Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Internal R	gevenne	Service Go to www.irs.gov/Form990 for instructions and the late	st information.	Inspection
A For	the 2	2022 calendar year, or tax year beginning $$ JUL 1 , $$ $$ 2022 $$ and ending	<u>J</u> UN 30, 20:	23
B Chec	:k if	C Name of organization	D Employer ide	ntification number
appli	cable	GLEN ECHO PARK PARTNERSHIP FOR		
[A	ddress hange	ARTS AND CULTURE, INC.		
	ame	·	38-365	0220
	hange itial	Doing business as	112.55	
_	lurn	Number and street (or P.O. box if mail is not delivered to street address) Room/s	· 179	
Llre	inal ilurn/	7300 MACARTHUR BOULEVARD	(301)6	34-2222
at	rmin- led	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,051,195.
Ar	mended Nurn	GLEN ECHO, MD 20812	H(a) Is this a grou	up return
A	pplica- on	F Name and address of principal officer: KATHARINE BOERNER	for subordin	ates? Yes X No
pe	ending	SAME AS C ABOVE	H(b) Are all subordina	
I Tav	-ovom			ch a list. See instructions
J Wel			H(c) Group exem	
				2 M State of legal domicile: MD
Part		Summary	real of formation, 200	2] M State of legal dofficile. P1D
$\overline{}$	_	-	NEDGUITO DOD	
ٔ انه		riefly describe the organization's mission or most significant activities. THE PART		
Governance	A	RTISTIC, CULTURAL, AND EDUCATIONAL OFFERINGS	AT GLEN EC	HO PARK AND
Ĕ :	2 CI	heck this box if the organization discontinued its operations or disposed of n	nore than 25% of its ne	assets.
္ကို ႏ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3 21
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4 21
Activities &		otal number of individuals employed in calendar year 2022 (Part V, line 2a)		5 48
		otal number of volunteers (estimate if necessary)		6 2885
. [<u>≨</u>] .				7a 0.
}				7b 0.
+	D IN	et unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	_			
ة إيو		ontributions and grants (Part VIII, line 1h)	693,99	
릙	9 Pr	rogram service revenue (Part VIII, line 2g)	1,220,11	
Revenue	0 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	84	
1	1 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142,53	5. 168,095.
1	2 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,057,48	5. 2,779,045.
1	3 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
1		enefits paid to or for members (Part IX, column (A), line 4)		0. 0.
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,212,22	7. 1,379,127.
36 1		rofessional fundraising fees (Part IX, column (A), line 11e)		0. 0.
ē '		005 005	(- K)	
- 81.			004 72	0 973 431
_ '		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	894,72	
- 1		otal expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)	2,106,94	
\rightarrow	19 R	evenue less expenses. Subtract line 18 from line 12	-49,46	
ets or			Beginning of Current Y	
<u> </u>	:0 To	otal assets (Part X, line 16)	3,323,34	
Net Asse	H To	otal liabilities (Part X, line 26)	961,86	0. 1,009,319.
翌 2	2 N	et assets or fund balances. Subtract line 21 from line 20	2,361,48	3. 2,888,083.
Part		Signature Block		
Under o	penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	of my knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which pre-		, ,
	T	VOX C1/1		11/24
Cimm	5	Signature of Afficer	Date	11/61
Sign	- 1	The state of the s		/ /
Here		ATHARINE BOERNER, EXECUTIVE DIRECTOR Type or print name and title		
_	\rightarrow		Data La	DTIN.
		Print/Type preparer's name Preparer's signature	Date Chec	
Paid	N	EIL E. BERGER NEIL E. BERGER	02/01/24 self-	
Prepar	er F	irm's name ADEPTUS PARTNERS LLC	Firm's EIN	20-1835208
Use On	lly F	Firm's address 3311 OLNEY SANDY SPRING RD		-00
		OLNEY, MD 20832-1411	Phone no.	(301)929-9700
May th	ne IRS	discuss this return with the preparer shown above? See instructions		X Yes No

Form	1 990 (2022) ARTS AND CULTURE, INC.	38-3650339	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE PARTNERSHIP PRESENTS VIBRANT ARTISTIC, CULTURAL,	AND EDUCATIONAL	
	OFFERINGS AT GLEN ECHO PARK AND PROMOTES THE PARK AS .	A UNIQUE	
	DESTINATION FOR OUR REGION'S DIVERSE POPULATION. THE	PARTNERSHIP	
	NURTURES A DYNAMIC COMMUNITY OF ARTISTS AND PERFORMER	S WHILE	
2	Did the organization undertake any significant program services during the year which were not listed on the	he	
	prior Form 990 or 990-EZ?	Yes	X No
	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 servi	ices?	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		nd
	revenue, if any, for each program service reported.		-
4a	(10, 07)	(Revenue \$ 251,	513. ₎
		IN ARTS EDUCATION	
	FOR ALL AGES TO INCLUDE VISUAL ARTS AND CRAFTS, DANCE		
	AND CAMP AND CLASSES FOR YOUTH AND CHILDREN IN THE AR		- ,
	ENVIRONMENTAL EDUCATION. ALSO PRESENTING PROGRAMS FO		
	PARTICIPANTS IN THE ARTS AND ENVIRONMENTAL EDUCATION.		
	I I I I I I I I I I I I I I I I I I I		
4b	(Code:) (Expenses \$ 375,094. including grants of \$)	(Revenue \$ 1,001,	189.
40	(Code:) (Expenses \$		<u> </u>
	FEATURING LIVE MUSIC, SOCIAL DANCE LESSONS IN A VARIE		
	·	DANCE AND OTHER	
	SOCIAL (PARTNER) DANCES. PUBLIC FESTIVALS AND EVENTS		
	CAROUSEL DAY (OPENING DAY FOR FAMILIES OF THE HISTORIC		FN
	·	SHOW AND WEEKEN	
	HERITAGE DAYS, LGBTQ FAMILY DAY, WINTER'S EVE, FALL F		υ,
	CONCERTS THROUGHOUT THE SUMMER. ART EXHIBITIONS IN T		
	GALLERY, THE STONE TOWER, AND THE PARK VIEW GALLERY F		ruv
	OF MEDIA BY LOCAL AND REGIONAL ARTISTS.	EATORING A VARI	011
	OI MIDIA DI LOCAL MAD REGIONAL ARTIDID.		
40	(Code:) (Expenses \$ 758 , 422 • including grants of \$)	(Revenue \$ 306,	9/9
4c	(Code:) (Expenses \$/58,422• including grants of \$) ARTS FACILITY MANAGEMENT - FACILITY MANAGEMENT OF NUM	EROUS STUDIO AND	
	ARTS PROGRAM FACILITIES TO INCLUDE THEATERS, DANCE FA		
	PERFORMANCE VENUES, ARTIST STUDIOS, CLASSROOMS FOR TH		
	ORGANIZATIONS PROVIDING ARTS PROGRAMMING AND TO PROVI		
		OVIDING RENTAL	
	PROGRAM TO THE GENERAL PUBLIC AND THE COMMUNITY FOR P		n
	PRIVATE RECEPTIONS. OVERSEEING FOOD SERVICE PROVIDED		
	PARK AS AN AMENITY FOR PARK PROGRAMS AND OPERATIONS.		TUC
	MAINTAINING THE HISTORIC 1921 DENTZEL CAROUSEL FOR TH		
		E DENEFIT OF TH	<u> </u>
	PUBLIC AND AS A PARK AMENITY.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,752,392.)	

Form **990** (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		122
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		
.5	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b		20a 20b		
	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	200		
21		24		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		_ 41

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Form **990** (2022)

GLEN ECHO PARK PARTNERSHIP FOR

Form 990 (2022)

ARTS AND CULTURE, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		Х
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		Х
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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 96			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	<u> </u>

232004 12-13-22

Form 990 (2022) ARTS AND CULTURE, INC.

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

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 48					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action (Control of Foreign Bank) and Financial (C	counts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		_		37		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X		
b			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	_				
	to file Form 8282?		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		Х		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra						
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fol If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711				
Ü		by the	8				
9	Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b			9a 9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
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.						
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.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1					
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c	4.4		v		
			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		х		
	excess parachute payment(s) during the year?		15		Α.		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х		
16	If "Yes," complete Form 4720, Schedule O.	IIIOUIII o !	10		-25		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities					
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.		.,				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule O. see instructions.					
600	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management			l		
	Enter the number of voting members of the governing body at the end of the tax year 21		Yes	No		
па		-				
	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 0. Enter the number of voting members included on line 1a. above, who are independent 1b 21					
b	9	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х		
•	officer, director, trustee, or key employee?	2				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			X		
	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u> 4		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X		
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- °				
7a		7-		x		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a				
b		7b		x		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		25		
		8a	Х			
a b		8b	X			
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
	(This Section B requests information about policies not required by the internal nevertie code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100				
-	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?						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	X			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe					
	on Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
b	Other officers or key employees of the organization	15b	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		Х		
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				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial			
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	THE ORGANIZATION - 301-634-2255					
	7300 MACARTHUR BOULEVARD, GLEN ECHO, MD 20812					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	tee or direi ustee ensated		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations				
(1) K. BOERNER	40.00			3.7				162 202	0	20 240
(2) P. BAY	1 00			Х				162,292.	0.	20,349.
DIRECTOR	1.00	Х						0.	0.	0.
(3) B. CASPER	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(4) D. COSTELLO	1.00								•	
DIRECTOR		Х						0.	0.	0.
(5) M. DONIZETTI	1.00									
DIRECTOR		Х						0.	0.	0.
(6) A. FRIEDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) D. GREENBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) S. GUPTA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) H. HANSON-RIVAS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) K. HARTMAN ESPADA	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(11) M. KISHORE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) E. LENGERMANN	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(13) B. MARTIN	1.00	3,7							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) T. NIELSON DIRECTOR	1.00	v						0.	0.	0
(15) K. PECK	1 00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(16) S. PAUL	1.00	Δ				\vdash	-	1	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) W. POLAK	1.00	-22				\vdash		1	•	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
	<u> </u>		ı	ı	I				J •	Form 990 (2022)

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Form 990 (2022) ARTS AND	COLTOR	٠,	TI	<u>.</u>					30-30	000	<u> </u>	Pa	ge c
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		Estir amo		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensati om the anizatio d relate anizatio	on d
(18) M. ZANGWILL DIRECTOR	1.00	х						0.		0.			0.
(19) M. MORRIS	3.00												
PRESIDENT (20) I. SAVAKOVA	1.00	Х		Х		\vdash		0.		0.			0.
VICE PRESIDENT	1.00	x		х				0.		0.			0.
(21) R. KEYS SECRETARY	1.00	х		х				0.		0.			0.
(22) D. HANLON	1.00			X				0.		0.			0.
TREASURER		X		X				0.		0.			<u>U.</u>
		-											
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							162,292.		0.	20	0,34	<u>.9.</u>
d Total (add lines 1b and 1c)			<u></u>	<u></u>				162,292.	000 of war and bla	0.	20	0,34	9.
2 Total number of individuals (including but n compensation from the organization	ot ilmited to th	iose	liste	o ac	oove	e) wr	io re	eceived more than \$100	oud of reportable				1
3 Did the organization list any former officer,	director trust	ee k	cev e	emní	love	e or	· hia	ihest compensated emp	lovee on			Yes	No
line 1a? If "Yes," complete Schedule J for si	•		•		•		•	•	•		3		Х
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	Х	
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors)				
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	-	-							· · · · · · · · · · · · · · · · · · ·	ensa	ion fro	m	
(A) Name and business			ONE					(B) Description of s		C	(C Comper	;) nsation	

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

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Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII										
							-	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
ņς	1 :	a	Federated campaigns			1a	4,145.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b	, -				
رة <u>و</u>			Fundraising events			1c	45,700.				
fts,						1d					
ية إو			Government grants (contri	hutic		1e	783,732.				
Sir						ie	700,702.				
utic	1	T	All other contributions, gifts, g				314,446.				
ë			similar amounts not included			1f	4,595.				
out		_	Noncash contributions included in li	ines 1a	a-1f	1g \$	4,393.	1 140 022			
O g		n	Total. Add lines 1a-1f				B 0. 4.	1,148,023.			
			G00DTD1#0D FFFG				Business Code	000 441	200 441		
Program Service Revenue	2 8	а	COOPERATOR FEES				900099	889,441.	889,441.		
ervi	ı	b	FACILITY RENTALS				900099	210,812.	210,812.		
S	•	_	CLASS REGISTRATION F				900099	122,544.	122,544.		
ran Sev	(٠.	EVENTS AND COMMISSIO	NS			900099	111,748.	111,748.		
F	•	е	CAROUSEL INCOME				900099	96,137.	96,137.		
<u>a</u>	1	f	All other program service r	even	nue						
		g	Total. Add lines 2a-2f					1,430,682.			
	3		Investment income (includ	ing c	divide	nds, intere	est, and				
			other similar amounts)					32,258.			32,258.
	4		Income from investment of	f tax-	-exem	pt bond p	roceeds				
	5		Royalties								
					(i) Real	(ii) Personal				
	6 8	а	Gross rents	6a							
	1	b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)								
			Gross amount from sales of		(i) S	ecurities	(ii) Other				
		_	assets other than inventory	7a	1.1	L89,993.					
		h	Less: cost or other basis			•					
ø		~	and sales expenses	7b	1 1	190,006.					
nue		_		7c		-13.	+				
ther Revenue			Net gain or (loss)					-13.			-13.
<u>⊬</u>			Gross income from fundraisin								
픑	0 (а	including \$								
0											
			contributions reported on I		,		121,270.				
			Part IV, line 18				-				
			Less: direct expenses				02,144.	39,126.			30 126
			Net income or (loss) from f					33,120.			39,126.
	9 8	a	Gross income from gaming								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from g								
	10 a	а	Gross sales of inventory, le								
			and allowances								
	ı	b	Less: cost of goods sold			10k					
_	(С	Net income or (loss) from s	sales	of inv	ventory					
S							Business Code				
Miscellaneous Revenue	11 a	а	ART & EDUC MATERIALS				459210	128,969.	128,969.		
ane	ı	b									
Sell	(С									
Aisc	(d	All other revenue								
_		е	Total. Add lines 11a-11d					128,969.			
	12		Total revenue. See instruction	ns				2,779,045.	1,559,651.	0.	71,371.

Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			4.2.2.	
	trustees, and key employees	183,831.	146,955.	13,905.	22,971.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 005 504	005 006	61 004	140 654
7	Other salaries and wages	1,027,584.	825,036.	61,894.	140,654.
8	Pension plan accruals and contributions (include	15 466	12 262	1 000	1 100
	section 401(k) and 403(b) employer contributions)	15,466.	13,068.	1,292.	1,106. 620.
9	Other employee benefits	65,472.	47,754.	17,098.	620.
10	Payroll taxes	86,774.	69,670.	5,227.	11,877.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21 050		21 050	
	9	21,050.		21,050.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,	133,363.	118,439.	8,238.	6 686
40	column (A), amount, list line 11g expenses on Sch 0.)	36,297.	33,511.	0,230.	2 786
12	Advertising and promotion	23,004.	11,067.	11,932.	6,686. 2,786. 5.
13	Office expenses	43,189.	25,484.	8,152.	9,553.
14 15	Information technology	43,103.	23,404.	0,152.	7,333.
	Royalties				
16 17	Occupancy	499.	24.	471.	4.
18	Travel Payments of travel or entertainment expenses	400.	27.	±, ±,	4.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,855.	9,535.	4,987.	333.
20	Interest	3,268.	2,333.	3,268.	223.
21	Payments to affiliates	5,200		2,200	
22	Depreciation, depletion, and amortization	102,910.	86,445.	5,145.	11,320.
23	Insurance	27,326.	22,954.	1,366.	3,006.
24	Other expenses. Itemize expenses not covered	=:,===	==,,,,,,	= , 2	
	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 0.)				
а	SPECIAL EVENT AND FOOD	167,216.	107,002.	366.	59,848.
b	EQUIPMENT RENTAL AND MA	145,442.	141,362.	3,845.	235.
c	PRINTING AND PUBLICATIO	38,953.	22,107.	6,842.	10,004.
d	CONTRACT LABOR	38,619.	20,809.	17,810.	
е	All other expenses	77,430.	51,170.	21,941.	4,319.
25	Total functional expenses. Add lines 1 through 24e	2,252,548.	1,752,392.	214,829.	285,327.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

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Part X Balance Sheet

Part	LA	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,218,934.	1	1,693,020
	2	Savings and temporary cash investments		2	1,217,594
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	99,792.	4	55,392
	5	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	
	6	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	17,394.		17,257
₹	9	Prepaid expenses and deferred charges	<u></u> 36,869.	9	23,244
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,533,86			222
	b	Less: accumulated depreciation 10b 642,96		10c	890,895
	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	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 2 2 2 2 4 2	15	2 007 400
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,897,402
	17	Accounts payable and accrued expenses		17	37,236
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lia	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties	4 - 4 - 4	24	145,571
	25	Other liabilities (including federal income tax, payables to related third		24	143,371
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	759,523.	25	826,512
	26	Total liabilities. Add lines 17 through 25	961,860.	26	1,009,319
		Organizations that follow FASB ASC 958, check here			
ès		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	2,242,819.	27	2,748,157
Ball	28	Net assets with donor restrictions	444 444	28	139,926
2		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,361,483.	32	2,888,083
			3,323,343.	33	3,897,402

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,77				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,25				
3	Revenue less expenses. Subtract line 2 from line 1	3		26,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,36	1,4	83.		
5	Net unrealized gains (losses) on investments	5		1	03.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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 32,						
	column (B))	10	2,88	88,0	83.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

GLEN ECHO PARK PARTNERSHIP FOR Name of the organization ARTS AND CULTURE, INC.

Employer identification number 38-3650339

Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)		
1	\sqcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative		•		V6V1V4Vii	ii\	
4	H	A medical research organization					•	the hospital's name
7		city, and state:	ation operated in cor	ijanotion with a nospital	acscribed	in Section	ii iro(b)(i)(A)(iii). Littor	the hospital s hame,
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		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). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally						zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instructi	-		•		•	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,				
g		vide the following information		d organization(s).				•
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				,				
Tota	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		, ,	, ,		, ,	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop				•	. , . ,	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the orc	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ıblicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the orc	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s
							/Farm 000\ 0000

Schedule A (Form 990) 2022

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.)

Sed	etion A. Public Support	clow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(0)	(3) = 2 · 2	(5) ====	(=,===	(5) = = =	(1)
	include any "unusual grants.")	548,139.	1236036.	1352508.	693,996.	1148023.	4978702.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1667174.	1082445.	450,668.	1437537.	1680921.	6318745.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2215313.	2318481.	1803176.	2131533.	2828944.	11297447.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	43,232.	28,969.	28,965.	26,571.	39,465.	167,202.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	43,232.	28,969.	28,965.	26,571.		167,202.
	Public support. (Subtract line 7c from line 6.)						11130245.
	ction B. Total Support	1			T		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2215313.	2318481.	1803176.	2131533.	2828944.	11297447.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,807.	13,828.	451.	840.	32,258.	61,184.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	13,807.	13,828.	451.	840.	32,258.	61,184.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2229120.	2332309.	1803627.	2132373.	2861202.	11358631.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here		•				
Section C. Computation of Public Support Percentage							07.00
				(f)\		15	97.99 %
	Public support percentage for 2022 (I		•	.,,			
16	Public support percentage from 2021	Schedule A, Part	III, line 15	(i))		16	98.13 %
16 Se c	Public support percentage from 2021 ption D. Computation of Investigation	Schedule A, Part I	III, line 15 Percentage			16	98.13 %
16 Sec 17	Public support percentage from 2021 ction D. Computation of Investment income percentage for 20	Schedule A, Part lestment Income	Percentage nn (f), divided by lin	ne 13, column (f))		17	98.13 %
16 Sec 17 18	Public support percentage from 2021 ction D. Computation of Investing Investment income percentage from 20 Investment income percentage from 2021	Schedule A, Part lestment Income 022 (line 10c, colun 2021 Schedule A,	Part III, line 15	ne 13, column (f))		16 17 18	98.13 % .54 % .28 %
16 Sec 17 18	Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 Investment income percentage from 2021 at 1/3% support tests - 2022. If the	Schedule A, Part Istment Income 022 (line 10c, colun 2021 Schedule A, e organization did n	Percentage on (f), divided by line Part III, line 17 ot check the box of	ne 13, column (f)) on line 14, and line	15 is more than 3	17 18 3 1/3%, and line 1	98.13 % .54 % .28 % 7 is not
16 Sec 17 18 19a	Public support percentage from 2021 ction D. Computation of Investing Investment income percentage from 20 Investment income percentage from 2021	Schedule A, Part Income D22 (line 10c, colun 2021 Schedule A, e organization did n at the organization did n organization did n	Percentage on (f), divided by lin Part III, line 17 ot check the box of organization qualif ot check a box on	ne 13, column (f)) on line 14, and line lies as a publicly si line 14 or line 19a	15 is more than 3: upported organizat	17 18 3 1/3%, and line 1 cion	98.13 % .54 % .28 % 7 is not X

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Section A. All Supporting Organizations

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

	Yes	No
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3b		
3с		
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4a		
4b		
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4c		
5a		
F1.		
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5c		
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10a		
10b		
ıle A (Forr	~ 000)	2022
" ~ (I OII	550)	

Par	TIV 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			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
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		

					_
chedule A (Form 990) 2022	ARTS	AND	CULTURE,	INC.	

Pa	Type III Non-Functionally integrated 509(a)(3) Supporting	ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	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		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions **6** Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

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.
	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.)
-	
-	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
<u> </u>	1,276.	284.	570.	1,675.	662.
·	600.	600.	0.	0.	0.
	3,381.	0.	0.	0.	0.
	200.	200.	750.	250.	250.
<u> </u>	3,250.	0.	0.	0.	0.
	900.	100.	0.	0.	0.
	500.	0.	525.	0.	0.
	5,500.	0.	0.	0.	0.
	2,800.	2,400.	2,100.	2,050.	0.
	2,420.	3,750.	5,600.	7,275.	5,712.
	2,330.	0.	2,500.	3,565.	3,900.
	2,000.	1,000.	2,500.	2,000.	0.
	11,200.	16,000.	7,500.	100.	0.
· —	435.	335.	35.	1,200.	250.
<u> </u>	2,150.	200.	1,500.	2,335.	2,650.
1	1,050.	0.	0.	0.	0.
	500.	0.	300.	756.	250.
	2,740.	2,000.	1,905.	0.	0.
	0.	50.	0.	150.	0.
	0.	250.	180.	490.	600.
· —	0.	1,500.	2,250.	0.	0.
 -	0.	50.	0.	0.	0.
	0.	250.	0.	0.	0.
	0.	0.	500.	1,000.	800.
Total to Schedule A, Part III, Line 7a					

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	0.	0.	250.	0.	0.
·	0.	0.	0.	550.	300.
1	0.	0.	0.	3,175.	6,900.
_	0.	0.	0.	0.	720.
	0.	0.	0.	0.	1,750.
	0.	0.	0.	0.	500.
· —	0.	0.	0.	0.	300.
' -	0.	0.	0.	0.	2,575.
1	0.	0.	0.	0.	3,300.
_	0.	0.	0.	0.	4,420.
-	0.	0.	0.	0.	2,400.
	0.	0.	0.	0.	1,226.
Total to Schedule A, Part III, Line 7a	43,232.	28,969.	28,965.	26,571.	39,465.

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Employer identification number

38-3650339

Organization type (check one):							
Filers of	Filers of: Section:						
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization

GLEN ECHO PARK PARTNERSHIP FOR

ARTS AND CULTURE, INC.

Employer identification number

38-3650339

Parti	Continuators (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY 801 ELLSWORTH DRIVE SILVER SPRING, MD 20910	\$ <u>181,894.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	WASHINGTON, DC 20016	\$ 7,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	MARYLAND STATE ARTS COUNCIL WORLD TRADE CENTER BALTIMORE, 401 E PRATT ST., STE 1400 BALTIMORE, MD 21202	\$ 367,460.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	MARYLAND HERITAGE AREAS AUTHORITY 100 COMMUNITY PLACE, 3RD FLOOR CROWNSVILLE, MD 21032	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	BETHESDA, MD 20814	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	GLEN ECHO, MD 20812	\$5,712.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

GLEN ECHO PARK PARTNERSHIP FOR

ARTS AND CULTURE, INC.

Employer identification number

38-3650339

Parti	Contributors (see instructions). Use auplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BETHESDA, MD 20816	\$ <u>21,056.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>KATONAH, NY 10536</u>	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	BETHESDA, MD 20816	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	GAITHERSBURG, MD 20878	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	KENSINGTON, MD 20895	\$6,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization
GLEN ECHO PARK PARTNERSHIP FOR
ARTS AND CULTURE, INC.

Employer identification number

38-3650339

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BOCA GRANDE, FL 33921	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BETHESDA, MD 20814	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
GLEN ECHO PARK PARTNERSHIP FOR
ARTS AND CULTURE, INC.

Employer identification number 38-3650339

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization **Employer identification number** GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC. 38-3650339 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Employer identification number 38-3650339

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
		(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing
	impermissible private benefit?			Yes No
Pai			n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	Pı	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the periodic little and		•	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year
		3	3	J ,
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	n easements in its revenue	and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				'
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Art	: Historical Tr	easures. or	Othe	r Sim		S (contin		age 🚣
3	Using the organization's acquisition, accession							COILLI	iueu)	
Ü	collection items (check all that apply):	on, and other records	s, officer arry of the	Tollowing that	make 3	igiiiioe	ant doc or its			
а	Public exhibition	d	I can or ex	change progra	m					
b	Scholarly research	e		change progra						
c	Preservation for future generations	Ü	Outlot							
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's ever	mnt nu	rnose in Part	XIII		
5	During the year, did the organization solicit o							AIII.		
J	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		nto il tillo organizati	orr arrow or oa	100 011		000,1 41111,			
	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	ns or other ass	ets not	include	ed			
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
			- · · · · · · · · · · · · · · · · · · ·					Amount		
С	Beginning balance					1	С			
	Additions during the year						d			
	Distributions during the year						е			
f	Ending balance						ıf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	custodial accou	ınt liabil	lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on F	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on F	orm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Thi	ree years back	(e) Four	years	back
1a	Beginning of year balance	1,078,841.	930,055	. 939	,565.		870,223.		693,	670.
	Contributions	187,783.	218,231	. 37	,444.		139,145.		228,	441.
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	103,072.	69,445	. 46	,954.		69,803.		51,	888.
f	Administrative expenses									
g	End of year balance	1,163,552.	1,078,841	. 930	,055.		939,565.		870,	223.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	and administer	ed for th	ne		-		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X,	line 10).			
	Description of property	(a) Cost or of	, ,	st or other	٠,	ccumu		(d) Bool	k valu	е
		basis (investm	nent) basis	(other)	de	preciat	ion			
	Land		_							
	Buildings			52,130.			372.			<u>58.</u>
	Leasehold improvements			18,302.			417.			85.
	Equipment			52,043.			240.			03.
	Other		•	11,388.		84,	939.			<u>49.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	Column (R) line	10c)				890	J.8	95.

Schedule D (Form 990) 2022

	HULL THU THE THU		20 2650220 5 3
Schedule D (Form 990) 2022 ARTS AND CU Part VII Investments - Other Securities.	LTURE, INC.		38-3650339 Page 3
Complete if the organization answered "Yes"	on Form 000 Part IV line	11h Soo Form 900 Part V line 12	
(a) Description of security or category (including name of security)		T	and of year market value
(A) =	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(1) Financial derivatives		+	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	an Farm 000 Bart IV line	11. Cas Farms 000 Part V line 10	
Complete if the organization answered "Yes"			and of an arrandation
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-ot-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	an Farm 000 Bart IV line	11d Con Farma 000 Bart V line 15	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook volue
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u>e 15.) </u>	<u></u>	
	on Form 000 Dort IV line	110 or 11f Coo Form 000 Dort V line	. OE
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			147 222
(2) ACCRUED COMPENSATION			147,333.
(3) TUITION PAYMENTS HELD FOR			F00 400
(4) DISBURSEMENT			598,422.
(5) FACILITY RENTAL DEPOSITS	DING		53,522.
(6) GIFT CERTIFICATES OUTSTAN	DTNG		2,763.
(7) TENANT SECURITY DEPOSIT			24,472.
(8)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

826,512.

(9)

Schedule D (Form 990) 2022 ARTS AND CULTURE, INC.			38-3	3650339	Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	turn.		
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1 Total revenue, gains, and other support per audited financial statements			1	2,928,	041.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	4.00			
a Net unrealized gains (losses) on investments		103.			
b Donated services and use of facilities		66,749.			
c Recoveries of prior year grants		00 144			
d Other (Describe in Part XIII.)	2d	82,144.		140	006
e Add lines 2a through 2d			2e	2,779,	996.
3 Subtract line 2e from line 1			3	4,119,	045.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	اءا				
a Investment expenses not included on Form 990, Part VIII, line 7b					
b Other (Describe in Part XIII.) c Add lines 4a and 4b			40		0.
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	2,779,	
Part XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F			0150
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
Total expenses and losses per audited financial statements			1	2,401,	441.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2a	66,749.			
b Prior year adjustments		-			
c Other losses					
d Other (Describe in Part XIII.)		82,144.			
e Add lines 2a through 2d	-	-	2e	148,	893.
3 Subtract line 2e from line 1			3	2,252,	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b			4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			5	2,252,	
Part XIII Supplemental Information.	,				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV. lines 1b a	nd 2b: Part V. line 4	: Part X	(. line 2: Part X	l.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•	•	,	-, ····- —, · -·· -· ·	-,
, , , , , , , , , , , , , , , , , , ,					
PART X, LINE 2:					
THE ORGANIZATION'S MANAGEMENT EVALUATES TAX	X POSITIO	NS AND REC	OGN]	IZES A I	'AX
LIABILITY IF THE ORGANIZATION HAS TAKEN AN	UNCERTAI	N POSITION	THA	AT MORE	
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPO	N EXAMINA	TION BY TH	E IN	NTERNAL	
REVENUE SERVICE. THE ORGANIZATION'S MANAGE	MENT HAS	ANALYZED I	TS 1	l'AX	
	22 22				_
POSITIONS, AND HAS CONCLUDED THAT AS OF JUI	NE 30, 20	23 AND 202	2, 1	THERE AR	<u>RE</u>
NO INCERMATE MAY DOCUMENT MILAM MOULD DECI	TDE DEGOG	NITETON EU	_		
NO UNCERTAIN TAX POSITIONS THAT WOULD REQU	IRE RECOG	NITION. TH	E		
ODCANTZAMION IC CUDIECM MO DOUMINE AUDIMC	DV MAVINO	TIDICDICM	TONG	٦.	
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS	BI TAXING	UURISDICI	TONS) ;	
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR	עמיי עווע	DEBTODS IN	DRC	CPFCC	
HOWEVER, THERE ARE CURRENTLE NO AUDITS FOR	ANI IAA	PEKTODS IN	PKC	GKESS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:					
FUNDRAISING EXPENSES NETTED AGAINST REVENUE	E ON FORM	990		82,1	44.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

ame of the organization GLEN ECHO PARK PARTNERSHIP FOR					Employer identification numbe			
	D CULTURE, INC.					38-3650		
Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 ARTS AND CULTURE, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, 38-3650339 Page 2

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			GALA IN THE PARK	(b) Event #2	NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	166,970.			166,970.
	2	Less: Contributions	45,700.			45,700.
	3	Gross income (line 1 minus line 2)	121,270.			121,270.
	4	Cash prizes				
	5	Noncash prizes				
sesuec	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8 9	Entertainment Other direct expenses				82,144.
	10					82,144.
_		Net income summary. Subtract line 10 from I				39,126.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ī	6 > Dollank - Constant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ä	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•						
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	_	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
	_	_				
	_					
)-27-22				dule G (Form 990) 202

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE. INC.

Sch	edule G (Form 990) 2022 ARTS AND CULTURE, INC.	<u>3-36</u>	50	<u> 339</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	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?	Γ		Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	.	13a		%
	An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	L	100		
14	the the hame and address of the person who prepares the organization's gaming/special events books and records.				
	News				
	Name				
	Address				
		г	_		—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L		Yes	L No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	t			
	of gaming revenue retained by the third party \$				
c	: If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
10	daming manager mormation.				
	Name				
	Name				
	Coming manager companyation				
	Gaming manager compensation \$				
	Description of services provided				-
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_			
	retain the state gaming license?	L		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е			
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part II	II, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	, , , , , , , , , , , , , , , , , , , ,	-			

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC. 38-3650339 Page 4 Schedule G (Form 990) Part IV Supplemental Information (continued)

Schedule G (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

nplete if the organization answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Employer identification number 38-3650339

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) K. BOERNER	(i)	162,292.	0.	0.	7,958.	12,391.	182,641.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							1 1/5 200) 2000

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

SCHEDULE O (Form 990)

Department of the Treasury

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service

Name of the organization

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Employer identification number 38-3650339

OMB No. 1545-0047

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

PROMOTES THE PARK AS A UNIQUE DESTINATION FOR OUR REGION'S DIVERSE

POPULATION. THE PARTNERSHIP NURTURES A DYNAMIC COMMUNITY OF ARTISTS AND

PERFORMERS WHILE PRESERVING AND MANAGING HISTORIC FACILITIES WITHIN A

NATIONAL PARK.

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

PRESERVING AND MANAGING HISTORIC FACILITIES WITHIN A NATIONAL PARK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MARKETING: THE ORGANIZATION MARKETED AND PROMOTED GLEN ECHO PARK

THROUGH ADVERTISING AND COMMUNITY OUTREACH, HIGHLIGHTING THE PARK'S

RICH HISTORY, AND APPEALING TO A BROAD RANGE OF CULTURAL, ETHNIC AND

SOCIO-ECONOMIC COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT OF THE 990 IS FIRST REVIEWED BY THE ORGANIZATION'S EXECUTIVE

DIRECTOR, BOOKKEEPER, AND AUDIT COMMITTEE. COMMENTS AND EDITS ARE PROVIDED

TO THE PREPARER. ONCE THE EDITS HAVE BEEN MADE, A FINAL DRAFT IS SENT TO

THE EXECUTIVE DIRECTOR AND THE AUDIT COMMITTEE FOR ANY FINAL FEEDBACK. IF

THERE ARE NO CHANGES, A FINAL VERSION OF THE FORM 990 IS SENT TO THE BOARD

OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AN INTERESTED PERSON IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY

ACTUAL OR POTENTIAL CONFLICT OF INTEREST, SUCH AS A LIST OF FAMILY MEMBERS,

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

Schedule O (Form 990) 2022

SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS, AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS AND THOSE OF FAMILY MEMBERS, AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN. ALL DIRECTORS, PRINCIPAL OFFICERS, MEMBERS OF A COMMITTEE WITH BOARD-DELEGATED POWERS, THE EXECUTIVE DIRECTOR, AND ANY STAFF MEMBERS OR VOLUNTEERS WHO ARE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE CORPORATION SHALL COMPLETE AN ANNUAL DISCLOSURE STATEMENT TO DISCLOSE FULLY AND COMPLETELY THE MATERIAL FACTS ABOUT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. SUCH DISCLOSURE STATEMENT SHALL AFFIRM THAT SUCH PERSON: A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; B) HAS READ AND UNDERSTANDS THE POLICY; C) HAS AGREED TO COMPLY WITH THE POLICY; AND D) UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE INITIAL DISCLOSURE STATEMENT SHALL BE COMPLETED AS SOON AS PRACTICABLE AFTER EACH SUCH PERSON'S ASSOCIATION WITH THE CORPORATION, AND SHALL BE UPDATED ANNUALLY THEREAFTER. AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE FILED AT SUCH TIME AS AN ACTUAL OR POTENTIAL CONFLICT ARISES, IF SUCH CONFLICT IS NOT DISCLOSED IN THE ANNUAL STATEMENT. WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS BETWEEN THE INTEREST OF THE CORPORATION AND INTERESTED PERSON WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION, THE CORPORATION SHALL REFRAIN FROM THE PROPOSED ACTION OR TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN APPROVED BY THE DISINTERESTED MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION. INTERESTED PERSONS WILL BE REMOVED FROM THE DECISION PROCESS SO THAT THEIR PRESENCE DOES NOT INHIBIT THE BOARD FROM A FULL DELIBERATION. IF THE BOARD OF DIRECTORS OR THE CONFLICTS OF INTEREST COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR Schedule O (Form 990) 2022

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POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OF DIRECTORS OR THE CONFLICTS OF INTEREST COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING A RECOMMENDATION OF REMOVAL FROM THE BOARD OF DIRECTORS. THE MINUTES OF THE BOARD OF DIRECTORS AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL FULLY DOCUMENT THE TRANSACTION SO THAT THE DECISION, AND ALL CONSIDERATIONS, MAY BE SHARED WITH ANYONE WHO QUESTIONS THE TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS: 1) DATA IS

COLLECTED ABOUT THE MARKET AVERAGES FOR EQUIVALENT POSITIONS IN NONPROFIT

ORGANIZATIONS IN THE WASHINGTON DC METROPOLITAN AREA, 2) PAST COMPENSATION

AND PERFORMANCE OF THE INDIVIDUAL IS REVIEWED, 3) COMPENSATION IS

DETERMINED BASED ON PERFORMANCE COMBINED WITH COMPENSATION LEVEL AND THE

ORGANIZATION'S FINANCIAL ABILITY TO PROVIDE INCREASE OR PAY AT THE MARKET

COMPENSATION LEVEL. FOR THE EXECUTIVE DIRECTOR, THE COMPENSATION AND

PERFORMANCE REVIEW IS CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS IN COLLABORATION WITH THE FULL BOARD WHO WILL ALSO PROVIDE

COMMENTS. AN EXECUTIVE SESSION MEETING IS HELD TO DISCUSS RECOMMENDATIONS

AND APPROVALS, FOLLOWED BY NOTIFICATION OF THE BOARD OF DIRECTORS. FOR TOP

MANAGEMENT OFFICIALS, THE EXECUTIVE DIRECTOR CONDUCTS THE COMPENSATION

EVALUATION. THE MEMBERS OF THE BOARD OF DIRECTORS AND THE ELECTED OFFICERS

OF THE CORPORATION SHALL SERVE WITHOUT COMPENSATION FOR THEIR SERVICES AS

Schedule O (Form 990) 2022	Page 2
Name of the organization GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.	Employer identification number 38-3650339
BOARD MEMBERS OR OFFICERS. HOWEVER, A DIRECTOR CAN RECEIVE	COMPENSATION FOR
HIS/HER SERVICE TO THE CORPORATION IN SOME OTHER CAPACITY.	A VOTING MEMBER
OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES	
COMPENSATION MATTERS, AND WHO RECEIVES COMPENSATION, DIRECTLY OR	
INDIRECTLY, FROM THE CORPORATION FOR SERVICES, IS PRECLUDED FROM VOTING ON	
MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION. CONTEMPORANEOUS	
SUBSTANTIATION OF THE DELIBERATION AND DECISION ARE DOCUMENTED IN THE	
MINUTES OF THE GOVERNING BOARD AND THE ORGANIZATION WILL REPORT THE	
COMPENSATION ON AN ORIGINAL FEDERAL TAX INFORMATION RETURN.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE	
CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. THE AUDITED	
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S W	EBSITE AND UPON
REQUEST.	