

PUBLIC DISCLOSURE COPY

SB & Company, LLC
10200 Grand Central Avenue, Suite 250
Owings Mills, MD 21117

(410)584-0060

June 28, 2022

Maryland Humanities Council, Inc.
108 WEST CENTRE STREET
BALTIMORE, MD 21201-4565

Maryland Humanities Council, Inc.:

Enclosed is the organization's 2020 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before September 15, 2022.

Mail to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Pamela Gray

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

October 31, 2021

Prepared For:

Maryland Humanities Council, Inc.
108 WEST CENTRE STREET
BALTIMORE, MD 21201-4565

Prepared By:

SB & COMPANY
10200 Grand Central Ave., Suite 250
Owings Mills, MD 21117

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

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.**

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.

Type or print	Name of exempt organization or other filer, see instructions. MARYLAND HUMANITIES COUNCIL, INC.	Taxpayer identification number (TIN) 52-1102799
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 108 WEST CENTRE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21201-4565	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LINDSEY BAKER

- The books are in the care of ▶ **108 WEST CENTRE STREET - BALTIMORE, MD 21201-4565**
Telephone No. ▶ **(410) 685-0095** Fax No. ▶ _____
- 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 TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **SEPTEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ calendar year _____ or
- ▶ tax year beginning **NOV 1, 2020**, and ending **OCT 31, 2021**.
- 2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 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.	3a	\$	0.
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.	3b	\$	0.
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.	3c	\$	0.

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.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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

A For the 2020 calendar year, or tax year beginning **NOV 1, 2020** and ending **OCT 31, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARYLAND HUMANITIES COUNCIL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 108 WEST CENTRE STREET City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21201-4565 F Name and address of principal officer: LINDSEY BAKER SAME AS C ABOVE	D Employer identification number 52-1102799 E Telephone number (410) 685-0095 G Gross receipts \$ 3,083,306. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MDHUMANITIES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1977 M State of legal domicile: MD

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PURPOSE IS TO CREATE AND SUPPORT EDUCATIONAL EXPERIENCES IN THE HUMANITIES THAT INSPIRE ALL		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	1212
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	2,220,312.
9		Program service revenue (Part VIII, line 2g)	19,004.	8,259.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,284.	1,934.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,736.	102.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,241,864.	3,083,306.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	659,531.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,023,048.	1,120,621.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 232,773.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	581,605.	632,201.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,264,184.	2,863,470.
	19	Revenue less expenses. Subtract line 18 from line 12	-22,320.	219,836.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,429,287.	2,602,498.
	21	Total liabilities (Part X, line 26)	266,289.	1,219,664.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,162,998.	1,382,834.

Part II Signature Block

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	Signature of officer LINDSEY BAKER, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PAMELA GRAY	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01237506
	Firm's name ▶ SB & COMPANY Firm's address ▶ 10200 GRAND CENTRAL AVE., SUITE 250 OWINGS MILLS, MD 21117	Firm's EIN ▶ 20-2153727 Phone no. (410) 584-0060

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PURPOSE IS TO CREATE AND SUPPORT EDUCATIONAL EXPERIENCES IN THE HUMANITIES THAT INSPIRE ALL MARYLANDERS TO EMBRACE LIFELONG LEARNING, EXCHANGE IDEAS OPENLY, AND ENRICH THEIR COMMUNITIES. TO DO THIS IT DEVELOPS AND MANAGES SUCH HUMANITIES BASED PROGRAMS AS MARYLAND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,243,162. including grants of \$ 1,110,648.) (Revenue \$) GRANTS - PROVIDED 26 PROJECT GRANTS TO NON-PROFIT ORGANIZATIONS TO CONDUCT HUMANITIES-FOCUSED PROGRAMS AS WELL AS AN ADDITIONAL 91 COVID-RELIEF GRANTS AS PART OF THE AMERICAN RESCUE PLAN ACT.

4b (Code:) (Expenses \$ 221,103. including grants of \$) (Revenue \$) HISTORY - PROVIDED PUBLIC PROGRAMS THROUGHOUT MARYLAND TO INCREASE AWARENESS OF LOCAL AND NATIONAL HISTORICAL EVENTS AND IMPROVE RESEARCH AND ANALYTICAL SKILLS. PROGRAMS INCLUDED MARYLAND HISTORY DAY SERVING 19,124 STUDENTS AND 432 TEACHERS FROM 187 SCHOOLS; MUSEUM ON MAIN STREET'S "VOICES & VOTES: DEMOCRACY IN AMERICA" TRAVELING EXHIBITION AND LOCAL COMPANION EXHIBITS VIEWED BY 18,210 PEOPLE; AND 36,583 STUDENTS AND EDUCATORS ACCESSED ONLINE HISTORY INQUIRY KITS THAT TEACH HOW TO IDENTIFY AND INTERPRET PRIMARY AND SECONDARY SOURCES.

4c (Code:) (Expenses \$ 119,259. including grants of \$) (Revenue \$) INTER-DISCIPLINARY - PROVIDED PUBLIC PROGRAMS THROUGHOUT MARYLAND IN VARIOUS OTHER HUMANITIES DISCIPLINES, INCLUDING VIRTUAL PROGRAMMING, DIGITAL PROGRAMMING, AND COMMUNICATIONS ACTIVITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 687,764. including grants of \$) (Revenue \$ 8,259.)

4e Total program service expenses 2,271,288.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 28		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 28		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **LINDSEY BAKER - (410) 685-0095**
108 WEST CENTRE STREET, BALTIMORE, MD 21201-4565

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. MARY HASTLER CHAIR, BOARD OF DIRECTORS	3.00	X		X				0.	0.	0.
(2) MR. KEITH STONE VICE CHAIR, BOARD OF DIRECTORS	2.00	X		X				0.	0.	0.
(3) MR. MARK IRWIN SECRETARY, BOARD OF DIRECTORS	2.00	X		X				0.	0.	0.
(4) MR. JAMES CORNELSEN TREASURER, BOARD OF DIRECTORS	2.00	X		X				0.	0.	0.
(5) MS. JULIA MADDEN GOVERNMENT LIAISON, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(6) MS. CYNTHIA RAPOSO IMMEDIATE PAST CHAIR, BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(7) MS. KENDRA BROWN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(8) MS. MARY CALLIS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(9) MS. CHANEL COMPTON BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(10) DR. MARY KAY FINAN BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(11) THE HONORABLE RONALD (PETE) LES BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(12) MS. ALICIA JONES MCLEOD BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(13) MS. TIFFANY MCGHEE BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(14) MS. HEATHER MITCHELL BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(15) DR. KIMBERLY R. MOFFITT BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(16) DR. RONALD NOWACZYK BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(17) DR. RANDY ONTIVEROS BOARD OF DIRECTORS	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. SOO PARK BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(19) DR. MAARTEN PEREBOOM BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(20) MS. JEANNE PIRTLE BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(21) MR. THOMAS RIFORD BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(22) DR. NANCY ROGERS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(23) MS. CARMEL ROQUES BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(24) MS. JENNIFER SHEA BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(25) MS. SAIMA SITWAT BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(26) MR. GUFFRIE SMITH, JR. BOARD OF DIRECTORS	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								47,117.	0.	1,375.
d Total (add lines 1b and 1c)								47,117.	0.	1,375.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MS. SHARON WHITNEY BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(28) MR. JAYSON WILLIAMS BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(29) MS. ALLYSON BLACK WOODSON BOARD OF DIRECTORS	1.00	X						0.	0.	0.
(30) MS. LINDSEY BAKER EXECUTIVE DIRECTOR	40.00			X				47,117.	0.	1,375.
(31) MS. DENNETT EDWARDS DIRECTOR OF ADMINISTRATION	40.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c								47,117.		1,375.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,828,406.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	244,605.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		3,073,011.			
Program Service Revenue	2 a	OTHER	Business Code				
			561499	8,259.	8,259.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		8,259.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,934.		1,934.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER	Business Code				
			900099	102.		102.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		102.				
12	Total revenue. See instructions		3,083,306.	8,259.	0.	2,036.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,110,648.	1,110,648.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	48,492.	29,657.	11,464.	7,371.
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	876,448.	543,718.	210,190.	122,540.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,083.	75,648.	29,244.	17,191.
9 Other employee benefits				
10 Payroll taxes	73,598.	45,598.	17,627.	10,373.
11 Fees for services (nonemployees):				
a Management	75,829.	48,397.	18,710.	8,722.
b Legal				
c Accounting	60,722.	37,137.	14,356.	9,229.
d Lobbying	19,059.			19,059.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,328.	2,648.	1,022.	658.
12 Advertising and promotion	30,194.	30,194.		
13 Office expenses	54,194.	33,071.	11,770.	9,353.
14 Information technology	44,572.	27,260.	10,538.	6,774.
15 Royalties				
16 Occupancy	38,735.	23,690.	9,158.	5,887.
17 Travel	382.	382.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,423.	3,792.	573.	58.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,140.	23,937.	9,254.	5,949.
23 Insurance	8,303.	5,078.	1,963.	1,262.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COUNCIL PROJECTS	133,400.	133,400.		
b BOOKS AND SUBSCRIPTIONS	69,932.	69,220.	544.	168.
c MEMBERSHIP DUES	24,409.	14,928.	5,771.	3,710.
d STAFF DEVELOPMENT	21,541.	12,863.	5,282.	3,396.
e All other expenses	3,038.	22.	1,943.	1,073.
25 Total functional expenses. Add lines 1 through 24e	2,863,470.	2,271,288.	359,409.	232,773.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	465,650.	1	1,152,009.
	2 Savings and temporary cash investments	261,069.	2	262,413.
	3 Pledges and grants receivable, net	633,037.	3	1,157,287.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,178.	9	12,462.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 664,780.		
	b Less: accumulated depreciation	10b 648,953.	50,853.	10c 15,827.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,500.	15	2,500.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,429,287.	16	2,602,498.	
Liabilities	17 Accounts payable and accrued expenses	76,419.	17	112,442.
	18 Grants payable	999.	18	910,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	188,871.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	197,222.
	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 Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	266,289.	26	1,219,664.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,128,929.	27	1,132,935.
	28 Net assets with donor restrictions	34,069.	28	249,899.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,162,998.	32	1,382,834.
	33 Total liabilities and net assets/fund balances	1,429,287.	33	2,602,498.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,083,306.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,863,470.
3	Revenue less expenses. Subtract line 2 from line 1	3	219,836.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,162,998.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,382,834.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis 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, 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **MARYLAND HUMANITIES COUNCIL, INC.** Employer identification number **52-1102799**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1494554.	1608849.	2022809.	2220312.	3073113.	10419637.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1494554.	1608849.	2022809.	2220312.	3073113.	10419637.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						10419637.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1494554.	1608849.	2022809.	2220312.	3073113.	10419637.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	151.	2,159.	5,756.	2,544.	1,940.	12,550.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						10432187.
12 Gross receipts from related activities, etc. (see instructions)					12	84,313.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.88 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.88 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Lined area for supplemental information.

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

2020

Name of the organization

MARYLAND HUMANITIES COUNCIL, INC.

Employer identification number

52-1102799

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box 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 MARYLAND HUMANITIES COUNCIL, INC.	Employer identification number 52-1102799
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,877,438.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>257,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>100,147.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>147,816.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARYLAND HUMANITIES COUNCIL, INC.	Employer identification number 52-1102799
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MARYLAND HUMANITIES COUNCIL, INC.	Employer identification number 52-1102799
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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) organizations: Complete Part III.

Name of organization MARYLAND HUMANITIES COUNCIL, INC.	Employer identification number 52-1102799
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		19,059.
j Total. Add lines 1c through 1i			19,059.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 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 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 expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (See instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TO MAKE OFFICIALS AND LEGISLATORS AWARE OF PROGRAM ACTIVITIES AND NEED FOR GREATER FUNDING

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **MARYLAND HUMANITIES COUNCIL, INC.** Employer identification number **52-1102799**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		372,091.	372,091.	0.
d Equipment		292,689.	276,862.	15,827.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,827.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,095,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	12,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	12,400.
3	Subtract line 2e from line 1	3	3,083,306.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,083,306.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,875,870.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,400.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	12,400.
3	Subtract line 2e from line 1	3	2,863,470.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,863,470.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE COUNCIL IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COUNCIL PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF OCTOBER 31, 2021, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD

Part XIII Supplemental Information (continued)

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY
 EFFECT ON ITS TAX-EXEMPT STATUS. AS OF OCTOBER 31, 2021, THE STATUTE OF
 LIMITATIONS FOR FISCAL YEARS 2018 THROUGH 2021 REMAIN OPEN WITH THE U.S.
 FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH THE
 COUNCIL FILES TAX RETURNS. IT IS THE COUNCIL'S POLICY TO RECOGNIZE
 INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, AS
 INCOME TAX EXPENSE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **MARYLAND HUMANITIES COUNCIL, INC.** Employer identification number **52-1102799**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MARYLAND CENTER FOR HISTORY AND CULTURE - 201 W. MONUMENT STREET - BALTIMORE, MD 21201	52-0403670		7,600.	0.			FY21 MAJOR GRANT - FALL 2020
SUGARLAND ETHNO HISTORY PROJECT, INC. - P.O. BOX 388 - POOLSVILLE, MD 20837	20-2010725		9,890.	0.			FY21 MAJOR GRANT - FALL 2020
ADKINS ARBORETUM P.O. BOX 100 RIDGELY, MD 21660	52-1163405		10,000.	0.			FY21 MAJOR GRANT - FALL 2020
MAIN STREET CONNECT 50 MONROE PLACE ROCKVILLE, MD 20850	81-5280080		8,470.	0.			FY21 MAJOR GRANT - FALL 2020
GLOBAL Z RECORDING PROJECT 9021 TEMPLETON DRIVE URBANA, MD 21704	47-2981351		10,000.	0.			FY21 MAJOR GRANT - FALL 2020
CITYLIT PROJECT 120 WEST NORTH AVENUE, SUITE 201 BALTIMORE, MD 21201	20-0639118		10,000.	0.			FY21 MAJOR GRANT - FALL 2020

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **91.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE FILM FESTIVAL 127 N. WEST STREET EASTON, MD 21601	27-3268440		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021
DOCS IN PROGRESS 8560 2ND AVENUE, SUITE 113 SILVER SPRING, MD 20910	20-2784718		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021
PRIDE OF BALTIMORE, INC 1240 KEY HIGHWAY BALTIMORE, MD 21230	52-1189136		9,500.	0.			FY21 MAJOR GRANT - SPRING 2021
AFRICAN-AMERICAN RESOURCES CULTURAL HERITAGE SOCIETY (AARCH) - P. O. BOX 3909 - FREDERICK, MD 21705	32-0213170		9,998.	0.			FY21 MAJOR GRANT - SPRING 2021
JOES MOVEMENT EMPORIUM 3309 BUNKER HILL ROAD MOUNT RAINIER, MD 20712	52-1804860		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021
CIVIC WORKS, INC. 2701 ST LO DRIVE BALTIMORE, MD 21213	52-1925614		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021
MINARY'S DREAM ALLIANCE, INCORPORATED - 223 BRIARWOOD CIRCLE - DENTON, MD 21629	85-0988396		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021
HISTORIC SOTTERLEY, INC. P O BOX 67, 44300 SOTTERLEY LANE HOLLYWOOD, MD 20636	52-6037721		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021
CHARM: VOICES OF BALTIMORE YOUTH (FUND FOR EDUCATIONAL EXCELLENCE) - 10 EAST NORTH AVENUE - BALTIMORE, MD 21202	52-1129402		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATOCTIN FURNACE HISTORICAL SOCIETY - 12525 CATOCTIN FURNACE ROAD - THURMONT, MD 21788	52-1038473		10,000.	0.			FY21 MAJOR GRANT - SPRING 2021
FARM HERITAGE CONSERVANCY P.O. BOX 226 BENEDICT, MD 20612	47-4078425		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
BRUNSWICK POTOMAC FOUNDATION, INC. 40 WEST POTOMAC STREET BRUNSWICK, MD 21716	52-1110630		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
POE BALTIMORE PO BOX 23773 BALTIMORE, MD 21203	38-3888146		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FRIENDS OF JEFFERSON PATTERSON PARK AND MUSEUM - 10115 MACKALL ROAD - ST LEONARD, MD 20685	52-1437930		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
STAR-SPANGLED BANNER FLAG HOUSE ASSOCIATION, INC. - 844 E. PRATT STREET - BALTIMORE, MD 21202	52-0591490		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
EDUCARTE, INCORPORATED 6814 DARTMOUTH AVE COLLEGE PARK, MD 20740	84-2865408		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
DOLEMAN BLACK HERITAGE MUSEUM, INC. - 33-35 W. WASHINGTON STREET, SECOND FLOOR ROOM 210 - HAGERSTOWN, MD 21740	33-1213124		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
BERLIN HERITAGE FOUNDATION, INC P.O. BOX 351 BERLIN, MD 21811	52-1239547		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGANY MUSEUM 3 PERSHING ST. CUMBERLAND, MD 21502	52-1316124		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
HISTORICAL SOCIETY OF HARFORD COUNTY, INC., THE - 143 N. MAIN STREET - BEL AIR, MD 21014	52-6054081		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
EVERGREEN HERITAGE CENTER FOUNDATION - 101 BRADDOCK HEIGHTS - FROSTBURG, MD 21532-2345	26-2345798		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
GARRETT LAKES ARTS FESTIVAL 687 MOSSER ROAD MCHENRY, MD 21541	52-1608933		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
WRITING HEARTS, INC. 11104 GLEN ARM ROAD GLEN ARM, MD 21057	84-1976752		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
TALBOT HISTORICAL SOCIETY 30 SOUTH WASHINGTON STREET EASTON, MD 21601	52-6044645		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
MARYLAND WOMEN'S HERITAGE CENTER P.O. BOX 719 BROOKLANDVILLE, MD 21022-0719	20-1166317		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
LAUREL HISTORICAL SOCIETY 817 MAIN STREET LAUREL, MD 20707	52-1713516		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
HISTORIC FROSTBURG, A MARYLAND MAIN STREET COMMUNITY, INC. - 41 EAST MAIN STREET - FROSTBURG, MD 21532	52-2351834		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOST TOWNS PROJECT, INC 1621 DEFENSE HWY GAMBRILLS, MD 21054	47-1262991		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
GLOBAL Z RECORDING PROJECT 9021 TEMPLETON DRIVE URBANA, MD 21704	47-2981351		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FRIENDS OF THE RISING SUN INN 1090 GENERALS HIGHWAY CROWNSVILLE, MD 21146	52-2224281		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
GALESVILLE COMMUNITY CENTER PO BOX 118 GALESVILLE, MD 20765	47-0934515		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
MID-ATLANTIC REGIONAL MOVING IMAGE ARCHIVE - 414 E. 31ST STREET - BALTIMORE, MD 21218	81-2799905		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
EUBIE BLAKE NATIONAL JAZZ INSTITUTE AND CULTURAL CENTER - 847 NORTH HOWARD STREET - BALTIMORE, MD 21201	52-1871769		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
SANKOFA CHILDREN'S MUSEUM OF AFRICAN CULTURES, INC. - 4330 PIMLICO ROAD, SUITE B - BALTIMORE, MD 21215	81-1771777		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
PEERLESS ROCKVILLE HISTORIC PRESERVATION, LTD. - 29 COURTHOUSE SQUARE, RM. 110 - ROCKVILLE, MD 20850	52-1006116		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
WATERS EDGE MUSEUM, THE DBA THE MIDSHORE COMMUNITY FOUNDATION - 101 MILL STREET, POBOX 543 - OXFORD, MD 21654	52-1782373		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORICAL SOCIETY OF CECIL COUNTY 135 E. MAIN ST. ELKTON, MD 21921	23-7075378		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
BOLD BEAUTIFUL BRILLIANT GIRLS YOUTH EMPOWERMENT GROUP - 12436 ROLLYS RIDGE AVENUE - UPPER MARLBORO, MD 20774	84-2105174		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
MENARE FOUNDATION, INC. 16820 BLACK ROCK ROAD GERMANTOWN, MD 20874	52-2147912		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
TILGHMAN WATERMAN'S MUSEUM BOX 344, 6031 TILGHMAN ISLAND ROAD TILGHMAN, MD 21671	80-0348490		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
SUSQUEHANNA MUSEUM OF HAVRE DE GRACE, INC. - 817 CONESTEO STREET - HAVRE DE GRACE, MD 21078	52-1325983		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
BALTIMORE COUNTY HISTORICAL SOCIETY, INC. (DBA HISTORICAL SOCIETY OF BALTIMORE C - 9811 VAN BUREN LANE - COCKEYSVILLE, MD	52-6048476		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CRISFIELD HERITAGE FOUNDATION PO BOX 253, 3 NINTH STREET CRISFIELD, MD 21817	52-1122897		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
NEIGHBORHOOD CREATIVE ARTS CENTER 106 ST. MARY'S AVENUE LA PLATA, MD 20646	83-3614557		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CHEVY CHASE HISTORICAL SOCIETY 8401 CONNECTICUT AVE, SUITE 1010 CHEVY CHASE, MD 20815	52-1279019		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF MAXWELL HALL INC P.O. BOX 123 HUGHESVILLE, MD 20637	82-5042849		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
RAYMOND BANKS 'A WAY WITH WORDS' FOUNDATION - 3211 CARLISLE AVE - BALTIMORE, MD 21216	83-3368472		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FURNACE TOWN FOUNDATION 3816 OLD FURNACE ROAD SNOW HILL, MD 21863	52-1223314		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FRIENDS OF TOLSON'S CHAPEL 111 E HIGH STREET, PO BOX 168 SHARPSBURG, MD 21782	16-1775466		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
BAYSIDE HISTORY MUSEUM P. O. BOX 348 NORTH BEACH, MD 20714	54-2130246		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FROSTBURG MUSEUM ASSOCIATION, INC. 50 E MAIN STREET, PO BOX 92 FROSTBURG, MD 21532	52-1276142		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CHARM: VOICES OF BALTIMORE YOUTH (FUND FOR EDUCATIONAL EXCELLENCE) - 10 EAST NORTH AVENUE - BALTIMORE, MD 21202	52-1129402		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
AFRICAN-AMERICAN RESOURCES CULTURAL HERITAGE SOCIETY (AARCH) - P. O. BOX 3909 - FREDERICK, MD 21705	32-0213170		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
BEACH TO BAY HERITAGE AREA, INC 14 SOUTH MAIN STREET BERLIN, MD 21811	52-1900311		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE CHILDREN'S MUSEUM 25 SILOPANNA ROAD ANNAPOLIS, MD 21403-1117	52-1808319		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
WOMENS CIVIC LEAGUE OF NORTH EAST PO BOX 343 NORTH EAST, MD 21901	34-1982650		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CAMP RITCHIE MUSEUM, INC. 25009 LAKE WASTLER DRIVE CASCADE, MD 21719	87-2002034		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
G.A.R. POST #25, INC. (SUMNER HALL) - 206 SOUTH QUEEN STREET - CHESTERTOWN, MD 21620	45-2719582		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
DOCS IN PROGRESS 8560 2ND AVENUE, SUITE 113 SILVER SPRING, MD 20910	20-2784718		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
DELMARVA DISCOVERY CENTER & MUSEUM, INC. - 2 MARKET STREET - POCOMOKE CITY, MD 21851	52-2118540		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
SISTERHOOD AGENDA, INC. 10451 MILL RUN CIRCLE, SUITE 400 OWINGS MILLS, MD 21117	56-1906766		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
SOCIETY FOR THE RESTORATION OF PORT TOBACCO - P O BOX 302, 8430 COMMERCE STREET - PORT TOBACCO , MD 20677	52-0897793		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CAPTAIN AVERY MUSEUM 1418 E. WEST SHADY SIDE ROAD SHADY SIDE, MD 20764	52-1414082		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND VETERANS MUSEUM AT PATRIOT PARK - PO BOX 1900 - LAPLATA, MD 20646	20-2462036		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
BOONSBORO HISTORICAL SOCIETY PO BOX 213 BOONSBORO, MD 21713	52-1085822		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
ALPHA GENESIS COMMUNITY DEVELOPMENT CORPORATION - 405 MARYLAND AVE - CAMBRIDGE, MD 21613	46-3048436		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
SUGARLAND ETHNO HISTORY PROJECT, INC. - P.O. BOX 388 - POOLSVILLE, MD 20837	20-2010725		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
NATIONAL MUSEUM OF LANGUAGE P.O. BOX 453 GREENBELT, MD 20768	52-2085197		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CITYLIT PROJECT 120 WEST NORTH AVENUE, SUITE 201 BALTIMORE, MD 21201	20-0639118		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
ST. MARY'S COUNTY HISTORICAL SOCIETY - P.O. BOX 212 - LEONARDTOWN, MD 20650	52-0906455		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
OXFORD MUSEUM 101 S. MORRIS STREET, PO BOX 131 OXFORD, MD 21654-0191	12-3111205		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FRIENDS OF ST. CLEMENT'S ISLAND AND PINEY POINT MUSEUMS - 38370 POINT BREEZE ROAD - COLTON'S POINT, MD 20626	52-1381795		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DORCHESTER COUNTY HISTORICAL SOCIETY - 1003 GREENWAY DRIVE - CAMBRIDGE, MD 21613	23-7222855		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CATOCTIN FURNACE HISTORICAL SOCIETY - 12525 CATOCTIN FURNACE ROAD - THURMONT, MD 21788	52-1038473		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
NEW LENS C/O FUSION PARTNERSHIPS 1601 GUILFORD AVE. 2 SOUTH - BALTIMORE, MD 21202	52-2148413		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
MUSE 360 ARTS 847 N. HOWARD ST. BALTIMORE, MD 21201	20-3366845		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
SOMERSET COUNTY HISTORICAL SOCIETY 11736 MANSION STREET PRINCESS ANNE, MD 21853	52-6061428		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
COALITION FOR AFRICAN AMERICANS IN THE PERFORMING ARTS, INC. - P.O. BOX 44954 - FORT WASHINGTON, MD 20749	26-0093440		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
DOWNTOWN SYKESVILLE CONNECTION, INC. - 7307 SPOUT HILL RD - SYKESVILLE, MD 21784	82-3150093		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
PRESERVATION ALLIANCE OF BALTIMORE COUNTY - P.O. BOX 10067 - TOWSON, MD 21285	52-1212185		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
HISTORICAL SOCIETY OF KENT COUNTY, INC. - P.O. BOX 665, 301 HIGH STREET - CHESTERTOWN, MD 21620	52-0889500		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE GEORGE'S COUNTY HISTORICAL SOCIETY, INC. - PO BOX 1513 - UPPER MARLBORO, MD 20773	52-6072649		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
LIFE JOURNEYS WRITERS CLUB 1282 SMALLWOOD DR., W., SUITE 107 WALDORF, MD 20603	01-0934331		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FRIENDS OF THE CONCORD POINT LIGHTHOUSE, THE - PO BOX 212 - HAVRE DE GRACE, MD 21078	52-1657913		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FRIENDS OF JERUSALEM MILL P.O. BOX 237 KINGSVILLE, MD 21087	52-1432840		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
NATIONAL CAPITAL RADIO AND TELEVISION MUSEUM - 2608 MITCHELLVILLE RD, SUITE 516 - BOWIE, MD 20716	52-1862222		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
PRINCE GEORGES AFRICAN AMERICAN MUSEUM AND CULTURAL CENTER - 4519 RHODE ISLAND AVENUE - NORTH BRENTWOOD, MD 20722	52-2150703		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
WASHINGTON COUNTY HISTORICAL SOCIETY - 135 WEST WASHINGTON ST - HAGERSTOWN, MD 21740	52-6047982		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
WARREN HISTORIC SITE COMMITTEE, INC. - 5207 MYER COURT - ROCKVILLE, MD 20853	52-2087915		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
WRITERS IN BALTIMORE SCHOOLS 10 E. NORTH AVE., SUITE 5 BALTIMORE, MD 21202	52-2148413		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICK COUNTY LANDMARKS FOUNDATION - 1110 ROSEMONT AVE - FREDERICK, MD 21701	23-7241926		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
EASTERN SHORE HERITAGE, INC P. O. BOX 727 CHESTERTOWN, MD 21620	52-2270316		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
GROOVE CITY BLACK HERITAGE & CULTURE GROUP INC - 2512 WESTWIND BLVD - CAMBRIGE, MD 21613	84-5074410		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
MARYLAND LYNCHING MEMORIAL PROJECT 418 TERRACE WAY TOWSON, MD 21204	82-4779559		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
RICHARDSON MARITIME MUSEUM, INCORPORATED - P. O. BOX 1198 - CAMBRIDGE, MD 21613	52-1785312		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
CUMBERLAND THEATRE 101 N. JOHNSON STREET CUMBERLAND, MD 21502	52-1544414		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
UNION MILLS HOMESTEAD FOUNDATION, INC. - 3311 LITTLESTOWN PIKE - WESTMINSTER, MD 21158	52-6067620		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
HOSANNA COMMUNITY HOUSE, INC. (DBA HOSANNA SCHOOL MUSEUM) - P.O.BOX 305 , 2424 CASTLETON ROAD - DARLINGTON, MD 21034	52-1672867		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND
FRIENDS OF THE JULIA A. PURNELL MUSEUM - 208 WEST MARKET STREET - SNOW HILL, MD 21863	86-1097598		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVRE DE GRACE COLORED SCHOOL MUSEUM AND CULTURAL CENTER, INC., THE - 555 ALLIANCE STREET - HAVRE DE GRACE, MD 21078	84-2019323		10,000.	0.			MARYLAND HUMANITIES SHARP RECOVERY GRANTS FUND

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE COUNCIL MAINTAINS WRITTEN PROCEDURES AND STANDARDS FOR AWARDING GRANTS AND FOR ADMINISTERING THOSE GRANTS THAT ARE AWARDED. THOSE STANDARDS REQUIRE WRITTEN FINAL PROGRAM NARRATIVE REPORTS AND A FINAL FINANCIAL REPORT THAT THE GRANTEE COMPLETES AND THE AUTHORIZED OFFICIAL SIGNS AND ATTESTS TO ITS COMPLETENESS AND ACCURACY. THE REPORT REQUIRES THE GRANTEE TO SHOW HOW GRANT FUNDS WERE EXPENDED AND ALSO REQUIRES EVIDENCE OF MATCHING CONTRIBUTIONS TO THE PROJECT FROM THE GRANTEE AND OTHER SOURCES. THE GRANTEE IS REQUIRED TO MAINTAIN DOCUMENTATION FOR ALL DECLARED

Part IV Supplemental Information

EXPENSES. GRANTEE REPORTING IS MONITORED CLOSELY BY THE COUNCIL STAFF SPECIFICALLY ASSIGNED TO THAT TASK.

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MARYLAND HUMANITIES COUNCIL, INC.

Employer identification number

52-1102799

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

MARYLANDERS TO EMBRACE LIFELONG LEARNING, EXCHANGE IDEAS OPENLY, AND ENRICH THEIR COMMUNITIES. TO DO THIS IT DEVELOPS AND MANAGES SUCH HUMANITIES BASED PROGRAMS AS MARYLAND HISTORY DAY, ONE MARYLAND ONE BOOK AND MUSEUM ON MAIN STREET, AND IT ALSO PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS.

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

HISTORY DAY, ONE MARYLAND ONE BOOK AND MUSEUM ON MAIN STREET, AND IT ALSO PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS.

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

LITERARY - PROVIDED PUBLIC PROGRAMS THROUGHOUT MARYLAND TO ENCOURAGE READING, DISCUSSION, AND LITERACY, INCLUDING: ONE MARYLAND ONE BOOK (10,287 PARTICIPANTS); VETERANS BOOK GROUPS (184 PARTICIPANTS), AND VARIOUS BOOK FESTIVALS (GAITHERSBURG, NATIONAL).
EXPENSES \$ 687,764. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,259.

FORM 990, PART VI, SECTION A, LINE 7A:

UP TO 6 MEMBERS OR 25% OF THE TOTAL BOARD MAY BE GUBERNATORIAL APPOINTEES. GUBERNATORIAL APPOINTMENTS ARE MADE AT THE DISCRETION OF THE GOVERNOR OF MARYLAND, UPON RECOMMENDATION OF THE COUNCIL. ELECTION OF MEMBERS IS BY MAJORITY VOTE OF THE COUNCIL AT ITS ANNUAL MEETING. IN THIS INSTANCE, THE GOVERNOR IS CONSIDERED TO BE "OTHER PERSONS" AS DESCRIBED IN THIS QUESTION.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization MARYLAND HUMANITIES COUNCIL, INC.	Employer identification number 52-1102799
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THE FORM 990 IS FIRST PREPARED BY THE AUDITOR, REVIEWED BY THE COUNCIL'S DIRECTOR OF ADMINISTRATION, AND THEN REVIEWED BY THE EXECUTIVE DIRECTOR. ONCE COMPLETED, THE AUDIT AND FORM 990 ARE REVIEWED BY THE FULL BOARD BEFORE FILING.

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

ALL BOARD AND STAFF MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AT LEAST ANNUALLY OR WHEN A MATERIAL CHANGE OCCURS. MEMBERS OF THE BOARD AND ITS COMMITTEES ARE REQUIRED TO DISCLOSE CONFLICTS PRIOR TO DECISION-MAKING BY THE ENTITY. IF THE BOARD OR COMMITTEE DISCOVERS A FAILURE TO DISCLOSE AND TO RECUSE ONESELF, THE BOARD OR COMMITTEE SHALL INVESTIGATE AND TAKE APPROPRIATE ACTION.

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

THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND DETERMINES SALARY BASED ON JOB PERFORMANCE, TAKING INTO ACCOUNT COMPENSATION LEVELS OF OTHER EXECUTIVE DIRECTORS OF NEH-FUNDED HUMANITIES COUNCILS THROUGHOUT THE COUNTRY FROM AN ANNUAL MEMBER SALARY SURVEY AND AN ANNUAL COMPENSATION SURVEY CONDUCTED BY MARYLAND NONPROFITS. COMPENSATION FOR OTHER STAFF MEMBERS IS APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD AS PART OF THE ANNUAL BUDGET. THE EXECUTIVE DIRECTOR DETERMINES THE SALARY FOR MANAGEMENT AND OTHER PERSONNEL BASED ON THE APPROVED BUDGET FOR THE YEAR AND INDIVIDUAL PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS, IN THE FORM OF THE 990 ARE POSTED ON THE COUNCIL'S WEBSITE, ON GUIDESTAR AND AVAILABLE UPON REQUEST. AN ANNUAL REPORT, INCLUDING FINANCIAL INFORMATION, IS ALSO POSTED ON THE COUNCIL'S

Name of the organization MARYLAND HUMANITIES COUNCIL, INC.	Employer identification number 52-1102799
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WEBSITE. GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND OTHER POLICY MANUALS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE COUNCIL'S AUDIT SUB-COMMITTEE HAS OVERSIGHT OF THE AUDITOR, ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PIOR YEAR.

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