Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

B Chasker Septional Control of Co	A F	or the	e 2018 calendar year, or tax year beginning $$ SEP 1 , $$ 2018 $$ and $$	ending A	UG 31, 2019	F -
BAILTHORR STMPHON ORCHESTRA INC.	Вс	heck if oplicabl	C Name of organization		D Employer identific	cation number
Doing Dusiness as Doing Dusiness Do		chang	BALTIMORE SYMPHONY ORCHESTRA, INC.		F0.0	
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Particle SAME AS C ABOVE Tax-exempt status: X S01(c)(3) S01(c)(4) (insert no.) 4947(a)(1) or 527 Mebatic WWW. BSOMUST.C .ORG Holp read an adversariation Holp read and adversariation Holp read an adversariation Holp read and adversariation Holp read an adversariation Holp read and adversariation Holp read adversariation Holp read and adversariatio		termin			G Gross receipts \$	23,719,541.
SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) 4 (Insert no.) 4947(a)(1) or 527		return			H(a) Is this a group re	
Taxeocompts tabulas: Stort(c)(s) 501(c)		Application			for subordinates	?Yes X No
J. Weehste: ▶ WIWW . BSOMUSTC . ORG K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1942 M, State of legal demicile: MD Part I Summary 1 Birefly describe the organization's mission or most significant activities: PROVIDING SYMPHONIC CONCERTS, CULTURAL AND BDUCATIONAL. 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 31 5 Total number of individuals employed in calendar year 2018 (Part VI, line 1a) 5 Total number of orlineiness (astimate if necessary) 6 Total number of voting members of the governing body (Part VI, line 1b) 7 To Total unrelated business revenue from Part VIII, column (O, line 12) 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Nexternation (Part VIII, line 2g) 11 Total revenue - add lines 8 through 11 (must equal Part VI, column (A), lines 12) 12 Total revenue - add lines 8 through 11 (must equal Part VI, column (A), lines 15) 13 Grants and similar amounts paid (Part XI, column (A), lines 4) 14 Benefits paid to or for members (Part XI, column (A), lines 4) 15 Salaries, other compensation, employee, benefits (Part XI, column (A), lines 5-10) 16 Salaries, other compensation, employee, benefits (Part XI, column (A), line 25) 17 Other expenses (Part XI, column (A), line 12) 18 Repelling of Current Year 19 Program service revenue (Part XI, column (A), line 25) 19 Program service revenue (Part XI, column (A), line 25) 10 Total fundraising expenses (Part XI, column (A), line 25) 11 Other expenses (Part XI, column (A), line 25) 12 Total services (Part XI, column (A), line 25) 13 Grants and similar amounts paid (Part XI, column (A), line 25) 14 Total supplies (Part XI, line 26) 15 Salaries, other compensation, employee, benefits (Part XI, column (A), line 25) 16 Total fundraising expenses (Part XI, column (A), line 25) 17 Other expenses			SAME AS C ABOVE			
Form of erganization				or 527		
Berefty Summary						
1 Briefly describe the organization's mission or most significant activities: PROVIDING SXMPHONIC CONCERTS CULTURAL AND EDUCATIONAL				L Year	of formation: 1942	State of legal domicile: MD
CULTURAL AND BUCATTONAL.	Pa	rt I				2270000
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part X, Column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising efees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 16) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total assets (Part X, line 26) 28 Net assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Net assets or fund balances. Subtract line 21 from line 20 25 Signature of officer 26 SARAH BECKWITTH, CFO 27 Type or print name and title 27 Total subtract line 25 BURGHAUSER 28 Firm's alme 20 SC&H TAX & ADVISORY SERVICES, LLC 29 Firm's EIN 20-5991824 29 Firm's address 9 910 RIDGEBROOK ROAD 20 Phone no. (410) 403-1500		D	Net unrelated business taxable income from Porm 990-1, line 36	·····		
9 Program service revenue (Part VIII, line 2g) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7g) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total inabilities (Part X, line 16) 12 Total liabilities (Part X, line 26) 13 Total assets (Part X, line 26) 14 Total sessets or fund balances. Subtract line 21 from line 20 15 Total sessets or fund balances. Subtract line 21 from line 20 16 Total sessets or fund balances. Subtract line 21 from line 20 17 Total part Block 18 Indicate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name			Contributions and grants (Part VIII. line 1h)	-		
Total revenue (Part VIII, column (A), lines 5, 62, 9c, 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10	ne		Program convice revenue (Part VIII, line 2g)			
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .						
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18, 034, 304. 16, 957, 268.					0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 64,634. 0.	۰,				18,034,304.	16,957,268.
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Index penses. Subtract line 21 from line 20 25 July 19 Ju	Ж				10,428,682.	8,777,184.
19 Revenue less expenses. Subtract line 18 from line 12						25,734,452.
Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Preparer's signature LORI S. BURGHAUSER Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's address Plone no. (410) 403–1500					-745,465.	-2,766,946.
Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type preparer's name Preparer's signature LORI S. BURGHAUSER Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's address Plone no. (410) 403–1500 Phone no. (410) 403–1500	or			Ве	ginning of Current Year	End of Year
Net assets or fund balances. Subtract line 21 from line 20	sets	20	Total assets (Part X, line 16)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer SARAH BECKWITH, CFO Type or print name and title Preparer's signature LORI S. BURGHAUSER Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's ellow 20-5991824 Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152 Phone no. (410) 403-1500	t As	21	Total liabilities (Part X, line 26)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Barah Beckwith, Cfo Type or print name and title Preparer's signature Preparer's signature LORI S. BURGHAUSER Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's ellow 20-5991824 Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152 Phone no. (410) 403-1500				-	<u> 15,895,096.</u>	<u>-21,087,555.</u>
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SARAH BECKWITH, CFO Type or print name and title Print/Type preparer's name LORI S. BURGHAUSER Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's elm b SC&H TAX & ADVISORY SERVICES, LLC Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152 Phone no. (410) 403-1500	100000000000000000000000000000000000000					
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Sign Here SARAH BECKWITH, CFO Type or print name and title Print/Type preparer's name LORI S. BURGHAUSER Firm's name SC&H TAX & ADVISORY SERVICES, LLC Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152 Date Check PTIN PTIN	true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer		-1
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Use Only Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152 Phone no. (410) 403-1500						
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Form 990 (2018)

Checklist of Requi	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8_		X
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?	_		77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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,		X	
_	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule P, Part VIII 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	110		
a		11d	Х	
^	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
, D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13		13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	The state of the s	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		X
00000	12.21.19	Form	990	(2018)

Part IV Checklist of Required Schedules (c	continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	11/10/2012/2013	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non; cash contributions? If "Yes, " complete Schedule M	29	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
- •	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			····
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 247		. 55	110
	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		
833004	12.31.18		990	(2018)

52-0629696 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 506 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, 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 **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15

Form 990 (2018)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		7.7
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77
	persons other than the governing body?	7b	(4184815)	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,, l	
40	Did the assessment on heavy lead about an household of City Land	40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
а	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
11.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	х	
i ia b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	- 41	
12a		100	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZD	1	
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
.0	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).	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MD , VA , PA , NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.	37		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SARAH BECKWITH - 410-783-8095			-
	1212 CATHEDRAL STREET, BALTIMORE, MD 21201-5517			
832006	12-31-18	Form	990	(2018)

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.

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

Check this box if neither the organization n	or any related	orga	<u>niza</u>	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(((D)	(E)\\	(F)
Name and Title	Average	ر.	Position					Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	h	cerar	nd a di	irecto	x/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	98			ated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations	ustee	trust		8	Suadu	l	(W-2/1099-MISG)		and related
	below	ual tr	tional		nploy	st con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization.
(1) MS. BARBARA M. BOZZUTO	2.00	Ī				3 45				
CHAIR	1.00	X		Х				↓ 》 0.	0.	0.
(2) MS. LAINY LEBOW-SACHS	2.00					1				
VICE CHAIR	0.00	X			19	100		0.	0.	0.
(3) MR. HILARY B. MILLER	2.00		₹	1	1	J				
VICE CHAIR (PART YEAR)	0.00	X	ß.	17.00				0.	0.	0.
(4) MS. KATHLEEN A. CHAGNON, ESQ.	2.00	.edds		See Co	9					
SECRETARY	0.00	X	A					0.	0.	0.
(5) HON. STEVEN R. SCHUH	2.00	4	J.							
TREASURER	1.00	X						0.	0.	0.
(6) MR. RICK BERNSTEIN	2.00]								
BOARD MEMBER	0.00	X				<u> </u>		0.	0.	0.
(7) MR. A.G.W. BIDDLE, III	2.00								_	
BOARD MEMBER	0.00	X						0.	0.	0.
(8) MS. KELLY CANTLEY	2.00									_
BOARD MEMBER	0.00	Х	ļ			<u> </u>		0.	0.	0.
(9) MR. AUGUST J. CHIASERA	2.00									_
BOARD MEMBER	0.00	X	L		_		<u> </u>	0.	0.	0.
(10) MR. ROBERT B. COUTTS	2.00	1								_
BOARD MEMBER	0.00	X				_		0.	0.	0.
(11) MR. WALTER DOGGETT III	2.00									
BOARD MEMBER	0.00	X				<u> </u>	<u> </u>	0.	0.	0.
(12) MR. ALAN S. EDELMAN	2.00									
BOARD MEMBER	0.00	X				<u> </u>	<u> </u>	0.	0.	0.
(13) MR. MICHAEL ERNST	2.00									_
BOARD MEMBER	0.00	X	L			<u> </u>	<u> </u>	0.	0.	0.
(14) MS. SANDRA LEVI GERSTUNG	2.00	ļ								
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) MR. MICHAEL G. HANSEN	2.00									
BOARD MEMBER	0.00	X	<u> </u>		_	_		0.	0.	0.
(16) MR. JOSEPH JENNINGS, JR.	2.00	1			1			_	_	_
BOARD MEMBER	0.00	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(17) MR. CHRISTIAN JOHANSSON	2.00									_
BOARD MEMBER	0.00	X	<u> </u>				<u> </u>	0.	0.	0.
832007 12-31-18										Form 990 (2018)

832007 12-31-18

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average	/do	not c	Pos			000	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson i	s bot	h an	compensation	compensation	amount of
	week	—	cer ar	nd a d	d a director/trustee)			from	from related	other
	(list any	director					l	the	organizations	compensation
	hours for related	5	, a			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trustee		93	suedi		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		ploye	# to a				organizations
	line)	Individual trustee	Institutional t	Officer	Key employee	Highest compensated employee	Former			Organizations
(18) MR. ROBERT C. KNOTT	2.00	T -	Ī	<u> </u>						
BOARD MEMBER (PART YEAR)	0.00	x						0.	0.	0.
(19) DR. SUNIL KUMAR	2.00									
BOARD MEMBER	0.00	x						0.	0.	0.
(20) MR. MARC E. LACKRITZ	2.00								A	
BOARD MEMBER	0.00	Х						0.	0.	0.
(21) DR. MARSHALL A. LEVINE	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(22) AVA LIAS- BOOKER	2.00							<i>p</i> ≥4 (\		
BOARD MEMBER (PART YEAR)	0.00	Х						0 🂰	0.	0.
(23) MR. HOWARD MAJEV, ESQ.	2.00									
BOARD MEMBER	0.00	X						. 0 .	0.	0.
(24) MS. LIDDY MANSON	2.00							. (<i>7</i>)		
BOARD MEMBER (PART YEAR)	0.00	X						0.	0.	0.
(25) MS. VALENCIA MCCLURE	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(26) MR. JAY ORLANDI	2.00						尹			
BOARD MEMBER	0.00	Х	L	L				0.	0.	0.
1b Sub-total				À.,.	Ŋ.,)	>	0.	0.	0.
c Total from continuation sheets to Part V	II, Section A		<i>ģ</i>	**************************************		••••	▶	1,518,140.	0.	166,489.
d Total (add lines 1b and 1c)			\.\.		<u>.</u>		>	1,518,140.	0.	166,489.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization	<u></u>	A. 40	A.							31
		*							ı	Yes No
2 Did the examination list any former officer	divoctor or the						- u l-			Bornande Company Company

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARIN ALSOP CO. OPUS 3 ARTISTS, LLC, 470		
PARK AVE SOUTH, 9TH FLOOR, NEW YORK, NY	CONDUCTOR	451,500.
CLASSICAL MOVEMENTS INC		
711 PRINCESS STREET, ALEXANDRIA, VA 22314	PATRON TOUR	310,952.
WILLIAM MORRIS ENDEAVOR ENTERTAINMENT,		
LLC, 1325 AVENUE OF THE AMERICAS, NEW	GUEST ARTISTS	310,525.
MOGO MARKETING AND MEDIA, INC., 21 TAMAL		
VISTA BOULEVARD, SUITE 207, CORTE MADERA,	MARKETING	275,964.
CES SECURITY INC.		
115 MCHENRY AVENUE, BALTIMORE, MD 21208	SECURITY	269,593.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 11		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

Form 990 BALTIMORE	SYMPHO	NY	<u> </u>	RC.	$\frac{\text{HE}}{}$	ST	<u>RA</u>	, INC.	52-0629	9696		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E) (F)												
Name and title	Average			Posi	-			Reportable	Reportable	Estimated		
	hours	(cł	(check all that apply)					compensation	compensation	amount of		
	per							from	from related	other		
	week					oyee		the	organizations	compensation		
	(list any	recto				ешы		organization	(W-2/1099-MISC)	from the		
	hours for	or di	iee			sated		(W-2/1099-MISC)		organization and related		
	related organizations	trustee or director	institutional trustee		99/	mpen				organizations		
	below	dual t	tiona		mploy	st co	~			0. ga		
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former					
(27) MR. E ALBERT REECE, M.D.	2.00											
BOARD MEMBER	0.00	Х						0.	0.	0.		
(28) MR. BARRY F. ROSEN	2.00								4			
BOARD MEMBER	0.00	X						0.	Q 0.	0.		
(29) MRS. ANN L. ROSENBERG	2.00							_				
BOARD MEMBER (PART YEAR)	0.00	X						0.	0.	0.		
(30) MS. TERRY M. RUBENSTEIN	2.00											
BOARD MEMBER	0.00	X		_				,0 %) \	0.		
(31) MR. STEPHEN D. SHAWE, ESQ.	2.00								•	_		
BOARD MEMBER	0.00	X						0,	0.	0.		
(32) MR. DAN SHYKIND	2.00	x						0.	0.	0.		
BOARD MEMBER (PART YEAR)	2.00	1-				_		0.	0.			
(33) HON. JAMES T. SMITH, JR. BOARD MEMBER	0.00	x						0.	0.	0.		
(34) MR. SOLOMON H. SNYDER, M.D.	2.00	^		-			₹	0.				
BOARD MEMBER	0.00	х				1	γ	0.	0.	0.		
(35) MR. DAVID TRONE	2.00	22	 	-		A Common of the		.				
BOARD MEMBER (PART YEAR)	0.00	х	4	A			97.0a.	0.	0.	0.		
(36) MR. GREGORY W. TUCKER	2.00		A60	37 W	7	AF.						
BOARD MEMBER (PART YEAR)	0.00	X		(Q)	*			0.	0.	0.		
(37) MS. MARGUERITE WALSH	2.00	1	570A									
BOARD MEMBER	0.00	X						0.	0.	0.		
(38) MS. AMY WEBB	2.00											
BOARD MEMBER (PART YEAR)	0.00/	Х						0.	0.	0.		
(39) MR. PETER L. WINIK	2.00											
BOARD MEMBER	₫0.00	X						0.	0.	0.		
(40) MR. JEFFREY T. ZOLLER	2.00									_		
BOARD MEMBER		X						0.	0.	0.		
(41) MR. PETER KJOME	34.00											
PRESIDENT AND CEO	1.00	X		X	ļ			298,514.	0.	34,437.		
(42) MS. SARAH BECKWITH	34.00							1 4 4 5 7 6		06 007		
VICE PRESIDENT AND CFO	1.00			X			<u> </u>	141,959.	0.	26,897.		
(43) MS. MARIN ALSOP	35.00					l		050 054		06 255		
MUSIC DIRECTOR	0.00	<u> </u>				X		279,054.	0.	26,357.		
(44) MR. JONATHAN CARNEY	35.00	1				۱,,		264 720	_	22 012		
CONCERT MASTER	0.00	 		_	-	X	<u> </u>	264,720.	0.	32,013.		
(45) MR. JAMES KELLEY III	35.00	ł				٦,		100 711	0.	0 027		
VICE PRESIDENT OF DEVELOPMENT	0.00	├	<u> </u>	_	_	X	<u> </u>	198,711.	0.	9,037		
(46) MR. TODD PRICE	35.00	-				_~		171 602	^	32 050		
ASSISTANT STAGE MANAGER	0.00	1	ı	i i	l	Х	l	171,682.	0.	32,058.		

Form 990 BALTIMORI									52-062	9696
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average				C) sition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization
47) MS. RAQUEL WHITING-GILMER	35.00					v		162 500	_	E (0(
XECUTIVE DIRECTOR ORCHKIDS	0.00				ļ	X	_	163,500.	0.	5,690
						Ĺ		*		
			4							. ,
		A STATE OF THE PARTY OF THE PAR			-					
* (
	<u> </u>									
								MATERIAL AND A STATE OF THE STA	101125-101-0-1-0-1-0-1-1-1-1-1-1-1-1-1-1-1-1-	
otal to Part VII, Section A, line 1c								1,518,140.		166,489

Total revenue Related or comparing 1 a Federated campaigns 1 a Federated campaigns 1 a Federated campaigns 1 a September 1 a Septemb				Check if Schedule O conta	ins a res	oonse o	or note to any line	e in this Part VIII			
b Membership dues 16 698,875. 16 6								(A)	exempt function	business	from tax under
b Membership dues 16 698,875. 16 6	9 9	1 :	а	Federated campaigns		1a					
Page 2 2 2 CONCENT INCOME STATUS STA	ant										
Page 2 2 2 CONCENT INCOME STATUS STA	호월				·····		695,875.		100		
Page 2 2 2 CONCENT INCOME STATUS STA	EA,						3,625,335.				
Page 2 2 2 CONCENT INCOME STATUS STA	<u>e</u> ig										
Page 2 2 2 CONCENT INCOME STATUS STA	Sig			- ·	·						
Page 2 2 2 CONCENT INCOME STATUS STA	je tri					1f	6,594,183.				
Page 2 2 2 CONCENT INCOME STATUS STA	흡점		_								
Page 2 2 2 CONCENT INCOME STATUS STA	ξä		_					14,220,976.			
2 a CONCERT INCOME											100
B SEV STITTION REVENUE 711130 182,452, 182,452,	a	2 :	а	CONCERT INCOME				8,314,222.	8,314,222.		
g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 588, 879. b Less: rental expenses 365, 201. c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 655, 875. for contributions reported on line 1a). See Part IV, line 18 3 33, 493. b Less: direct expenses b 365, 834. c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: cost of goods sold b Less: cost	ķ			BSYO TUITION REVENUE			711130	182,452.	182,452		
g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 588, 879. b Less: rental expenses 365, 201. c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 655, 875. for contributions reported on line 1a). See Part IV, line 18 3 33, 493. b Less: direct expenses b 365, 834. c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: cost of goods sold b Less: cost	Ser		c	OTHER PROGRAM SERVICE R	EVENUE		711130	144,988.	144,988	N-11	
g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 588, 879. b Less: rental expenses 365, 201. c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 655, 875. for contributions reported on line 1a). See Part IV, line 18 3 33, 493. b Less: direct expenses b 365, 834. c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: cost of goods sold b Less: cost	E a	,	d								
g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (i) Personal 588, 879. b Less: rental expenses 365, 201. c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 655, 875. for contributions reported on line 1a). See Part IV, line 18 3 33, 493. b Less: direct expenses b 365, 834. c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b Less: cost of goods sold b Less: cost	ğď	,	е								
g Total. Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	F.	1	f	All other program service rever	nue						
other similar amounts) 100		!	g	Total. Add lines 2a-2f			>	8,641,662.			100000000000000000000000000000000000000
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Table Tabl				other similar amounts)			>	27,171.			27,171.
(i) Real (ii) Personal 588, 879.		4		Income from investment of tax	-exempt	bond p	roceeds				
Sable		5		Royalties			>				
b Less: rental expenses							(ii) Personal	(A)			
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 655,875, of contributions reported on line 10). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a CONCESSIONS 7 a Gross and 10 (loss) (ii) Other 223,678. 2		6	а	Gross rents		· · · · · · · · · · · · · · · · · · ·		NU			
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$.695,875, of contributions reported on line 10). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cort of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a CONCESSIONS 722210 147,360.		1	b	Less: rental expenses	365	,201.	1				
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b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 635,875, of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a CONCESSIONS 722210 147,360. 4 All other revenue e Total. Add lines 11a-11d		7	а	Gross amount from sales of	(i) Secu	ırities	(ii) Other				
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Part IV, line 19					_			-293,341.			-255,541.
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11 a CONCESSIONS 722210 147,360. 147,360. b C d All other revenue			<u>u</u>			tory	Rusiness Codo				
b		44						147.360.			147,360.
c d All other revenue e Total. Add lines 11a-11d								,			
d All other revenue e Total. Add lines 11a-11d b 147, 360.											
e Total. Add lines 11a-11d 147, 360.				All other revenue							
				***************************************		>	147,360.				
F 990 (0040)		12					_	22,967,506.	8,641,662.	0.	<u> </u>

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				ar agent and the
5	Compensation of current officers, directors,				
	trustees, and key employees	479,340.	143,802.	239,670.	95,868.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,275,408.	11,340,585.	286,157.	648,666.
8	Pension plan accruals and contributions (include		Į.		
	section 401(k) and 403(b) employer contributions)	977,618.	937,283	40,335.	
9	Other employee benefits	2,278,310.	1,936,754.	246,727.	94,829.
10	Payroll taxes	946,592.	842,871.	53,442.	50,279.
11	Fees for services (non-employees):			-	
а	Management				
b	Legal	26,009.		26,009.	
С	Accounting	51,526.		51,526.	
d	Lobbying	19,782		19,782.	
е	Professional fundraising services. See Part IV, line 17	1			
f	Investment management fees			The Part of the Control of the Contr	
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch 0.)	3,485,314.	3,317,853.	115,454.	52.007.
12	Advertising and promotion	1,173,809.	1,104,680.		52,007. 69,129.
13	Office expenses	355,123.	158,308.	192,078.	4,737.
14	Information technology	225,937.	2,909.	223,028.	
15	Royalties	V			
16	Occupancy	1,600,207.	1,600,207.		
17	Travel	331,423.	319,541.	5,221.	6,661.
18	Payments of travel or entertainment expenses		010/0111	2,421.	0,001.
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	205,731.		205,731.	
21	Payments to affiliates	200,101.		200,701.	
22	Depreciation, depletion, and amortization	103,270.	103,270.		
23	t	205,371.	103,270	205,371.	
23 24	Other expenses, Itemize expenses not covered	200,0114		403,371.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.) ' UBIT TAX EXPENSE	8,000.		8,000.	
_	EQUIPMENT RENTAL		244 620	8,000.	
b	CREDIT CARD FEES	244,628.	244,628.	265	
C C	EQUIPMENT HAULING	183,094.	182,729.	365.	
d		143,818.	143,818.	00 400	101 006
	All other expenses	414,142.	149,967.	92,439.	171,736.
25	Total functional expenses. Add lines 1 through 24e	25,734,452.	22,529,205.	2,011,335.	1,193,912.
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)				

832010 12-31-18

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part \boldsymbol{X}				
				(A) Beginning of year		(B) End of year
—т				600.		600.
	1	Cash - non-interest-bearing	1	1,377,065.	1	2,387,324
	2	Savings and temporary cash investments	2,716,321.	2	1,595,490	
	3	Pledges and grants receivable, net	625,380.	3_	355,255	
ļ	4	Accounts receivable, net		040,300.	4	333,233
ı	5	Loans and other receivables from current and former officers, directors,		4,000,000		
		trustees, key employees, and highest compensated employees. Complete		2. 2. 2.		
1		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined un				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
\$		employees' beneficiary organizations (see instr). Complete Part II of Sch \ensuremath{L}			6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	1
	9	Prepaid expenses and deferred charges		1,051,708.	₹ 9	874,705
	10a	Land, buildings, and equipment: cost or other			•	
		basis. Complete Part VI of Schedule D 10a 2,827,0)23.			
	b	basis. Complete Part VI of Schedule D 10a 2,827,0 Less: accumulated depreciation 10b 2,404,5	<u> </u>	527,365.	10c	422,486
	11	Investments - publicly traded securities		*****	11	
ı	12	Investments - other securities. See Part IV, line 11		(Pa	12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	<i></i>		14	
	15	Other assets. See Part IV, line 11		2,851,339.	15	2,802,128
	16	Total assets. Add lines 1 through 15 (must equal line 34)	Vicinity 1	9,149,778.	16	8,437,988
	17	Accounts payable and accrued expenses	<i>!</i>	4,717,348.	17	3,885,138
	18	Grants payable			18	
1	19	Deferred revenue		6,005,039.	19	6,616,032
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
g	22	Loans and other payables to current and former officers, directors, trustee				
計		key employees, highest compensated employees, and disqualified persons	s.			
Liabilities		Complete Part II of Schedule L			22	
ا تــٰ	23	Secured mortgages and notes payable to unrelated third parties		2,590,000.	23	2,220,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X of	of			
		Schedule D		11,732,487.	25	16,804,373
	26	Total liabilities. Add lines 17 through 25		25,044,874.	26	29,525,543
		Organizations that follow SFAS 117 (ASC 958), check here	and			
ý,		complete lines 27 through 29, and lines 33 and 34.				
Se	27	Unrestricted net assets		-18,193,345.	27	-22,686,956
alai	28	Temporarily restricted net assets		2,298,249.	28	1,599,401
g	29	Permanently restricted net assets			29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here				
<u>ا</u> م		and complete lines 30 through 34.				
135	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds			32	
ž	33	Total net assets or fund balances		-15,895,096.	33	-21,087,555
	34	Total liabilities and net assets/fund balances		9,149,778.	34	8,437,988

Form **990** (2018)

Do	TV December of Not Aposts	<u> </u>		4505	-	age
Га	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 25,7</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	15,8	95 <u>,</u>	<u>096.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		-2,4	25,	513.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	-:	21,0	37,	555.
Pa	rt XII Financial Statements and Reporting	1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII	40000	<u>.</u>			X
		1	N.		Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		100			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	J. D.				
2a				22		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				l	1
b	Were the organization's financial statements audited by an independent accountant?			2h	x	SE POSITIONS
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasis		· -		1
	consolidated basis, or both:	Daoio				
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		ľ		
·				20	x	
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche				41	
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				1000	
Ja	Act and OMB Circular A-133?		alt	1 _		x
h				. <u>3</u> a	+	+^-
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ea aud	JIT			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		•••••	. 3b		2 (22.4 =)
				For	ท ษษเ) (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Open to Public Inspection

Employer identification number

BALTIMORE SYMPHONY ORCHESTRA, INC. 52-0629696 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations

(ii) Name of supported organization (described on lines 1-10 above (see instructions)) (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? Yes No (v) Amount of monetary support (see instructions) support (see instructions)	g Provide the following information	n about the supporte	ed organization(s).				
organization (described on lines 1-10 support (see instructions) I support (see instruction	(i) Name of supported	(ii) EIN		(iv) Is the orga	anization listed no document?	1	• •
	organization					support (see instructions)	support (see instructions)
			above (ace instructional)				
Total	otal				to the first		

Schedule A (Form 990 or 990-EZ) 2018 BALTIMORE SYMPHONY ORCHESTRA, INC. 52-0629 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and					1		
	membership fees received. (Do not							
	include any "unusual grants.")	14729386.	14921566.	15843986.	17896072.	14220976.	77611986.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total, Add lines 1 through 3	14729386.	14921566.	15843986.	17896072.	14220976.	77611986.	
	The portion of total contributions							
	by each person (other than a		display to a	and the second	and the second			
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,					and the second		
	column (f)						262,494.	
6	Public support. Subtract line 5 from line 4.		100000		7.5		77349492.	
	tion B. Total Support			4/				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	14729386.	14921566.		17896072.		77611986.	
8	Gross income from interest,			Car				
	dividends, payments received on		Ø.					
	securities loans, rents, royalties,		* (
	and income from similar sources	860,063.	972,432.	545,908.	506,513.	616,050.	3500966.	
9	Net income from unrelated business		_ (()) ~	-				
	activities, whether or not the	4						
	business is regularly carried on	48500						
10	Other income. Do not include gain		<i>\\</i>					
	or loss from the sale of capital		No.		:			
	assets (Explain in Part VI.)	272,100.	463,213.	411,721.	349,292.	240,853.	1737179.	
11	Total support. Add lines 7 through 10	4					82850131.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 49	,391,728.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	,	
	organization, check this box and stop	here					>	
	tion C. Computation of Publi							
	Public support percentage for 2018 (li					14	93.36 %	
	Public support percentage from 2017					15	<u>91.73 %</u>	
16a	33 1/3% support test - 2018. If the c							
	stop here. The organization qualifies	as a publicly suppo	orted organization			•••••	> X	
	b 33 1/3% support test - 2017. 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 quali	fies as a publicly s	upported organiza	tion			▶□	
	a 10% -facts-and-circumstances test - 2018. 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 "fact							
	meets the "facts-and-circumstances" t							
	10% -facts-and-circumstances test						0% or	
	more, and if the organization meets th						·	
	organization meets the "facts-and-circ						▶∐	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box an	d see instructions	>	

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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				4		
	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	·			Ana,		
	Amounts included on lines 1, 2, and			. (7		
	3 received from disqualified persons				in d		
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			Con			
c	Add lines 7a and 7b		Ŋ.				
	Public support. (Subtract line 7c from line 6.)			7		14	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	4	CA				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L		<u> </u>	<u> </u>	
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, tourth, or fifth ta	ıx year as a sectior	1 501(c)(3) organiza	tion,
<u></u>	check this box and stop here	is Comment De-					>
	ction C. Computation of Publ					I I	
	Public support percentage for 2018 (•			15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					I I	
17	Investment income percentage for 26					17	<u>%</u>
18	Investment income percentage from					18	
19a	33 1/3% support tests - 2018. If the						is not
	more than 33 1/3%, check this box a	•					>
b	33 1/3% support tests - 2017. If the						nd
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			>
83301	9 10-11-18				Sch	edule A (Form 990	or 990-EZ) 2018

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

Contraction of	Yes	No
1		
2 3a		
3b 3c		
4a		
4b		
4c		
5a 5b		
5c		
6		
7		
8		
9a 9b		
9c		
10a		

832024 10-11-18

7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	cion 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 i	ntegra	ated Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: CONCESSIONS AND OTHER 2014 AMOUNT: \$ 110,489. 2015 AMOUNT: \$ 168,996. 2016 AMOUNT: \$ 149,527. 2017 AMOUNT: \$ 140,224. 2018 AMOUNT: \$ 147,360. FUNDRAISING 2014 AMOUNT: 161,611. 2015 AMOUNT: 294,217. 2016 AMOUNT: 262,194. 2017 AMOUNT: 209,068. 2018 AMOUNT: 93,493.

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

Employer identification number

Name of the organization 52-0629696 BALTIMORE SYMPHONY ORCHESTRA Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

BALTIMORE SYMPHONY ORCHESTRA, INC.

52-0629696

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,625,335.	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
2		\$1,978,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 680,000.	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
4		\$ 503,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BALTIMORE SYMPHONY ORCHESTRA, INC.

52-0629696

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

Name of organization Employer identification number BALTIMORE SYMPHONY ORCHESTRA, 52-0629696 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (d) Description of how gift is held (c) Use of gift 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 C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organi	zations: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	BALTIM	ORE SYMPHONY ORC	CHESTRA, INC.		<u> 52-0629696</u>
Pa	art I-A Complete if the o	rganization is exempt u	nder section 501(c)	or is a section 527 org	ganization.
2	Provide a description of the orga Political campaign activity expen Volunteer hours for political cam	ditures		\$	
Pa	art I-B Complete if the o	rganization is exempt u	nder section 501(c)(3), 🎤 🖺	
1	Enter the amount of any excise t				
2	Enter the amount of any excise t	ax incurred by organization mar	agers under section 4955	▶ ▶\$	
48	a Was a correction made?				Yes No
ı	h If "Yes " describe in Part IV				
144.75 miles	art I-C Complete if the c				
1	Enter the amount directly expend	ded by the filing organization for	section 527 exempt funct	ion activities > \$	
2	Enter the amount of the filing org				
	exempt function activities			> \$	
3	Total exempt function expenditu				
	line 17b				
4					
5	Enter the names, addresses and made payments. For each organ contributions received that were	ization listed, enter the amount	paid from the filing organiz	ation's funds. Also enter the	amount of political
	political action committee (PAC).				
	(a) Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 Part II-A Complete if the org	BALTIMORE S	YMPHONY ORC	HESTRA, INC.	52-0 ed Form 5768 (ele	629696 Page 2
section 501(h)).	,	pt and or obotion	. 55 . (5)(5) aa	74 T 01111 07 00 (010	otion undoi
expenses, and sha	re of excess lobbying e	liated group (and list in expenditures). nd "limited control" pro		group member's name	e, address, EIN,
Limi	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inflb Total lobbying expenditures to inflc Total lobbying expenditures (add li	19,782. 19,782.				
d Other exempt purpose expendituree Total exempt purpose expenditure	es s (add lines 1c and 1d)		25,886,170. 25,905,952.	
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) on Not over \$500,000		bying nontaxable ame the amount on line 1e.	ount is:		
Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5		00 plus 15% of the exc 00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		line 1i, did the organiza	ition file Form 4720	Г	¬, , ,
reporting section 4911 tax for this		eraging Period Under	Section 501(h)		Yes No
(Some organizations the		01(h) election do not l ate instructions for lin		of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	18,282.	20,623.	20,570.	19,782.	79,257.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.

Schedule C (Form 990 or 990-EZ) 2018

79,257.

f Grassroots lobbying expenditures

20,570.

Schedule C (Form 990 or 990-EZ) 2018 BALTIMORE SYMPHONY ORCHESTRA, INC. 52-06296 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

E0: -	nob "Voo." response on lines to through ti helew, provide in Part II/ a detailed description	(a	a) l	(k	o)
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description elobbying activity.	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С.	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	, 1		6		
f	Grants to other organizations for lobbying purposes?		All section		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	- 4	<u> </u>		
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Ø.			
	If "Yes," enter the amount of any tax incurred under section 4912	/			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	= 0.47 \ 77		••	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No," OR	(b) Part	III-A, line	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
	Total		2c		
3			_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
141400000000000000000000000000000000000		liath Dart II	A lines 1 se	ad 0 /aaa	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	nst), Part II-	A, lines i ai	iu z (see	
instr	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D

Supplemental Financial Statements

(Form 990)

Department of the Treasury Internal Revenue Service ➤ 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.

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BALTIMORE SYMPHONY ORCHESTRA, INC.

Employer identification number 52-0629696

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) porior devised ferries	(b) i dilas ana otner assocints
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	witing that the goods hold in denor advis	ad funda
3	are the organization's property, subject to the organization's e	=	
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or	deport advisor, or for any other purpose	conferring
		donor advisor, or for any other purpose	
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		dicterings.
•	Preservation of land for public use (e.g., recreation or ec	<u> </u>	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	Freservation of a cer	uned historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ad concernation contribution in the form	of a concentration accoment on the last
2	day of the tax year.	ed Conservation Contribution in the form	Held at the End of the Tax Year
а	•		0-
h			
c	Number of conservation easements on a certified historic structure.	cture included in (a)	2c 2c
d	Number of conservation easements on a certified instolic structure of conservation easements included in (c) acquired af		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
J	year	ased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it l	- · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	>	ariaming of trolations, and officing conta	orvation oddomorno daming the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva-	tion easements during the year
·	▶ \$	ing of ficialities, and officioning contociva	non successful during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/	h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.		···g-···
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	0 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	bition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	•	,,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		gain, provide
	the following amounts required to be reported under SFAS 110		-
а	Revenue included on Form 990, Part VIII, line 1	· ·	
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

		RE SYMPHONY					29696		age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Similar Asset	s (contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progr	ams				
b	Scholarly research	е	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further	the organizati	on's exe	mpt purpose in Par	t XIII.		
5	During the year, did the organization solicit or	•	-	-					
Ŭ	to be sold to raise funds rather than to be ma					_	Yes		No
Par	t IV Escrow and Custodial Arrang								1110
20,000	reported an amount on Form 990, Part	•	sto ii trio organizat	ion answered	100 01	11 01111 000, 1 01111,	1110 0, 01		
	Is the organization an agent, trustee, custodia		ion, for contributio	ne or other se	cote not	included			
па							7		٦.,.
	on Form 990, Part X?					∟	Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:			1			
							Amount		
С	Beginning balance								
d	Additions during the year					E. 61	waran		
е	Distributions during the year					1e			
f	Ending balance				getteS	. 1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial acco	ount liabi	lity?L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on F	orm 990, Par	t IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	72,645,812.	72,100,093	. 68,67	5,548.	69,402,391	. 67,	715,	170.
b	Contributions	2,298,197.	1,710,293	3,69	2,480.	2,499,063	. 7,	754,	734.
С	Net investment earnings, gains, and losses	661,648.	5,936,454	. 8,06	9,106.	2,979,405		794,	727.
d	Grants or scholarships	3,625,335.	3,837,682	3,57	5,311.	3,572,846		085,	144.
	Other expenditures for facilities								
Ŭ	and programs	4,033,578.	3,164,348	4.08	0,641.	3,149,912	. 2	094.	903.
	Administrative expenses	100,770.	Sec. Contractor		1,089.	82,553			739.
' ~		67,845,974	72,645,812		0,093.	68,075,548			391.
g	Provide the estimated percentage of the curre	2509	Deposit of the second of the s				1		
2	• • •	• 0 0	%	a)) Heiu as.					
а	, ,	69 VI VI							
b	Permanent endowment > 99.34	.66 %							
С	Temporarily restricted endowment	60% Allow							
_	The percentages on lines 2a, 2b, and 2c should be a sh								
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held	and administe	red for th	ne organization	٢		Г
	by:							Yes	No
	(i) unrelated organizations							77	X
								<u>X</u>	
b	If "Yes" on line 3a(ii), are the related organizat			?			3b	X	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a.	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	ther (b) Co	st or other	(c) A	Accumulated	(d) Book	< valu⁴	е
		basis (investr	nent) basi	s (other)	d€	preciation			
1a	Land								
b	Buildings								
С	Leasehold improvements			8,015.		7,584.			31.
ď	Equipment		2,8	19,008.	2,	396,953.	422	2,0	55.
	Other				i				
	Add lines to through to Walter all reset to		V and man (D) 1/	100)	1		421	2.4	86.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.	

Part VII	Investments - Other Securities.				
/-\ Deparin	Complete if the organization answered "Yes"	 			d of voor montret value
	tion of security or category (including name of security)	(b) Book value	(c) Method of V	aluation: Cost or en	d-of-year market value
	al derivatives				
	held equity interests				
(3) Other					
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.	- 000 B + 10	Firm and an analysis of the control		
	Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value			d-of-year market value
/4\	(a) possipion of investment	(b) Dook value	(c) Meglod Of V	aldation, Oddi or en	a or your market value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				out of the trapport and the 1904 of the 2004 of the trapport of the 2004 of th
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
		Description			(b) Book value
(1) DU	E FROM AFFILIATES	4 C.A.			2,802,128.
(2)					
(3)					
(4)					
(5)		<u> </u>			
(6)	<u> </u>	 			
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		>	2,802,128.
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form	1 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value	5 14 1 14 14 14 14 14 14 14 14 14 14 14 1	(2.00 PM)
	eral income taxes				
	CRUED PENSION COSTS		9,278,688.		
(3) DU	E TO AFFILIATES		7,525,685.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X. col. (B) line	25.)	16,804,373.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Schedu Part	Ile D (Form 990) 2018 BALTIMORE SYMPHONY ORCHESTRE		52-0629696 Page 4			
Proceeding that the con-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•				
1 T			1			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	let unrealized gains (losses) on investments	2a				
	Onated services and use of facilities					
	Recoveries of prior year grants	1 1				
	Other (Describe in Part XIII.)		2e			
	Add lines 2a through 2d		3			
	Subtract line 2e from line 1		3			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 45 1				
	nvestment expenses not included on Form 990, Part VIII, line 7b		1			
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b		4c			
5]	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) XII Reconciliation of Expenses per Audited Financial Statemer	ate With Evnences ner	\o Betilrn			
Part		its with Expenses per i	neturn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<u>}</u>			
	otal expenses and losses per audited financial statements					
2 A	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a E	Donated services and use of facilities	2a ()	4			
b F	Prior year adjustments	2b				
c	Other losses	2c	_			
d C	Other (Describe in Part XIII.)	28 //				
е А	Add lines 2a through 2d		2e			
3 8	Subtract line 2e from line 1	<u></u>	3			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>				
a li	nvestment expenses not included on Form 990, Part VIII, line 7b					
b (Other (Describe in Part XIII.)	4b				
c A	Add lines 4a and 4b		4c			
5 7	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5			
	XIII Supplemental Information.					
Provide	e 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,			
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi					
PART	r V. LINE 4:					
	6 6					
THE	ENDOWMENT IS HELD BY THE BALTIMORE SYMPHOL	NY ENDOWMENT TRU	JST, A			
SUPI	PORTING ORGANIZATION. THE ENDOWMENT IS US	ED TO SUPPORT TH	HE CHARITABLE,			
LITE	ERARY AND EDUCATIONAL PURPOSES ASSOCIATED T	WITH THE PROMOT	ON OF AN			
		_				
APPI	RECIATION OF ORCHESTRAL AND SYMPHONIC MUSIC	C.				
	V					
PART	r X, LINE 2:					
<u>ASC</u>	740, INCOME TAXES (ASC 740), PRESCRIBES A	RECOGNITION THE	RESHOLD AND A			
MEAS	SUREMENT ATTRIBUTE FOR THE CONSOLIDATED FI	NANCIAL STATEMEN	NT RECOGNITION			
AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX						
RETU	JRN AS WELL AS GUIDANCE ON DE-RECOGNITION,	CLASSIFICATION	, INTEREST AND			
	TENTE AND COMOUT DAMED STATEMENT COMMENS	n nenonmerka praz	מונוספו שסים			
PEN7	ALTIES AND CONSOLIDATED FINANCIAL STATEMEN	T KEROKITING DISC				
832054	10-29-18		Schedule D (Form 990) 2018			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization					Employer ide	ntification number	
BALTIMORE SYMPHONY ORCHESTRA, INC.					52-0629	52-0629696	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr	ion of ion of fundra (includ ofessi	non-g gover ising iing of onal fu	overnment grants nment grants events ficers, directors, trusted undraising services?	Yes		
compensated at least \$5,000 by the	organization.				$\langle \langle \ \rangle \rangle$		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid c (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
				>			
	1		Ì				

<u>@</u>	4						
Total			•				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified it	is exempt from re	gistration	

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

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

b If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 BALTIMORE SYMPHONY ORCHESTRA, INC.	52-0629696 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:	1 1
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
	Ÿ
Name	5
Address >	***************************************
16 Gaming manager information:	
Calling manager mornation.	
Name >	
Gaming manager compensation > \$	
Description of services provided	
☐ Director/officer ☐ Employee ☐ Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
832083 10-03-18 Schedule	G (Form 990 or 990-EZ) 2018

chedule G (Form 990 or 990-EZ) BALTIMORE SYMPHONY ORCHESTR	RA, INC. 52-0629696 P
chedule G (Form 990 or 990-EZ) BALTIMORE SYMPHONY ORCHESTR Part IV Supplemental Information (continued)	WWW.W.W.
	6
	>

SCHEDULE J (Form 990)

Compensation Information

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

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

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

BALTIMORE SYMPHONY ORCHESTRA, INC. Employer identification number 52-0629696

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2_		
3	Indicate which, if any, of the following the filing 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		<u> </u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	*****	X
	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:			v
a	The organization?	5a		X
b	Any related organization?	5b		Λ
_	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:	6a		Х
	The organization?	6b		X
a	Any related organization?	GD		
٠,	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			
7		7		х
	not described on lines 5 and 6? If "Yes," describe in Part III			
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
۵	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		72
9	T 1 1 1 TO 10TO 01 10	9		
	Regulations section 53.4958-6(c)?			Ь

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

Schedule J (Form 990) 2018

BALTIMORE SYMPHONY ORCHESTRA, INC. Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(j)-(D)	in column (B) reported as deferred on prior Form 990
(1) MR. PETER KJOME	ε	254,	43,750.	138.	25,000	9,437.	332,951.	0.
PRESIDENT AND CEO	▣		0.	0	0	0	0	0
(2) MS. SARAH BECKWITH	Ξ	141,821.	0	138.	0	26,897.	168,856.	0.
VICE PRESIDENT AND CFO	▣		0	0	.0	0	0	0
(3) MS. MARIN ALSOP	Θ	278,	0.	396.	0	26,357.	305,411.	0
			0.	0.	.0	0	0	0
(4) MR. JONATHAN CARNEY	Ξ	264,46	0.	258.	. 5,226.	26,787.	296,733.	0
CONCERT MASTER			0.	0	• 0	• 0	0	0.
(5) MR. JAMES KELLEY III	Ξ	198,65	0.	.09	• 0	9,037.	207,748.	0
VICE PRESIDENT OF DEVELOPMENT	⊞		0.	• 0	0	0	0	0
(6) MR. TODD PRICE	Ξ	171,62	0.	0.9 📡 🤝	15,804.	16,254.	203,740.	0
ASSISTANT STAGE MANAGER	(ii)	• 0	0.	0	0	0	0	0
(7) MS. RAQUEL WHITING-GILMER	Θ	163,41	0	.06	0	5,690.	169,190.	0
EXECUTIVE DIRECTOR ORCHKIDS	▣	0.	.0	0	0	0	0	0
	Ξ			9 ²³ i				
	▣			A				
	Θ							
	(E)							
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 BALTIMORE SYMPHONY ORCHESTRA, INC.

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.

PART I, LINE 4B:			
THE FOLLOWING PARTICIPATED IN B	BALTIMORE SYMPHONY ORCHESTRA,	ESTRA, INC.	. 457(F)
PLAN:			
PETER KJOME \$6,500			

PART II, LINE 4, DISCLOSURE INFORMATION
OPUS 3 ARTISTS, LLC A COMPANY THAT MANAGES DISTINGUISHED PERFORMING
ALSOP'S INDEPENDENT SERVICES OUTSIDE OF HER COMPENSATION AGREEMENT WITH
THE BSO.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

BALTIMORE SYMPHONY ORCHESTRA, INC

Employer identification number 52-0629696

a profit for the second	Schooling Control of the Control of	(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		ts
1	Art - Works of art			, , , , , , , , , , , , , , , , , , , ,			
2	Art - Historical treasures						,
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	,					
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property			<i>A</i>			
9	Securities - Publicly traded	Х	35	394,424.	FMV 🖠		
10	Securities - Closely held stock			7 6			
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous			(7) a			
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential		(
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory		. 1		***************************************		
20	Drugs and medical supplies	45 (
21	Taxidermy	A150. 10					
22	Historical artifacts	7	>				
23	Scientific specimens						
24	Archeological artifacts		•••				
25	Other (À					
26	Other (Ø.					
27	Other (***************************************		
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions		* *	
	for which the organization completed Form 828					0	
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 through	n 28, that it		
	must hold for at least three years from the date				· · · · · · · · · · · · · · · · · · ·		
	exempt purposes for the entire holding period?					30a	Х
b	If "Yes," describe the arrangement in Part II.		***************************************				
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contributi	ons?	31	X
	Does the organization hire or use third parties of						
	contributions?			• •		32a	x
b	If "Yes," describe in Part II.		•••••	***************************************			
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked.		
	describe in Part II.	(-)	71	(2) 12 31100	,		
_HA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990		Schedule M	(Form 990)	2018

Schedule M	(Form 990) 2018	BALTIMORE	SYMPHONY	ORCHESTRA,	INC.	52-0629696	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. Fit I, column (b), the ridditional information	Provide the information of contribution.	ation required by Part I tions, the number of ite	, lines 30b, 32b ems received, c	, and 33, and whether the organizati or a combination of both. Also compl	ion lete
							-, a uj
							<u>.</u>
Pa 5 - 7 - 74)	
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					<i>3</i>		
							
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Schedule M (Form 990) 2018

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BALTIMORE SYMPHONY ORCHESTRA, INC.

Employer identification number 52-0629696

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

BSO IS AN INTERNATIONALLY RECOGNIZED SYMPHONY ORCHESTRA THAT HAS

ATTRACTED A DEVOTED NATIONAL AND INTERNATIONAL FOLLOWING WHILE

MAINTAINING DEEP BONDS THROUGHOUT MARYLAND WITH INNOVATIVE EDUCATION

AND COMMUNITY OUTREACH INITIATIVES.

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

THE FORM 990 WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, A

SUB-COMMITTEE OF THE BOARD OF DIRECTORS, PRIOR TO SUBMISSION. A COPY OF THE

FORM 990 WAS ALSO EMAILED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING.

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

THE BSO HAS A CONFLICT OF INTEREST POLICY THAT IS AVAILABLE TO ALL

EMPLOYEES IN THE STAFF EMPLOYEE HANDBOOK. THE HANDBOOK IS ISSUED TO EVERY

NEW EMPLOYEE OF THE BSO AND THE EMPLOYEE MUST SIGN TO SAY THAT THEY HAVE

READ AND UNDERSTOOD THE INFORMATION PROVIDED. THE CONFLICT OF INTEREST

POLICY IS MONITORED BY MANAGEMENT WITH EMPHASIS ON THOSE AREAS THAT ARE

ESPECIALLY SUSCEPTIBLE TO POSSIBLE CONFLICTS. ANY POTENTIAL CONFLICTS

WOULD BE DEALT WITH ON AN INDIVIDUAL BASIS BY THE PRESIDENT/CEO AND THE

DIRECTOR OF HUMAN RESOURCES AS NECESSARY. THE POLICY AND ITS APPLICATION

SHALL BE REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS,

OFFICERS, AND STAFF MEMBERS, EACH OF WHOM HAS A CONTINUING RESPONSIBILITY

TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND

RELATIONSHIPS FOR POTENTIAL CONFLICTS OF INTEREST, AND MAKE SUCH

45

DISCLOSURES AS DESCRIBED IN THIS POLICY. EACH DIRECTOR AND SENIOR STAFF

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

832211 10-10-18

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

Name of the organization **Employer identification number** 52-0629696 BALTIMORE SYMPHONY ORCHESTRA, INC. MEMBER WILL BE ASKED TO COMPLETE A CERTIFICATION OF AGREEMENT WITH THE POLICY AND DISCLOSURE OF ANY KNOWN CONFLICTS OF INTEREST UPON HIS OR HER ELECTION OR RE-ELECTION TO THE BOARD OR COMMENCEMENT OF EMPLOYMENT AND ANNUALLY THEREAFTER. FORM 990, PART VI, SECTION B, LINE 15A: BSO FORMED A COMPENSATION COMMITTEE IN THE LATE SUMMER OF 2013 SPECIFICALLY DEAL WITH THE CONTRACT OF THE PRESIDENT AND CEO. THE COMMITTEE INITIATED RESEARCH TO DETERMINE REASONABLE COMPENSATION. THAT RESEARCH WAS BASED ON COMPENSATION INFORMATION RECEIVED FROM ORCHESTRAS OF COMPARABLE SIZE IN REVENUE, SEASON LENGTH AND ORCHESTRA SIZE. UPON REVIEW OF THE DATA RECEIVED, THE COMMITTEE REACHED A CONCLUSION AND THE SPECIFIC CONTRACT WAS NEGOTIATED DIRECTLY WITH THE EMPLOYEE. IT IS THE INTENTION OF THE BOARD OF DIRECTORS TO KEEP THE COMPENSATION COMMITTEE ACTIVE AND AVAILABLE TO HANDLE COMPENSATION ISSUES OF THE PRESIDENT AND CEO. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTUAL SERVICES: 538,511. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 115,454. 45,864. FUNDRAISING EXPENSES 699,829. TOTAL EXPENSES CONDUCTORS & GUEST ARTISTS:

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization BALTIMORE SYMPHONY ORCHESTRA, INC.	Employer identification number 52-0629696
PROGRAM SERVICE EXPENSES	2,779,342.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,779,342.
PAYMENT PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6,143.
TOTAL EXPENSES	6,143.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,485,314.
	, , , , , , , , , , , , , , , , , , , ,
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION RELATED CHANGES INCLUDING NET PERIODIC PENSION	
COSTS	-2,254,013.
PRIOR YEAR PLEDGE WRITE-OFF	-171,500.
TOTAL TO FORM 990, PART XI, LINE 9	-2,425,513.
FORM 990, PAGE 12, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2018

OMB No. 1545-0047

Open to Public Inspection Employer identification number 52-0629696

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990. BALTIMORE SYMPHONY ORCHESTRA, INC. Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part II

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ŝ controlled entity? Yes × Direct controlling ORCHESTRA, INC. BALTIMORE SYMPHONY Public charity status (if section 501(c)(3)) LINE 12A, I Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) MARYLAND ORCHESTRAL AND SYMPHONIC SUPPORT APPRECIATION OF Primary activity 9 MUSIC BALTIMORE SYMPHONY ENDOWMENT TRUST 77-0659339, 1212 CATHEDRAL STREET, Name, address, and EIN of related organization BALTIMORE, MD 21201

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

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52-0629696

Page 2

Schedule R (Form 990) 2018 BALTIMORE SYMPHONY ORCHESTRA, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

R	General or Percentage managing ownership partner?												e related
9	beneral or financial partner?	Yes No											e or mor
<u> </u>	amount in box								•				because it had on
3	Disproportionate allocations?	Yes No											ırt IV, line 34,
(a)	Share of end-of-year	assers	*	A CONTRACTOR OF THE PROPERTY O									" on Form 990, Pa
£	Share of total income									A A			on answered "Yes
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)						-		F.	***************************************		nplete if the organization
9	Direct controlling entity												ration or Trust. Correar.
<u>ම</u>	Legal domicile (state or	country)											s a Corpo g the tax y
(9)	Primary activity												janizations Taxable a
(a)	Name, address, and EIN of related organization												Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

Yes No (i) Section 512(b)(13) controlled entity? × Percentage ownership N/A Share of end-of-year assets N/A Share of total income N/AType of entity (C corp, S corp, or trust) **(e)** CORP (d)
(l Direct controlling entity N/A Legal domicile (state or foreign country) Я <u>છ</u> Primary activity PARKING GARAGE 9 CATHEDRAL PARKING, INC. - 52-1239270 Name, address, and EIN of related organization 1212 CATHEDRAL STREET BALTIMORE, MD 21201

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Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rela	ated organizations listed i	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1	×
(9)			*	1c 🗙	
l pans or loan grantees to or for related organization(s)			e de la companya de l	1d X	
			J	-	
f Dividends from related organization(s)				#	×
12				1g	×
Purchase of assets from related organization(s)				두	×
				ï=	×
i Lease of facilities, equipment, or other assets to related organization(s)				į	×
k Lease of facilities, equipment, or other assets from related organization(s)				ᅷ	×
	ization(s)			=	×
	ization(s)			Ē	×
Sharing of facilities, equipment, mailing lists, or other assets with re	s)u(s)			1n X	
				10 🔀	
p Reimbursement paid to related organization(s) for expenses	<i>P</i> =			4	×
				1q X	
					1
r Other transfer of cash or property to related organization(s)				-	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete thi	s line, including covered r	information on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) BALTIMORE SYMPHONY ENDOWMENT TRUST	۵	3,625,355.	FMV		
(2) BALTIMORE SYMPHONY ENDOWMENT TRUST	ы	5,421,618.	FMV		
(3) BALTIMORE SYMPHONY ENDOWMENT TRUST	0	441,605.	FMV		
(4) BALTIMORE SYMPHONY ENDOWMENT TRUST	Ø	74,738.	FMV		
(5) CATHEDRAL PARKING INC	D	698,000.	FMV		
832163 10-02-18			Schedule	Schedule R (Form 990) 2018	90) 2018

Page 4

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

artnerships.	(e) (f) (g)	Predominant income partners sec. Share of Share of Share of Share of Stropper Code V-UBI Canadar of Stropper S				
ding exclusion for certain investment pa	(o)	Primary activity Legal domicile Predomin (related, (state or foreign (related fr. country) sections				
s not a related organization. See instruc	(a)	Name, address, and EIN of entity				

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Form	990-T	E	exempt Organization Bus			Tax Return	ı İ	OMB No. 1545-0687
			(and proxy tax und					0040
		For cal	endar year 2018 or other tax year beginning $\ { t SEP} \ \ { t 1}$,	20	18 , and ending	AUG 31, 201	<u>.9</u> .	2018
Depa Interr	rtment of the Treasury al Revenue Service	>	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if name of	changed	d and see instructions	.)	(Emp	loyer identification number ployees' trust, see uctions.)
ВЕ	xempt under section	Print	BALTIMORE SYMPHONY ORC	HES'	TRA, INC.		5	2-0629696
X	301(C) (3) or Type Number, street, and room or suite no. If a P.O. box, see instructions.						lated business activity code instructions.)	
	408(e) ZZU(e) IZIZ CATHEDRAL STREET							niae dollariary
	408A 530(a)		City or town, state or province, country, and ZIP o		ın postal code			
	529(a)		BALTIMORE, MD 21201-5	<u>517</u>				
C Bo	ok value of all assets end of year		F Group exemption number (See instructions.)	<u> </u>				
								Other trust
Describe the only (or first) unrelated trades or businesses.								
trade or business here If only one, complete Parts I-V. If more than one,								
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.								
				nt_cube	idiary controlled arou	n2		no No
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No If "Yes," enter the name and identifying number of the parent corporation.								
J The books are in care of ► SARAH BECKWITH Telephone number ► 410-783-8095								
Pa	rt I Unrelated	Trac	le or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sale	s	0.		A20175.			
b	Less returns and allow	vances	c Balance ▶	1c				
2	Cost of goods sold (S	chedule	A, line 7)	2				
3	Gross profit. Subtract		***************************************	3				
4 a	Capital gain net incom	ie (attaci	h Schedule D)	4a				
b			art II, line 17) (attach Form 4797)	4b				
C			ts	₹4c	24			
5	Income (loss) from a	partners	hip or an S corporation (attach statement)	5				
6	Rent income (Schedul	le C) .	INP OF AN S COPPORATION (Attach Statement)	6				
7	Onrelated dept-imanci	aa mcon	ie (geliegnie E)	7				
8			nd rents from a controlled organization (Schedule F)	8				
9 10	Evaluited event active	ity ingo	n 501(c)(7), (9), or (17) organization (Schedule G) me (Schedule I)	10				
11	Advertising income /S	nty micoi chedule	J)	11				
12			s; attach schedule)	12				
13	Total. Combine lines	3 throug	gh 12 🖠 🖔	13	(0.		
	rt II Deduction	ns No	t Taken Elsewhere (See instructions fo					
1			tions, deductions must be directly connected					
14	Compensation of offi	cers, dir	ectors, and trustees (Schedule K)				14	
15	Salaries and wages		A				15	
16	richana ann mannen	анье					16	
17							17	
18			e instructions)				18	
19	Taxes and licenses					***************************************	19	
20			instructions for limitation rules)			•••••••••••	20	
21			62)					
22			Schedule A and elsewhere on return				22b	
23 24	Contributions to date	rrad aan	opposition plans				23	
25			npensation plans				24	
26	Excess exempt exper	arania Res (Sul	hedule I)				25 26	
27	Excess readership on	sts (Sch	redule J)				27	
28							28	
29	Total deductions. Ac	ld lines	14 through 28				29	0.
30			come before net operating loss deduction. Subtract				30	0.
31			oss arising in tax years beginning on or after Januar				31	
32			come. Subtract line 31 from line 30				32	0.
82370	1 01-09-19 LHA Fo	r Paperv	vork Reduction Act Notice, see instructions.					Form 990-T (2018)

Form 990-T		0629696	Page 2
Part II			
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		0.
34	Amounts paid for disallowed fringes	34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34		1 000
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		٥
Doub II	enter the smaller of zero or line 36	38	0.
	/ Tax Computation		0.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
4.4	Tax rate schedule or Schedule D (Form 1041)		-
	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	0.
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	44	<u> </u>
		VIIII	
	, , , , , , , , , , , , , , , , , , , ,	-	
	Other credits (see instructions) 45b		
	General business credit, Attach Form 3800 45c		
	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 45a through 45d	45.	
		45e	0.
46	Subtract line 45e from line 44 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	46 47	
	A 10		0.
	Total tax. Add lines 46 and 47 (see instructions)		0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018 50a 50a 3, 3		
		200000000000000000000000000000000000000	
			
	Tax deposited with Form 8868 50c Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments: Form 2439		
g	Other Gredits, and payments. ☐ Form 2435 ☐ Form 4136 ☐ Other ☐ Total ► 50g		
F-1		51	11,361.
51 50	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached □	52	11,301.
52 52	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	11,361.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	11,361.
Part V		<u> </u>	
***************************************	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		799 119
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	?	$ +$ $\frac{1}{x}$
37	If "Yes," see instructions for other forms the organization may have to file.	*	
58	Enter the amount of tax-exempt interest received or accrued during the tax year \blacktriangler		
	Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief,	it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here	CFO	May the IRS disc the preparer sho	uss this return with
	Signature of officer Date Title		X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
D-!-!	self- emp		
Paid	TODE O DIDOUALIGED FOR C DIDOUALIGED 07/13/20	· 1	370694
Prepa	S. L. B. C.C. III MAY C. ADVITCODY CEDVITCEC II.C.		5991824
Use O	910 RIDGEBROOK ROAD	<u>-</u>	
	Firm's address ► SPARKS, MD 21152 Phone r	o. (410)	403-1500
823711 01-		orm 990-T (2018)	

SCHEDULE O (Form 1120)

(Rev. December 2018) Department of the Treasury Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name Employer identification number BALTIMORE SYMPHONY ORCHESTRA, INC. 52-0629696 Part I Apportionment Plan Information 1 Type of controlled group: a X Parent-subsidiary group **b** Brother-sister group Combined group Life insurance companies only 2 This corporation has been a member of this group: a X For the entire year. From ____ 3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for _____, and for all succeeding tax years. the current tax year which ends on b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending , and for all succeeding tax c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan. d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ____ succeeding tax years. 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment Elected by the component members of the group. Required for the component members of the group, 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions). No apportionment plan is in effect and none is being adopted. X An apportionment plan is already in effect. It was adopted for the tax year ending AUGUST 31, 2018 for all succeeding tax years. 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. a Yes. ___ The statute of limitations for this year will expire on ___ , this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until b No. The members may not adopt or amend an apportionment plan. 7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

813335 12-11-18 JWA

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2018)

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Schedule O (Form 1120) (Rev. 12-2018) BALTIMORE SYMPHONY ORCHESTRA, INC. Part II Apportionment (See instructions)					52-0629696 Page 2
		í		Apportionment	
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1 BALTIMORE SYMPHONY ORCHESTRA, INC.	52-0629696	19-08			
2 CATHEDRAL PARKING, INC	52-1239270	19-08			
	77-0659339	19-08			
4			Y		
ರ					
9					
7			-25		
8					
6) P			
10	5				
Total					
				Schedule O (i	Schedule O (Form 1120) (Rev. 12-2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print BALTIMORE SYMPHONY ORCHESTRA, INC. 52-0629696 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1212 CATHEDRAL STREET instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 21201-5517 BALTIMORE, MD Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF Form 5227 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 12 Form 8870 SARAH BECKWITH The books are in the care of ► 1212 CATHEDRAL STREET - BALTIMORE, MD 21201-5517 Fax No. ► 410-783-8132 Telephone No. ► 410-783-8095 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until JULY 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: __l calendar year ___or ► X tax year beginning SEP 2018 and ending AUG 31, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return J Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

Form **8868** (Rev. January 2019)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

	ic filing (e-file). You can electronically file Form 8868 to						
	ted below with the exception of Form 8870, Information R						
	s, for which an extension request must be sent to the IRS		*	etails on t	he electronic		
filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-charit	ies-and-n	on-profits.				
Autom	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).				
All corpo	orations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	,	
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.				
				Enter file	er's identifying	g number	
Type or	Name of exempt organization or other filer, see instruc	ctions.				number (EIN) or	
print				,	\	, ,	
-	BALTIMORE SYMPHONY ORCHESTR	A, IN	rc.		52-062	9696	
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	e instruct	ions.	Social se	curity number	(SSN)	
filing your return. See	1212 CATHEDRAL STREET		A	and property			
instructions	City, town or post office, state, and ZIP code. For a fo	reign addı	ress, see instructions.				
BALTIMORE, MD 21201-5517							
Enter the	e Return Code for the return that this application is for (file	a separat				07	
Application			Application			Return	
Is For			Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
	20 (individual)	03	Form 5227	Form 4720 (other than individual)			
Form 99		04 05	Form 6069			10	
	0-T (sec. 401(a) or 408(a) trust) 0-T (trust other than above)	06	Form 8870			12	
ronn əə	SARAH BECKWITH	00	1 Offi BB70				
• The h	ooks are in the care of > 1212 CATHEDRAL	STREE	T - BALTIMORE, MD	21201	5517		
	hone No. ► 410-783-8095		Fax No. ► 410-783-81				
•	organization does not have an office or place of business	in the Uni	•			▶ □	
	is for a Group Return, enter the organization's four digit of					oup, check this	
box ►	. If it is for part of the group, check this box		ch a list with the names and ElNs of		_		
1 Ire	equest an automatic 6-month extension of time until	JUL:	<u>Y 15, 2020</u> , to file	the exem	npt organizatio	n return for	
the	the organization named above. The extension is for the organization's return for:						
>	calendar year or						
>	X tax year beginning SEP 1, 2018	, an	d ending <u>AUG 31, 2019</u>		·		
2 If t	he tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n		
L	Change in accounting period						
0- 164	his and institution is for Farmer 2000 PL 2000 PE 2000 T 4700	0000		1			
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less	ا م		0.	
	y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credite and	3a	\$		
	timated tax payments made. Include any prior year overpa	-		3b	\$	11,361.	
	lance due. Subtract line 3b from line 3a. Include your pay			100	Ψ		
	ing EFTPS (Electronic Federal Tax Payment System). See			Зс	\$	0.	
	: If you are going to make an electronic funds withdrawal (
instructio			-			-	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)