THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending JUN 30

OMB No. 1545-1878

Department of the Treasury

Form 8879-E0

Internal Revenue Service Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

GLEN ECHO PARK PARTNERSHIP FOR

ARTS AND CULTURE, INC.

38-3650339

Name and title of officer

KATHARINE BOERNER EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) | Part I

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

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,293,000.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line	e 5) 4b
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b
	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X	I authorize	ADEPTUS	PARTNERS	LLC

to enter my PIN

Enter five numbers but do not enter all zeros

ERO firm name

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

**** THIS IS NOT A FILEABLE COPY *** Date Officer's signature

Part III **Certification and Authentication**

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

27303920812

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

04/21/21 ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1 . 2019 and ending JUN 30 .

Open to Public

OMB No. 1545-0047

A I	or the	2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 and ending	JUN 30, 2020	•
В	Check if	C Name of organization	D Employer identifi	cation number
a	pplicable:	GLEN ECHO PARK PARTNERSHIP FOR		
	Address change	ARTS AND CULTURE, INC.		
	Name change	Doing business as	38-36503	39
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
F	Final return/	7300 MACARTHUR BOULEVARD	(301)634	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,295,177.
	Amende		H(a) Is this a group re	
	Applica-	•		? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exer			list. (see instructions)
		: ► WWW.GLENECHOPARK.ORG	H(c) Group exemptio	
				A State of legal domicile: MD
_		Summary	out of formations	, otato or rogar dominoro,
		riefly describe the organization's mission or most significant activities: THE PART	NERSHIP PRESE	NTS VIBRANT
nce		RTISTIC, CULTURAL, AND EDUCATIONAL OFFERING	S AT GLEN ECH	O PARK AND
Governance	_	heck this box if the organization discontinued its operations or disposed of n		
Ş.		lumber of voting members of the governing body (Part VI, line 1a)		22
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)		22
જ		otal number of individuals employed in calendar year 2019 (Part V, line 2a)	·····	64
itie		otal number of volunteers (estimate if necessary)		2000
Activities		otal unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		let unrelated business taxable income from Form 990-T, line 39		0.
			Prior Year	Current Year
4	8 0	contributions and grants (Part VIII, line 1h)	548,139.	1,236,037.
nue	1	rogram service revenue (Part VIII, line 2g)	1,429,590.	962,423.
Revenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)	13,807.	13,828.
æ	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,658.	80,712.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,132,194.	2,293,000.
		irants 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.
s	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,049,657.	1,182,347.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	1	otal fundraising expenses (Part IX, column (D), line 25) 178, 005.		
Ĕ	1	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	877,085.	805,782.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,926,742.	1,988,129.
		evenue less expenses. Subtract line 18 from line 12	205,452.	304,871.
or	10 11	evenue less expenses. Subtract line 10 from line 12	Beginning of Current Year	End of Year
ets	20 T	otal assets (Part X, line 16)	2,643,225.	2,764,490.
Ass I Ba	21 T	otal liabilities (Part X, line 26)	742,749.	559,143.
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20	1,900,476.	2,205,347.
Pa		Signature Block		
		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which prep		,
Sig	n	Signature of officer	Date	
Her		KATHARINE BOERNER, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		WEIL E. BERGER NEIL E. BERGER	04/21/21 if self-employ	P00102223
	<u> </u>	Firm's name ADEPTUS PARTNERS LLC	· oon omploy	20-1835208
		Firm's address 3311 OLNEY SANDY SPRING RD		
		OLNEY, MD 20832-1411	Phone no. (3	01)929-9700
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Other program services (Describe on Schedule O.)

including grants of \$

Total program service expenses

1,660,736.

Form **990** (2019)

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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	Х	
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		X
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		X
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			Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	46		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Form 990 (2019)

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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	X	<u> </u>
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	 		x
	Schedule K. If "No," go to line 25a	24a		
	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	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	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			37
	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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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			₩.
24	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 Part V, line 1	34		х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is defined to define a recipende of flote to diffy life in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10 0		- 50	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

932004 01-20-20

Form **990** (2019)

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GLEN ECHO PARK PARTNERSHIP FOR

Form 990 (2019) ARTS AND CULTURE, INC.

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

	otatemente riogaramig otaler into i imigo ana rax compilarico (contantes)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	6.1			
	filed for the calendar year ending with or within the year covered by this return	64		Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Λ	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	·····	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
h	If "Yes," enter the name of the foreign country	·····	44		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	and the contract of the contra	- 1	5a		х
b			5b		Х
			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	ne payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				l
	to file Form 8282?		7с		X
d	,				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ		7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 1	_		
0	sponsoring organization have excess business holdings at any time during the year?	·····	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		35		
а	Initiation fees and capital contributions included on Part VIII, line 12				
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					
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ			
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				
	organization is licensed to issue qualified health plans				
					77
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				X
	excess parachute payment(s) during the year?		15		_^
16	If "Yes," see instructions and file Form 4720, Schedule N.	- 1	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	·····	16		
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2019)

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

_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1	0.01		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any o	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct sup	ervision			
	of officers, directors, trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was file	d?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one o	or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders	s, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the follo	wing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Cod	(e.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affi	liates,			
	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 boo	dy before filir	ng the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describ	e			
	in 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 approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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 evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization'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, a	and 990-T (S	ection 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	`	.,,,	Í		
	Own website Another's website X Upon request Other (explain	n on Schedu	le O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	d finar	ncial	
	statements available to the public during the tax year.		. 3,			
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and rec	ords >			
	THE ORGANIZATION - 301-634-2255					
	7300 MACARTHUR BOULEVARD, GLEN ECHO, MD 20812					

Form 990 (2019)

38-3650339

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

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

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

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

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck	ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer Officer	irecto		stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) P. FABRIZIO DIRECTOR	1.00	X						0.	0.	0.
(2) P. FREEMAN	1.00	^						0.	0.	<u></u>
DIRECTOR	1.00	X						0.	0.	0.
(3) A. FRIEDSON	1.00	122				K		0.	0.	
DIRECTOR	1100	x						0.	0.	0.
(4) C. FROMBOLUTI	1.00									
DIRECTOR		Х						0.	0.	0.
(5) R. GREEN	1.00									
DIRECTOR		X						0.	0.	0.
(6) P. HAHN	1.00									
DIRECTOR		X						0.	0.	0.
(7) D. HANLON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) K. HARTMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) L. MARDIKS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) M. MAYOR	1.00									
DIRECTOR		Х						0.	0.	0.
(11) N. MISTRY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) S. PAUL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) W. POLAK	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(14) A. RASMUSSEN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(15) I. SAVAKOVA	1.00	١								•
DIRECTOR	0.50	Х						0.	0.	0.
(16) F. STANKOVIC	0.50	٠,						_	_	•
DIRECTOR	0 50	Х				_		0.	0.	0.
(17) T. WASHINGTON	0.50	x		х				0.	0.	0.
DIRECTOR		Λ		Λ				0.	0.	Form 990 (2010)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck	itior more	1 than	one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		ar	nount	of
	week (list any	_	CCI ai	10 2 0	I	Ji/ ii us	1	from	from related			other	
	hours for	irecto						the organization	organizations			pensa om the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MIS	.0)		anizat	
	organizations	ruste	ll trus		ee	mpen		(** 27 1033 141100)			·	d relat	
	below	dualt	itiona	٦	nploy	st co	 					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ĭ		
(18) M. ZANGWILL	0.50	 	_	Ť	1	T =							
DIRECTOR		Х		х				0.		0.			0.
(19) B. CASPER	0.50												
PRESIDENT		Х		Х				0.		0.			0.
(20) M. MORRIS	1.00												
VICE PRESIDENT		Х		X				0.		0.			0.
(21) S. STERN	0.50												_
SECRETARY	1 00	Х		Х				0.		0.			0.
(22) E. NELSON	1.00									_			^
TREASURER	40.00	X		Х		<u> </u>		0.		0.			0.
(23) K. BOERNER	40.00	-		x			K	148,623.		0.	1	7,3	0 Z
EXECUTIVE DIRECTOR				^			7	140,023.		٠.		1,5	05.
		1											
		1											
								7					
1b Subtotal								148,623.		0.	1	7,3	
c Total from continuation sheets to Part V	II, Section A	<i></i> .		 .				0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	148,623.		0.	1	7,3	<u>83.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable	е			4
compensation from the organization		7	-									Yes	No
3 Did the organization list any former officer.	director truct	00.		mn	lovo		r bio	shoot componented omr	olovoo on	ŀ		163	140
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		х
4 For any individual listed on line 1a, is the su		·						her compensation from			j		
and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation :	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A) Name and business	address	NT/	INC	7				(B) Description of s	envices	C		C) nsatio	n
Traine and Sasiness		147	2141					- Decemption of a	10111000		ompo	Houtio	
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	_				(0		•					

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
gσ	4 -	Fodousted committee	3,747.				
art		Federated campaigns 1a	3,141.				
جَ ق		Membership dues 1b	27 122				
Α̈́ξ		Fundraising events 1c	37,133.				
를 를	d	Related organizations 1d					
ıs,	е	Government grants (contributions) 1e	932,761.				
호기	f	All other contributions, gifts, grants, and					
를		similar amounts not included above 1f	262,396.				
Q	g	Noncash contributions included in lines 1a-1f 1g \$	24,144.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		1,236,037.			
			Business Code				
o l	2 a	COOPERATOR FEES	900099	735,373.	735,373.		
, vic	Z u	FACILITY RENTALS	900099	118,412.	118,412.		
Ser		CLASS REGISTRATION FEE	900099	79,065.	79,065.		
ž ž		EVENTS AND COMMISSIONS	900099	29,249.	29,249.		
gra	a	CAROUSEL INCOME	900099	324.	324.		
Program Service Revenue	е		300033	324.	324.		
-		All other program service revenue		062 422			
		Total. Add lines 2a-2f		962,423.			
	3	Investment income (including dividends, interest		12 000	*		12 000
		other similar amounts)		13,828.			13,828.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ē	~	and sales expenses 7b					
enr	_	Gain or (loss) 7c					
Revenue							
┈		Net gain or (loss)	······ <u> </u>				
ther	8 a	Gross income from fundraising events (not including \$ 37,133. of					
0							
		contributions reported on line 1c). See	_				
		Part IV, line 188a	0.				
		Less: direct expenses 8b	2,177.	0.455			0 4 5 5
	С	Net income or (loss) from fundraising events	<u></u>	-2,177.			-2,177.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		2. (Business Code				
snc	11 a	ART & EDUC MATERIALS	451211	82,839.	82,839.		
ne	u	MISCELLANEOUS INCOME	900099	50.	50.		
ells ye	C						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d		82,889.			
	12	Total revenue. See instructions		2,293,000.	1,045,312.	0.	11,651.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			, , ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,	153,667.	129,523.	6,452.	17,692
	trustees, and key employees	133,007.	129,323.	0,452.	17,032
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		875,140.	737,642.	36,744.	100,754
7 8	Other salaries and wages Pension plan accruals and contributions (include	0,0,140.	737,042.	30,744	100,734
0	section 401(k) and 403(b) employer contributions)	23,442.	16,817.	1,848.	4 777
9	Other employee benefits	53,863.	45,245.	2,693.	4,777 5,925
10	Payroll taxes	76,235.	64,257.	3,201.	8,777
11	Fees for services (nonemployees):	7072001	02/2071	3,2020	3,,,,
''	Management				
b	Legal				
c	Accounting	20,000.		20,000.	
d	Lobbying	==7			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		V		
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	130,158.	119,725.	314.	10,119
12	Advertising and promotion	31,485.	31,485.		
13	Office expenses	12,117.	10,178.	606.	1,333 2,875
14	Information technology	26,135.	21,954.	1,306.	2,875
15	Royalties				
16	Occupancy				
17	Travel	2,013.	1,692.	100.	221
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,909.	3,284.	195.	430
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75,312.	63,262.	3,766.	8,284
23	Insurance	26,461.	22,228.	1,322.	2,911
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) SPECIAL EVENT AND FOOD	141,123.	139,134.	606.	1,383
a	EQUIPMENT RENTAL AND MA	115,635.	110,150.	5,085.	400
b	CONTRACT LABOR	62,365.	25,561.	36,759.	45
c	PRINTING AND PUBLICATIO	49,351.	35,978.	8,423.	4,950
d		109,718.	82,621.	19,968.	7,129
e or		1,988,129.	1,660,736.	149,388.	178,005
25 26	Total functional expenses. Add lines 1 through 24e	1,700,149.	±,000,730•	149,300.	170,000
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)				
	0. 01-20-20				Form 990 (2019

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Part X Balance Sheet

ıa	ILΛ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			944,624.	1	958,698.
	2					2	
	3					3	
	4	Accounts receivable, net			131,815.	4	61,564.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sed	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			17,761.	8	17,702.
Ass	9	Prepaid expenses and deferred charges			18,528.	9	14,772.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,193,098.			
	b	Less: accumulated depreciation	10b	368,163.	573,444.	10c	824,935.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11		957,053.	12	881,219.
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	5,600.		
	16	Total assets. Add lines 1 through 15 (must ed			2,643,225.	16	2,764,490.
	17	Accounts payable and accrued expenses			64,077.	17	21,945.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
Ε		trustee, key employee, creator or founder, sub					
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate			0.	24	150,000.
	25	Other liabilities (including federal income tax, p			•	24	150,000.
	23	parties, and other liabilities not included on lin					
		of Schedule D	CS 17-24,). Complete Fait A	678,672.	25	387,198.
	26	Total liabilities. Add lines 17 through 25			742,749.		559,143.
	20	Organizations that follow FASB ASC 958, cl			. == / . = 5 ×	20	000 / = 100
Ses		and complete lines 27, 28, 32, and 33.	10011 1101				
anc	27				1,783,271.	27	2,118,842.
Bal	28	Net assets with donor restrictions			117,205.	28	86,505.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.	·	ŕ			
S	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated				31	
Ne.	32	Total net assets or fund balances		—	1,900,476.	32	2,205,347.
	33	Total liabilities and net assets/fund balances		ı	2,643,225.	33	2,764,490.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2019)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

GLEN ECHO PARK PARTNERSHIP FOR Employer identification number Name of the organization ARTS AND CULTURE, INC. 38-3650339 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 ARTS AND CULTURE, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (c) 2017 (d) 2018 (e) 2019 (f) Total (b) 2016 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017(d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2019

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Sec	qualify under the tests listed betion A. Public Support	elow, please comp	olete Part II.)				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	481,543.	490,455.	902,526.	548,139.	1,236,036.	3,658,699.
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	1,507,476.	1,541,018.	1,563,471.	1,667,174.	1,082,445.	7,361,584.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,989,019.	2,031,473.	2,465,997.	2,215,313.	2,318,481.	11,020,283.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	25,330.	36,675.	46,884.	43,232.	28,969.	181,090.
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.
С	Add lines 7a and 7b	25,330.	36,675.	46,884.	43,232.	28,969.	181,090.
	Public support. (Subtract line 7c from line 6.)	,		,		,	10,839,193.
Sec	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1,989,019.	2,031,473.	2,465,997.	2,215,313.	2,318,481.	11,020,283.
	Gross income from interest,	1,505,015,	2,001,173.	2,100,557.	2,213,313.	2,310,101.	11,020,200.
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,425.	2,412.	2,032.	13,807.	13,828.	34,504.
b	Unrelated business taxable income (less section 511 taxes) from businesses			•		•	•
	acquired after June 30, 1975						
c	Add lines 10a and 10b	2,425.	2,412.	2,032.	13,807.	13,828.	34,504.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	1,991,444.	2,033,885.	2,468,029.	2,229,120.	2,332,309.	11,054,787.
	First five years. If the Form 990 is for						
1-7	check this box and stop here	_			-		.a.ioii,
Sec	etion C. Computation of Publ						
	Public support percentage for 2019 (I			column (f\)		15	98.05 %
	Public support percentage from 2018					16	97.86 %
	ction D. Computation of Inves					10	2,100 %
	•			10 (6)		17	.31 %
							0.77
						18	
19a	33 1/3% support tests - 2019. If the						▶ ▼
	more than 33 1/3%, check this box as						
	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			<u></u> ▶∟
	02 00 0F 10				C-l-	dula A (Form 990	000 EZ\ 004

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
01		
3b		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		
m 990 or 9	90-E <i>7</i>	2019
		,

Ра	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
<u> </u>	tion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	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	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	A 1		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting) Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.	
Sect	ion 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	ion 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 ARTS AND CULTURE, INC.

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)					
Secti	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exen							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	IS					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is responsive	e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
	Breakdown of line 7:							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
е	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

GLEN ECHO PARK PARTNERSHIP FOR

Schedule A	(Form 990 or 990-EZ) 2019	ARTS AN	D CULTURE,	INC.	38-3650339	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provided in the contract of the cont	de the explanations c, 5a, 6, 9a, 9b, 9c, ırt IV, Section E, line	required by Part II, line 10; P 11a, 11b, and 11c; Part IV, S es 1c, 2a, 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; section B, lines 1 and 2; Part IV, Sectior t V, line 1; Part V, Section B, line 1e; Pa t for any additional information.	n C,
			$\overline{}$			

Schedule A

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

2019

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
	550.	0.	500.	1,276.	284.
	1,350.	0.	0.	0.	0.
	2,800.	2,650.	0.	0.	0.
	0.	6,000.	0.	0.	0.
	700.	800.	0.	0.	0.
	1,000.	0.	0.	0.	0.
	300.	0,	600.	600.	600.
	0.	35.	3,339.	3,381.	0.
	650.	0.	0.	0.	0.
	2,200.	0.	0.	0.	0.
	300.	0.	0.	0.	0.
	1,100.	2,485.	2,350.	0.	0.
	250.	250.	200.	200.	200.
	250.	500.	600.	0.	0.
	500.	2,500.	3,370.	3,250.	0.
	400.	600.	850.	900.	100.
	1,100.	1,000.	750.	0.	0.
	2,500.	3,250.	0.	0.	0.
	2,025.		0.	0.	0.
	100.	100.	0.	0.	0.
	3,000.	1,790.	0.	0.	0.
	270.	0.	0.	0.	0.
	735.	2,430.	400.	500.	0.
	3,250.	5,035.	8,440.	5,500.	0.
Fotal to Schedule A,			,	,	

Schedule A

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

2019

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
	0.	1,800.	2,700.	2,800.	2,400.
	0.	3,750.	3,900.	2,420.	3,750.
	0.	200.	2,100.	2,330.	0.
	0.	1,500.	1,500.	2,000.	1,000.
	0.	0.	10,625.	11,200.	16,000.
	0.	0.	35.	435.	335.
	0.	0,	1,340.	2,150.	200.
	0.	0.	1,435.	1,050.	0.
	0.	0.	1,850.	500.	0.
	0.	0.	0.	2,740.	2,000.
	0.	0.	0.	0.	50.
	0.	0.	0.	0.	250.
	0.	0.	0.	0.	1,500.
	0.	0.	0.	0.	50.
	0.	0.	0.	0.	250.
Total to Schedule A, Part III, Line 7a	25,330.	36,675.	46,884.	43,232.	28,969.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Employer identification number

38-3650339

Organiz	ation type (check or	ne):			
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 .			
Note: O	nly a section 501(c)((7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
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				
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; 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, II, and III.				
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
	ū	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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			

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	il 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	\$ 360,543.	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
		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARYLAND STATE ARTS COUNCIL 175 WEST OSTEND STREET, SUITE E BALTIMORE, MD 21230	\$ <u>178,727.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,000.	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
5	MARYLAND HERITAGE AREAS AUTHORITY C/O MARYLAND HISTORICAL TRUST 100 COMMUNITY PLACE CROWNSVILLE, MD 21032	\$140,904.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 20,000.	Person X Payroll

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

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
NO.	Name, audi ess, and ZiF + 4	\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
8	SMALL BUSINESS ADMINISTRATION 409 3RD ST. SW WASHINGTON, DC 20416	Person X Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contribution	ns.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
NO.	Name, address, and Zir + 4	Person Payroll Noncash X (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
		Person Payroll Noncash (Complete Part II for noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
		Person Payroll Noncash (Complete Part II for noncash contribution	

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

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	15 SHARES OF APPLE AND 8 SHARES OF MICROSOFT CORP		
		\$5,275.	12/11/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	5-19	\$	990 990-F7 or 990-PF) (201

Name of organization **Employer identification number** GLEN ECHO PARK PARTNERSHIP FOR 38-3650339 ARTS AND CULTURE, INC. 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE TNC.

Employer identification number 38-3650339

Pai	•	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
•	►\$		- N/AN/DV3
8	Does each conservation easement reported on line 2(d) above	*	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art. Historical Treasures, or Ot	her Similar Assets
. a.	Complete if the organization answered "Yes" on Form		1101 Girimai 71000101
	If the organization elected, as permitted under FASB ASC 95		nd halance sheet works
	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its final	•	•
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	oxination, education, or research in factor	station of public delivious,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	·	3-····, F · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2019

Pai	rt III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures, o	r Othe	r Simila	ar Asse	ts (continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	hange prograi	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how tl	hey further th	ne organizatio	n's exen	npt purpo	se in Parl	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Par	t X, line 21.		-							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	s or other ass	sets not i	included				
	on Form 990, Part X?		-						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a										
	, ,	,	3						Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•			Ħ	
Pai											
		(a) Current year			(c) Two years			ears back	(e) Four	vears h	nack
12	Beginning of year balance	870,223.	(6)	693,670.		,685.		93,084.		534,:	
	Contributions	139,145.		228,441.		,017.		03,352.		102,	
		135,113.		220,111.		, , , ,		00,002.		102,	.,,,,
	Net investment earnings, gains, and losses										
	Grants or scholarships		_								
е	Other expenditures for facilities	60 903		E1 000	0.0	022		E 6 7 E 1		12 (0 2 0
	and programs	69,803.		51,888.	90	,032.		56,751.		43,	829.
Ť	Administrative expenses	020 565		000 000	603	670		20 605		F 0 2	004
g	End of year balance	939,565.		870,223.		,670.		39,685.		593,	J84.
2	Provide the estimated percentage of the curr			lg, column (a	i)) held as:						
а	Board designated or quasi-endowment	100.00	%								
	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	nd administer	ed for th	e organiz	zation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations										X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	l "Yes" on Form 990), Part I	V, line 11a. S	See Form 990,	, Part X, I	line 10.				
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	,
		basis (investm	nent)	basis ((other)	dep	reciation				
1a	Land										
	Buildings			62	1,291.		84,9	51.	536	, 34	10.
	Leasehold improvements				3,195.		37,2		185		
d					7,049.		71,3			7.71	
	Other				1,563.		74,6			, 96	
	Add lines 1a through 1a (Column (d) must ea		V col:				,		824		

Schedule D (Form 990) 2019

Scriedule D (Form 990) 2019 11111 11112 COL	TORE, THE		0 3030333
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line 1 (b) Book value	1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or el	nd of year market value
(4) Figure del dechestions	(b) BOOK Value	(c) Method of Valdation. Cost of e	nu-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) BLF FEDFUND	881,219.	END-OF-YEAR MARKE	T VALUE
(B)	002,220		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	881,219.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.))	>
Complete if the organization answered "Yes" o	n Form 000 Port IV line 1	10 or 11f Coo Form 000 Port V line (ne.
	n Form 990, Part IV, line 1	Te or TTI. See Form 990, Part X, line 2	(b) Book value
1. (a) Description of liability (1) Federal income taxes			(b) Book value
(2) ACCRUED COMPENSATION			109,996.
(3) TUITION PAYMENTS HELD FOR			
(4) DISBURSEMENT			144,329.
(5) TUITION REFUNDS PENDING			51,729.
(6) FACILITY RENTAL DEPOSITS			51,538.
(7) GIFT CERTIFICATES OUTSTAND	ING		5,719.
(8) TENANT DEPOSITS			23,887.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

X

Schedule D (Form 990) 2019

5

2,293,000.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

			GULIN	ECHO LYVV LY	TINDITE	T. OIV				
Sche	edule D	(Form 990) 2019	ARTS	AND CULTURE,	INC.			38-	3650339	Page 4
Pa	rt XI	Reconciliation of	f Reven	ue per Audited Fina	ancial Statemen	ts W	ith Revenue per R	etur	า.	
		Complete if the organ	nization ans	swered "Yes" on Form 99	0, Part IV, line 12a.					
1	Total	revenue, gains, and otl	ner support	t per audited financial sta	tements			1	2,368	,978.
2	Amou	nts included on line 1	but not on	Form 990, Part VIII, line 1	2:					
а	Net u	nrealized gains (losses)	on investr	nents		2a				
b	Donat	ed services and use o	f facilities .			2b	73,801.			
						2c				
d Other (Describe in Part XIII.)							2,177.			
е	Add li	nes 2a through 2d						2e		<u>,978.</u>
3	3 Subtract line 2e from line 1					3	2,293	,000.		
4	Amou	nts included on Form 9	990, Part V	III, line 12, but not on line	1:					
а	Invest	ment expenses not inc	cluded on F	Form 990, Part VIII, line 7b)	4a				

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,064,107. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 73,801. a Donated services and use of facilities **b** Prior year adjustments Other losses Other (Describe in Part XIII.) 75,978. Add lines 2a through 2d 1,988,129. Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 1,988,129. Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION'S MANAGEMENT EVALUATES TAX POSITIONS AND RECOGNIZES A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE THE ORGANIZATION'S MANAGEMENT HAS ANALYZED ITS INTERNAL REVENUE SERVICE. TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2020, THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

2,177.

Part XIII Supplemental Information (continued)
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 2,177.
FUNDRAIDING EVENT EXTENDED Z,177.
FORM 990, SCHEDULE D, PART XII, LINE 2D AND PART XIII LINE 2D
PART XII, LINE 2D AND PART XIII, LINE 2D REPRESENTS AMOUNTS RELATED TO
FART ATT, DINE 2D AND FART ATTI, DINE 2D REFRESENTS AMOUNTS REDATED TO
FUNDRAISING EXPENSES, NET OF DONATED SERVICES. THIS AMOUNT IS DEDUCTED
FROM FUNDRAISING REVENUE ON PAGE 1 OF THE 990.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number 38-3650339

	D COLICIL, INC.				30 3030	
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
Indicate whether the organization rais		ng acti	vities	Check all that apply		
a Mail solicitations				overnment grants	•	
b Internet and email solicitations				nment grants		
			-	~		
	g Special	Turiura	iising (evenis		
d In-person solicitations		C 1		cc:		
2 a Did the organization have a written of						
key employees listed in Form 990, P				-		
b If "Yes," list the 10 highest paid indiv		ant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the	organization.					
		(iii)	Did	_	(v) Amount paid	() 4
(i) Name and address of individual	(ii) Activity	(iii) fundr have con or con contribu	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(, / .c)	or con	trol of	from activity	fundraiser listed in col. (i)	organization
		<u> </u>			noted in con (i)	
		Yes	No			
				•		
otal			•			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2019

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List o	events with gross receip	ots greater than \$5,000.
			(a) Event #1 GALA IN THE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
4)			PARK (event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	37,133.			37,133.
_	2	Less: Contributions	37,133.			37,133.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ωį	8	Entertainment				
	9	Other direct expenses	2,177.			2,177.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	2,177.
		Net income summary. Subtract line 10 from li				-2,177.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		# 1 Dull take (instent		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	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)		>	
-					,	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
D	IT "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

GLEN ECHO PARK PARTNERSHIP FOR

Sch	edule G (Form 990 or 990-EZ) 2019 ARTS AND CULTURE, INC. 38-	3650339	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	I I	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
••	Enter the hame and dadress of the person who propares the organization organization of gunning/operation belong and records.		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
(: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
•	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lines 0 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III les 5, 5	ю, тою,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		
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SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Employer identification number 38-3650339

A 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	Pa	art I Questions Regarding Compensation			
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 Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments for power Payments P		<u> </u>		Yes	No
First class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
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 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? 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 Ocompensation survey or study Form 990 of other organizations Independent compensation consultant Ocompensation are related organization: Receive a severance payment form, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? The organization or the revenues of: The organization? The organization organization? The organization? The organization organization? The organization organization? The o		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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? 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		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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? 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					
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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 Independent compensation consultant Compensation survey or study Porm 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: a Receive a severance payment or change-of-control payment? 4a	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
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Compensation committee Written employment contract 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: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Varticipate in, or receive payment from, an equity-based compensation arrangement? 7 Varity and 10 Varity or 10 Vari		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
Independent compensation consultant Form 990 of other organizations 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 filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: a The organization? 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: a The organization? fi "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 not described on Ines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		establish compensation of the CEO/Executive Director, but explain in Part III.			
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 filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 A X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 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: a The organization? 1 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: a The organization? 5 A X Any related organization? 1 The organization? 1 The organization? 2 A B Any related organization? 3 The organization? 4 A C X A B Any related organization? 5 A X 5 A X 5 A X 5 A X 5 B X 8 A Y related organization? 1 The organization? 3 The organization? 4 B Any related organization form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 8 Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 1 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: a The organization? 1 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: a The organization? 1 The organization? 1 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 not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? lf "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: a The organization? b Any related organization? f "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: a The organization? f "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 not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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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: a The organization? b Any related organization? f 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: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	С		4c		X
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: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
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: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 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: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		0 1' 504/ V0) 504/ V4) 1504/ V0) 1' 1' 5 0			
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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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	D	•	ac		
contingent on the net earnings of: a The organization? b Any related organization? f "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 not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	•				
a The organization? b Any related organization? 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 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	6				
b Any related organization? 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 not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		C-		y
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 not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a L	Any related erganization?			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	a	Any related organization? If "Voe" on line for or 6h, describe in Part III	db		
not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	7	,			
 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	′		7		х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	٠		8		Х
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Redulations section 53.4958-bic/	•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred		(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits (B)(i)-(D)		reported as deferred on prior Form 990
(1) K. BOERNER	(i)	148,623.	0.	0.	7,183.	10,200.	166,006.	0.
EXECUTIVE DIRECTOR	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE, INC.

Employer identification number 38-3650339

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:

EXHIBITIONS AND GALLERY: DISPLAY AND SALE OF ORIGINAL ART BY ARTISTS IN

RESIDENCE AT GLEN ECHO PARK, STUDENTS, INSTRUCTORS, AND OTHER REGIONAL

ARTISTS.

PUBLIC FESTIVALS AND EVENTS: ANNUAL EVENTS FOR ARTISTS, FAMILIES, AND
LOCAL RESIDENTS INCLUDING FAMILY DAY, THEN AND NOW, AND OTHER SEASONAL
EVENTS.

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.

CAROUSEL: RESTORATION, OPERATION, AND MAINTENANCE OF THE DENTZEL

CAROUSEL LOCATED IN GLEN ECHO PARK.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

Employer identification number 38-3650339

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, 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 SUCH DISCLOSURE STATEMENT SHALL AFFIRM THAT SUCH PERSON: A) OF INTEREST. 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

Employer identification number 38-3650339

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 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

Employer identification number 38 – 3650339

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 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 WEBSITE AND UPON

REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE
OVERSIGHT OF THE AUDIT AND OF ITS FINANCIAL STATEMENTS AND THE

SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED

Schedule	e O (Form	990 or 99	90-EZ) (20	19)					Page
Name of	the orgar	nization	GLEN	ECHO	PARK	PARTNE	RSHIP F	'OR	Employer identification number 38-3650339
			ARTS	AND	COLTOR	RE, INC	•		38-3650339
FROM	THE	PRIOR	YEAI	٦.					