part XIII.)	e 18.)	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	e 18.)	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2b to provide any additional in	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2b to provide any additional in	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2t to provide any additional in	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2t to provide any additional in	5 p; Part V, line 4; Part X, line aformation.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2t to provide any additional in	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2t to provide any additional in	5 p; Part V, line 4; Part X, line information.
a b c 5 Part Provio 2; Par	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional in	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provio 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2t to provide any additional in	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2t to provide any additional in	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2t to provide any additional in	5 D; Part V, line 4; Part X, line information.
a b c 5 Part Provic 2; Par	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b and 2b to provide any additional in	5 p; Part V, line 4; Part X, line information.

#### **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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Νŧ

w.irs.gov/Form990 for instructions and the latest information

Name of the organization  MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS INC  20-30223									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Form 990-EZ filers are not required to complete this part.	17.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a ☐ Mail solicitations e ☐ Solicitation of non-government grants	Contribution of any government agents								
	b ☐ Internet and email solicitations f ☐ Solicitation of government grants								
c ☐ Phone solicitations g ☐ Special fundraising events									
d In-person solicitations									
of they employeed mater in a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the c	Yes No								
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the funcompensated at least \$5,000 by the organization.	draiser is to be								
	Amount paid to or retained by) organization								
Yes No									
1	. <u> </u>								
2									
3									
4									
5									
6	_								
7									
8									
9									
10									
Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it registration or licensing.									

Sche	edule G	(Form 990 or 990-EZ) 2021				Page 2		
Pa	ırt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with		
Revenue			(a) Event #1 Dancing for the Arts	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
	1	Gross receipts	227,211			227,211		
	2	Less: Contributions	78.090			78.090		
	3	Gross income (line 1 minus line 2)	149,121			149,121		
Direct Expenses			110,121		-			
	4	Cash prizes	0			0		
	5	Noncash prizes	1,300			1,300		
	6	Rent/facility costs	9,738			9,738		
	7	Food and beverages	30,000		0	30,000		
	8	Entertainment	32,075		. 0	32,075		
	9	Other direct expenses .	7,560			7,560		
	10	Direct expense summary. Ac	ld lines 4 through 9 in co	olumn (d)		80,673 68,448		
Pa	11 rt III	Net income summary. Subtract line 10 from line 3, column (d)						
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
Ω	5	Other direct expenses .						
_					[ ] v			

If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

If "Yes," explain:

Volunteer labor .

7

ichedu	le G (Form 990 or 990-Ez) 2021		, aga 0				
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	□ No				
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?						
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility		<u>%</u>				
b	An outside facility		%				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ▶						
	Address ▶						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No				
Ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
_	amount of gaming revenue retained by the third party ▶ \$						
С	If "Yes," enter name and address of the third party:						
	Name >						
	Address ▶	••					
16	Gaming manager information:						
	Name >						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	□ Director/officer □ Employee □ Independent contractor						
17	Mandatory distributions:						
	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
-	retain the state gaming license?	∐ Yes	☐ No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and ( nal infor	(v); and mation.				
	***************************************						
	***************************************						

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2021** Open to Public

Department of the Treasury Inspection Internal Revenue Service **Employer Identification number** Name of the organization MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS INC 20-3022352 Form 990, Part VI, Section A, Line 2 - George Hergenhahn and Cynthia Hergenhahn are husband and wife Form 990, Part VI, Section B, Line 11b - Form 990 is provided to all Trustees, via email, for their review prior to filing the return Form 990, Part VI, Section B, Line 12c - The Organization's Conflict of Interest policy is monitored through inquiry of all Board members upon their admittance to the Board and annually thereafter. The policy is further enforced by the CEO and Board Chair's knowledge of ongoing activities and contracts. Form 990, Part VI, Section C, Line 19 - Form 990 is filed annually with the Maryland Secretary of State. In addition, Form 990 is available on the organization's web site and by request. Form 990, Part IX, Line 11g - Artists share of paintings sold and artists' prizes for Plein Air. Sound and lighting technicians for Blue Grass festival. Tree cutting costs preparing land for Outdoor Theater construction.

Schedule O, Statement 1 Form: Form 990 (2021) MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS INC

EIN: 20-3022352

Page: 1

**Activity Or Mission Description** 

Part I, Line 1

#### Description

and exhibits in all disciplines of the Arts. MDCFA is dedicated to the establishment of a visual and performing arts center in Harford Co. Md. It will be accessible to all and will nurture art, artists and 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.

Schedule O, Statement 2

#### MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS INC

Form: Form 990 (2021)

EIN: 20-3022352

Page: 2

**Mission Description** 

Part III, Line 1

#### Description

CENTER IN HARFORD COUNTY, MD. IT WILL BE ACCESSIBLE TO ALL AND NURTURE ART, ARTISTS AND COMMUNITY BY PROVIDING A BROAD RANGE OF CREATIVE AND COLLABORATIVE EXPERIENCES THROUGH QUALITY ARTS EDUCATION.

Schedule O, Statement 3 Form: Form 990 (2021) MARYLAND CENTER FOR THE VISUAL AND PERFORMING ARTS INC

EIN: 20-3022352

Page: 2

**Other Program Services Accomplishments** 

Part III, Line 4d

Activity Code	Description	Expense	Grants	Revenue
	Several small program performances such as a Christmas Concert and a Ballet performance. A weeklong summer program for children to learn and practice artistic performance skills. A Big Band concert for the general public. Program staff salary and benefits.	48,445	0	0
Total:		48,445	0	0