From:	CCH-ReturnNotification@wolterskluwer.com
To:	Lili Zhang
Subject:	2017 Electronic Return Accepted by the IRS
Date:	Monday, April 8, 2019 9:18:52 PM

Maryland Humanities Council, Inc.,

You are receiving this e-mail on behalf of SB & Company LLC.

Your electronically filed Exempt federal income tax return for tax year 2017 has been acknowledged as accepted for processing by the IRS on 04/08/2019.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **2703752019098035ce01**. Your Client ID is **MDHUMAN001**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

## PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

	9970.EO	
orm	8879-EO	

## IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2017

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	37017	-		

For calendar year 2017, or fiscal year beginning <u>NOV</u> 1 2017, and ending OCT 31 .2018

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

Department of the Treasury Internal Revenue Service Name of exempt organization

Employer identification number

52-1102799

## MARYLAND HUMANITIES COUNCIL, INC.

Name and the of officer
PHOEBE STEIN
EXECUTIVE DIRECTOR

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

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

2a Form 990-EZ check here  b Total revenue, if any (Form 990-EZ, line 9) 2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here b Balance Due (Form 8868, line 3c) 5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete, I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal,

Officer's PIN: check one box only

X I authorize SB & COMPANY, LLC	to enter my PIN 02799
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated with is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen.	hin this return that a copy of the return o authorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating program, I will enter my PIN on the return's disclosure consent screen.	017 electronically filed return. If I have charities as part of the IRS Fed/State
Officer's signature  Date  Date	8.25 A
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 27037520' Do not enter all a	
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File <i>e-file</i> Providers for Business Beturns.	or the organization indicated above. I (MeF) Information for Authorized IRS
ERO's signature Date	03/20/19
ERO Must Retain This Form - See Instructions	····
Do Not Submit This Form to the IRS Unless Requested To	Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2017)
723051 10-11-17	

			EXTENDED TO SEPTEMBER 16, 201	.9			
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047		
For	m 99	<b>90</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		s) <b>2017</b>		
Den	Department of the Treasury <b>Do not enter social security numbers on this form as it may be made public.</b>						
		nue Service	Go to www.irs.gov/Form990 for instructions and the late		Open to Public Inspection		
Α	For the	e 2017 calend		OCT 31, 2018			
в	Check if applicable	e: C Name of	forganization	D Employer identific	ation number		
	Addres	MARY	LAND HUMANITIES COUNCIL, INC.				
F	Name Change		usiness as	52-11	L02799		
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/sui				
	 Final return/	108	WEST CENTRE STREET	(410)			
	termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,685,745.		
	Amend		IMORE, MD 21201-4565	H(a) Is this a group re	turn		
	Applica	F Name a	nd address of principal officer: PHOEBE STEIN	for subordinates?	? Yes X No		
	pendin		EST CENTRE STREET, BALTIMORE, MD 21201	H(b) Are all subordinates inc	cluded? Yes No		
1	Tax-exe	empt status: [	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 52	If "No," attach a l	list. (see instructions)		
_			MDHUMANITIES.ORG	H(c) Group exemption	number 🕨		
			X Corporation	ar of formation: 1977 M	I State of legal domicile: MD		
Pa		Summary					
4	1		e the organization's mission or most significant activities: <b>PURPOSE I</b>		ND SUPPORT		
		EDUCATI	ONAL EXPERIENCES IN THE HUMANITIES THAT	INSPIRE ALL			
erne	2		x 🕨 🛄 if the organization discontinued its operations or disposed of mo	re than 25% of its net asse			
No.	3		ting members of the governing body (Part VI, line 1a)		33		
ۍ م	4		lependent voting members of the governing body (Part VI, line 1b)		33		
Activities & Governance	5		of individuals employed in calendar year 2017 (Part V, line 2a)		20		
iviti	6		of volunteers (estimate if necessary)		695		
Act	7a		d business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated	business taxable income from Form 990-T, line 34		8,000.		
				Prior Year 1,494,554.	<u>Current Year</u> 1,608,849.		
an	8		and grants (Part VIII, line 1h)	14,797.	25,152.		
Revenue	9	•	ce revenue (Part VIII, line 2g)	151.	4,949.		
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,073.	19,496.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,518,575.	1,658,446.		
			nilar amounts paid (Part IX, column (A), lines 1-3)	108,160.	126,868.		
			to or for members (Part IX, column (A), line 4)	0.	0.		
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)	843,107.	908,927.		
Expenses	16a			0.	0.		
Der	b		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 253 , 407 .				
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	541,428.	533,107.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,492,695.	1,568,902.		
			expenses. Subtract line 18 from line 12	25,880.	89,544.		
or	£			Beginning of Current Year	End of Year		
Net Assets or	<b>1</b> 20	Total assets (F	Part X, line 16)	1,040,939.	1,054,591.		
tAs	21 ·		; (Part X, line 26)	216,386.	140,494.		
Ne	22	Net assets or	fund balances. Subtract line 21 from line 20	824,553.	914,097.		
P	art II	Signature					
			I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is		
true	e, correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.			

Sign	Signature of officer		Date			
Here	PHOEBE STEIN, EXECUTIVE	E DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	PAMELA GRAY		04/04/19 self-employed P01237506			
Preparer	Firm's name 🕒 SB & COMPANY, LLO	0	Firm's EIN <b>20-2153727</b>			
Use Only	Firm's address 🖕 200 INTERNATIONA	L CIRCLE, SUITE 5500				
	HUNT VALLEY, MD	21030	Phone no. (410) 584-0060			
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
732001 11-28	V32001 11-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) MARYLAND HUMANITIES COUNCIL, INC. 52-1102799 Page 2 t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 263,913. including grants of \$ 126,868.) (Revenue \$ )
	<u>GRANTS - PROVIDED GRANTS TO NON-PROFIT ORGANIZATIONS IN MARYLAND TO</u> CONDUCT HUMANITIES-BASED PROGRAMS WITH SPECIAL EMPHASIS ON PROGRAMS
	THAT FEATURED CIVIC DIALOGUE AND ENGAGEMENT. IN THE MOST RECENT YEAR
	THE PROGRAM FUNDED 25 GRANTS AND HAD TOTAL AUDIENCES OF 27,411
4b	(Code:) (Expenses \$ 415,118. including grants of \$) (Revenue \$) (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
	OVER 35,926 STUDENTS AND 1,045 TEACHERS, AND CHAUTAUQUA, MUSEUM ON MAIN
	STREET AND VETERANS ORAL HISTORY, SERVING 4,547 IN TOTAL.
4c	(Code:) (Expenses \$193,257. including grants of \$) (Revenue \$)
	VARIOUS OTHER HUMANITIES DISCIPLINES, INCLUDING HUMANITIES CONNECTION -
	A WEEKLY RADIO PROGRAM OR PODCAST - THAT REACHED AUDIENCES THROUGHOUT
	THE STATE, TOTALING 268,820.
4d	Other program services (Describe in Schedule O.)         (Expenses \$ 244,713. including grants of \$ ) (Revenue \$ 16,152.)
4e	Total program service expenses $1,117,001.$
	Form <b>990</b> (2017)
732002	2

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Form	990	(2017)

Pa	TIV Checklist of Required Schedules			3-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			<u> </u>
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3		<u> </u>		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
••				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a	л	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	44		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	<u> </u>		<u> </u>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<b>1</b>		<u> </u>
10		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>⊢</u> ▲
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule C. Part III	19	1	IX

Form 990 (2017)

732003 11-28-17

Form 990 (			HUMANITIES	INC
Part IV	Checklist of F	Required Scheo	dules (continued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>.</b> -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.57		
<b>~</b> ~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		х
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	

Form 990 (2017)

732004 11-28-17

Pa	<b>tt V</b> Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>	Yes	No				
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	24		163					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		-							
U	(gambling) winnings to prize winners?			1c	х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10						
Lu	filed for the calendar year ending with or within the year covered by this return	2a	20							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х					
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instruction									
3a				3a	х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X					
	At any time during the calendar year, did the organization have an interest in, or a signature or other			00						
14	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x				
h	If "Yes," enter the name of the foreign country:	accounty:		-14						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (F	BAB)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			00						
ou	any contributions that were not tax deductible as charitable contributions?			6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			ou		<u> </u>				
~	were not tax deductible?	0		6b						
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices provi	ded to the payor?	7a		X				
<ul> <li>b) If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> </ul>										
	<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>									
	to file Form 8282?			7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?	-		8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b				9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		L				
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le O		14b	000					

Form **990** (2017)

52-1102799

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Form 990 (2017)

52-1102799 Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI			X
Section A. Governing Body and Management			
		Yes	N
<b>1a</b> Enter the number of voting members of the governing body at the end of the tay year	r  1_1 33		

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33									
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33											
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X						
6 Did the organization have members or stockholders?												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or									
	more members of the governing body?			7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockhol	ders, or									
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:									
а	The governing body?			8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9												
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O											
Sec	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
					Yes	No X						
10a Did the organization have local chapters, branches, or affiliates?												
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,									
				10b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a				12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}	/es," de	escribe		37							
	in Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	Х							
15	Did the process for determining compensation of the following persons include a review and approva	ll by inc	lependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	v							
a	The organization's CEO, Executive Director, or top management official			15a 15b	X X							
b	b Other officers or key employees of the organization											
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
168	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?											
<b>h</b>	<ul><li>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation</li></ul>											
a	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
				16b								
exempt status with respect to such arrangements?												
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MD											

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

 X Own website
 X Another's website
 X Upon request
 Other (explain in Schedule O)

 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

6

		5	
20	State the name, address, and telephone number	of the person who possesses the organization's books and records:	▶
	PHOEBE STEIN, PHD - (410	) 685-0095	

108	WEST	CENTRE	STREET,	BALTIMORE,	MD	21201-4565
	-					

2017.05050 MARYLAND HUMANITIES COUNC MDHUMAN1

Form **990** (2017)

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Γαιινι		inpensatio			, 11031553,	IVEA FILIDIOACES	Highest Compensated
		•		•			•
	<b>-</b>						
	Em	blovees, al	na indepen	dent Contra	CTORS		
	_						

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l			C)	1001	oure	(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and The	hours per	(do not check more than one box, unless person is both an						compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ed		organization	(W-2/1099-MISC)	from the
	related	itee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	e comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	Ins	0#0	Key	e Hig	For			
(1) CYNTHIA RAPOSO	3.00									
CHAIR, BOARD OF DIRECTORS		Х		X				0.	0.	0.
(2) KEITH STONE	2.00									
VICE CHAIR, BOARD OF DIREC		Х		X				0.	0.	0.
(3) DR. SILVIA GOLOMBEK	2.00									
SECRETARY, BOARD OF DIRECT		Х		Х				0.	0.	0.
(4) JAMES CORNELSEN	2.00									
TREASURER, BOARD OF DIRECT		Х		Х				0.	0.	0.
(5) THE HONORABLE RONALD LESHER	2.00									
GOVERNMENT LIAISON		Х						0.	0.	0.
(6) ALLYSON BLACK	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(7) ELIZABETH CANNON	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(8) DR. JOSEPH WOOD	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(9) SCOTT CASPER	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(10) RIAN HARGRAVE	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(11) ALBERT FELDSTEIN	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(12) MARY KAY FINAN	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
(13) DOUG GREENBERG	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
(14) MARY HASTLER	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
(15) MARK IRWIN	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
(16) LISA JABLONOVER	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
(17) TIFFANY MCGHEE	1.00									
BOARD OF DIRECTORS		х						0.	0.	0.
732007 11-28-17	1									Form <b>990</b> (2017)

732007 11-28-17

Form **990** (2017)

21490404 138138 MDHUMAN001

Form 990 (2017) MARYLAND HUMANITIES COUNCIL, INC. 52-11027									799	Pa	.ge <b>8</b>		
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(10			itior			Reportable	Reportable		Est	imated	b
	hours per	box	, unle	ss pei	rson i	than o s both	n an	compensation	compensatio	n	am	ount c	of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		(	other	
	(list any	director						the	organizations	s	comp	oensat	ion
	hours for	or dir				ted		organization	(W-2/1099-MIS	C)	fro	om the	-
	related	trustee or	ruste			ensa		(W-2/1099-MISC)			•	anizatio	
	organizations	al tru:	onal t		loyee	comp						relate	
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
	,	lnc	lus	0ff	Key	e <u>F</u> i	Ē						
(18) SALLY MILLER	1.00												^
BOARD OF DIRECTORS	1 00	Х	<u> </u>					0.		0.			0.
(19) HEATHER MITCHELL	1.00												~
BOARD OF DIRECTORS	1 0 0	Х						0.		0.			0.
(20) DR. ADRIANNE NOE	1.00	.,											^
BOARD OF DIRECTORS	1 00	Х						0.		0.			0.
(21) DR. MAARTEN PEREBOOM	1.00												^
BOARD OF DIRECTORS	1.00	Х						0.		0.			0.
(22) THE HONORABLE GALE RASIN BOARD OF DIRECTORS	1.00	x						0.		0.			Ο.
(23) THOMAS B. RIFORD	1.00	^	-					0.		0.			0.
BOARD OF DIRECTORS	1.00	x						0.		0.			Ο.
(24) DR. NANCY ROGERS	1.00	~	<u> </u>					0.		0.			0.
BOARD OF DIRECTORS	1.00	x						0.		0.			Ο.
(25) THE HONORABLE STEPHEN SFEKAS	1.00	<b>^</b>						0.					0.
BOARD OF DIRECTORS	1.00	х						0.		0.			Ο.
(26) GUFFRIE M. SMITH, JR.	1.00							0.		••			••
BOARD OF DIRECTORS	1.00	x						0.		0.			0.
				1				0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI								172,987.		0.	17	7,68	
d Total (add lines 1b and 1c)								172,987.		0.	17	7,68	$\frac{-}{2}$ .
2 Total number of individuals (including but n						 .) wh	o re		000 of reportable	-		1.0.0	
compensation from the organization						,		, , , , , , , , , , , , , , , , , , ,					1
												Yes	No
3 Did the organization list any former officer,	director. or tru	ustee	e. ke	ev en	nplo	vee.	or h	highest compensated er	nplovee on	[			
line 1a? If "Yes," complete Schedule J for s	-			•	•	•		•	. ,		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	-				-			-			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)							(B)			(C			
Name and business				Description of s	ervices	С	omper	sation					
							$\neg$						
							T						

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 0

732008 11-28-17

8

Form 990 (2017)

Form 990 MARYLAND									52-110	2799
Part VII Section A. Officers, Directors, Tru		nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	. ,	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Estimated	
	hours	(cl	heck	c all 1	that	app	ly)	compensation	compensation	amount of
	per						-	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				ofd m		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted e		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee				and related
	organizations	al trus	nal ti		Key employee	dmoc				organizations
	below	vidua	itutio	Officer	emp	hest (	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(27) DR. LINDSAY THOMPSON	1.00							0	0	0
BOARD OF DIRECTORS	1 0 0	Х						0.	0.	0.
(28) JULIA MADDEN	1.00								0	0
BOARD OF DIRECTORS (29) DR. TAHIRA MAHDI	1 00	Х						0.	0.	0.
BOARD OF DIRECTORS	1.00	x						0.	0.	0.
(30) JEANNE PIRTLE	1.00							U•	<b>U</b> •	0.
BOARD OF DIRECTORS	<u> </u>	x						0.	0.	0.
(31) JENNIFER SHEA	1.00							<b>Ŭ</b>		
BOARD OF DIRECTORS	1.00	х						0.	0.	0.
(32) RHONDA DALLAS	1.00									
BOARD OF DIRECTORS		x						0.	0.	0.
(33) ELIZABETH CROMWELL	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(34) PHOEBE STEIN	40.00									
EXECUTIVE DIRECTOR				Х				103,757.	0.	14,051.
(35) JIM KITTERMAN	40.00									
FISCAL OFFICER				Х				69,230.	0.	3,631.
		1								
		1								
		-								
		1								
Total to Part VII, Section A, line 1c								172,987.		17,682.

732201 04-01-17

Part WIII         Statement of Revenue           Check if Schedulo C contains a response or note to any line in this Part VII.         (9)         (2)           If a Federated campaigns         1a         (1)         (2)         (2)           Membership dues         1b         (1)         (2)         (2)         (2)           Membership dues         1b         (1)         (2)         (2)         (2)           Membership dues         1b         (1)         (2)         (2)         (2)           Membership dues         1a         (2)         (2)         (2)         (2)           Membership dues         1d         (2)         (2)         (2)         (2)           Membership dues         1a         (2)         (2)         (2)         (2)           Membership dues         (2)         (2) <td< th=""><th>Form</th><th></th><th></th><th></th><th></th><th>NITIES C</th><th>OUNCIL, INC</th><th>•</th><th>52-1102</th><th>799 Page 9</th></td<>	Form					NITIES C	OUNCIL, INC	•	52-1102	799 Page 9
A         CA         Bedit of the second of t	Par	rt V	/111	Statement of Rever	nue					
Total revenue         Related or more thanking Unsates of the second function of				Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
Boy Membership dates       tb         c       Polated organizations         Government grafts (contributions, gits, grans, and similar amounts on induded above traits (contributions, gits, grans, and similar amounts on induded above traits (contributions, gits, grans, and similar amounts on induded above traits (contributions, gits, grans, and similar amounts on induded above traits (contributions, gits, grans, and similar amounts on induded above traits (contributions, gits, grans, and similar amounts on induded above traits (contributions, gits, grans, and similar amounts)       10, 1, 324, 482.         geographic for the traits (contributions, gits, grans, and similar amounts)       traits (contributions, gits, grans, and similar amounts)       10, 1, 324, 482.         b       Contrement (contreme or control of traits (contrement)       traits (contrement)       10, 1, 324, 482.         c       ONE MARYLAND ONE BOOK       5614900       5, 250.       5, 250.         d       Internet Nonr (contrement)       5614900       2, 747.       2, 747.         f       All other program source (contrement)       2, 159.       2, 159.       2, 159.         geographics       0       Graphics       0       2, 159.       2, 159.         geographics       0       Graphics       0       2, 790.       2, 790.       2, 790.         geographics       0       Graphics       0       Graphics       0       19, 496.								Related or exempt function	Unrelated business	Revenuè excluded from tax under
Boy Membership dates       tb         C Fundraining ownin       tb         Government grafts (contributions)       tb         Set and the set of the s	s s	1	а	Federated campaigns	1a					
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	ran un									
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	Ū,G									
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	iifts ar A									
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	s, G					324,367.	]			
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	ŝ									
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	buti					284,482.				
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	ē		g							
Busines Code         9,000.           b         OTHER           b         OTHER           c         ONE MARYLAND ONE BOOK           d         LITERATURE AND MEDICIN           f         Aldren program service revenue           g         Total. Add lines 2a:2t           g         Rescuri	anc						1,608,849.			
2 a CHAUTAUQUA       541900       9,000.       9,000.         b OTHER       541900       9,200.       7,200.         c ONE MARYLAND ONE BOOK       541900       5,250.       5,250.         d LITERATURE AND MEDICIN       541900       2,747.       2,747.         g Total. Add ines 2a2t       55.       955.       955.         g Total. Add ines 2a2t       25,152.       9         g Total. Add ines 2a2t       21,159.       2,159.         g Total. Add ines 2a2t       0.000.       0.000.         g Total. Add ines 2a2t       0.000.       2,159.         g Total. Add ines 2a2t       0.000.       0.000.         g Total. Add ines 2a2t       0.000.       2,159.         g Total. Add ines 2a2t       0.000       2,159.         g Total. Add ines 2a2t       0.0000       2,159.         g Total. Add ines 2a2t       0.0000       0.0000         g Total add income or (loss)       0.00000       0.0000         g Total add income or (loss)       0.0000000       2,790.       0.000000 </th <th></th>										
95       07       E       07       E       561499       7,200.       7,200.         c       0.012       MARYLAND ONE BOOK       541900       5,250.       3,250.         d       LITERATURE AND MEDICIN       541900       5,250.       3,2747.       2,747.         f       All other program service revenue       >       25,152.       -       -         a       Total. Add lines 2a21       >       25,152.       -       -         a       ther similar amounts)       .       2,159.       2,159.       2,159.         a       income from investment of tax exempt bond proceeds       .       .       .       2,159.       2,159.         a       f all other program service revenue       .       .       .       .       .       .         b       Less: rental expenses       .	ø	2	а	CHAUTAUQUA				9,000.		
g Total. Add lines 2.2:1       25,152.         3 Investment income (including dividends, interest, and other similar amounts)       2,159.         4 Income from investment of tax exempt bond proceeds       2,159.         5 Royatties       (i) Real         6 a Gross rents       (ii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross amount from sales of assets other than inventory       (iii) Securities         7 a Gross amount from sales of assets other than inventory       (ii) Securities         6 Less: cost or other basis and sales expenses       1,060.         1 A tig gian of (loss)       (iii) Chier         8 a Gross income from Indraising events (not including \$	, vic					561499		7,200.		
g Total. Add lines 2.2:1       25,152.         3 Investment income (including dividends, interest, and other similar amounts)       2,159.         4 Income from investment of tax exempt bond proceeds       2,159.         5 Royatties       (i) Real         6 a Gross rents       (ii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross amount from sales of assets other than inventory       (iii) Securities         7 a Gross amount from sales of assets other than inventory       (ii) Securities         6 Less: cost or other basis and sales expenses       1,060.         1 A tig gian of (loss)       (iii) Chier         8 a Gross income from Indraising events (not including \$	Ser		с	ONE MARYLAND ON	E BOOK					
g Total. Add lines 2.2:1       25,152.         3 Investment income (including dividends, interest, and other similar amounts)       2,159.         4 Income from investment of tax exempt bond proceeds       2,159.         5 Royatties       (i) Real         6 a Gross rents       (ii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross amount from sales of assets other than inventory       (iii) Securities         7 a Gross amount from sales of assets other than inventory       (ii) Securities         6 Less: cost or other basis and sales expenses       1,060.         1 A tig gian of (loss)       (iii) Chier         8 a Gross income from Indraising events (not including \$	an Sve					541900				
g Total. Add lines 2.2:1       25,152.         3 Investment income (including dividends, interest, and other similar amounts)       2,159.         4 Income from investment of tax exempt bond proceeds       2,159.         5 Royatties       (i) Real         6 a Gross rents       (ii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross rents       (iii) Real         6 a Gross amount from sales of assets other than inventory       (iii) Securities         7 a Gross amount from sales of assets other than inventory       (ii) Securities         6 Less: cost or other basis and sales expenses       1,060.         1 A tig gian of (loss)       (iii) Chier         8 a Gross income from Indraising events (not including \$	ng Bag									
g Total. Add lines 2a2t       >       25, 152.         3       Investment income (including dividends, interest, and other similar amounts)       >       2, 159.         4       Income from investment of tax exempt bond proceeds       >       2, 159.       2, 159.         5       Royatiles       (i) Real       (ii) Personal       >       2, 159.       2, 159.         6       B a Gross rents       (iii) Real       (iii) Other       >       3, 850.       >         7       B a Gross income from fundraising events (not including \$ of coss income from fundraising events (not including \$ of coss income from gaming activities       1, 060.       2, 790.       2, 790.         8       B Gross income from gaming activities       0       45, 735.       >       19, 496.       19, 496.         9       Gross sinceme from gaming activities       1       19, 496.       19, 496.       19, 496.         9       Gross sinceme from gaming activities       1       1       1       1       1         11       B       Less: cost of loss promating activities       1       1       1       1         13       Gross sales of inventory       1       1       1       1       1       1         13       Gross active congamin	Pro									
3       Investment income (including dividends, interest, and other similar amounts)       2,159.       2,159.         4       Income from investment of tax-exempt bond proceeds       >       2,159.       2,159.         5       Royatties       >       >       2,159.       2,159.         6 a Gross rents        >       >       >       >         b Less: rental expenses         >       >       >         7 a Gross amount from sales of assets other than inventory       3,850.       >       >       >         c Gain or (less)       1,060.       2,790.       2,790.       >       >         8 a Gross income from fundraising events (not including \$							25,152.			
other similar amounts)       2,159.       2,159.         4       income from investment of tax-exempt bond proceeds       2         6       Gross rents       0         0       Beal       00 Personal         0       Revailes       0         1       Beal       00 Personal         0       Revail       0         1       Beal       00 Personal         0       Revail       0         1       Revail       0         1       Gross amount from sales of assets other than inventory       1         1       A differential expenses       1         1       1       0       0         1       1       0       0         1       1       0       0         1       1       0       0         1       1       1       1         1       1       1       1         1       1       1       1         1       1       1       1         1       1       1       1       1         1       1       1       1       1         1       1       1		3								
5       Royalties       (i) Real       (ii) Personal         6 a Gross rents       (ii) Real       (ii) Personal         b Less: rental expenses       (iii) All       (iii) Personal         c Rental income or (loss)       (iii) Cher         assets other than inventory       3, 850.         b Less: cost or other basis       (iii) Cher         and sales expenses       1,060.         c Gain or (loss)       2,790.         d Net gain or (loss)       of         c Gain or (loss)       of         c Cain or (loss)       of         b Less: direct expenses       b         b Less: direct expenses       b         c Net income or (loss) from fundraising events       19,496.         9 a Gross alse of inventory, less returns and allowances       a         b Less: cot of goods sold       b         f L ess: cot of goods sold       b         g L ess: cot of goods sold       b         c Net income or (loss) from gaming activities       income         i a dallowances       a         b Less: cot of goods sold       b							2,159.			2,159.
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental income or (loss)       (iii) Other         c Rental income or (loss)       (iii) Securities         d Net rental income or (loss)       (iii) Other         assets other than inventory       (i) Securities         b Less: cost or other basis and sales expenses       1,060.         c Gain or (loss)       2,790.         d Net gain or (loss)       (i) Securities         b Less: circet expenses       of         c Orothibutions reported on line 1c). See       a         Part IV, line 18       a         b Less: circet expenses       b         c Net income or (loss) from fundraising events 9 a Gross income from gaming activities       19, 496.         9 a Gross income from gaming activities       (iii)         a Less: circet expenses       b         b Less: circet expenses       b         c Net income or (loss) from gaming activities       (iii)         a d allowances       a         b Less: corot or dods sold       (iii)         c Net income or (loss) from gaming activities       (iii)         iii) a Gross from Gross from gaming activities       (iiii)         a Less: corot or dods sold       (iiiii)         c Net income or (loss) from gales of invent		4								
6 a Gross rents		5		Royalties		🕨				
b Less: rental expenses					(i) Real	(ii) Personal				
c       Rental income or (loss)		6	а	Gross rents						
d Net rental income or (loss)       0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th><th></th><th></th><th></th></t<>							-			
7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       1,060.         c Gain or (loss)       2,790.         d Net gain or (loss)       2,790.         d Net gain or (loss)       0 for sincome from fundraising events (not including \$										
assets other than inventory       3,850.         b Less: cost or other basis and sales expenses       1,060.         c Gain or (loss)       2,790.         d Net gain or (loss)       2,790.         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       2,790.         b Less: direct expenses       b         c Rois income or (loss) from fundraising events part IV, line 18       19,496.         9 a Gross income from gaming activities Part IV, line 19       19,496.         9 a Gross ales of inventory, less returns and allowances       1         0 a Gross sales of inventory, less returns and allowances       1         10 a Gross sales of inventory, less returns and allowances       1         a Less: cost of goods sold       1         c Net income or (loss) from sales of inventory       1         Miscellaneous Revenue       1         u       1         b Less: cost of goods sold       1         c All other revenue       1         c All other revenue       1         c Total. Add lines 11a:11d       1         12 Total revenue. See instructions.       1,658,4466.       27,942.       0.       21,655.			d	Net rental income or (loss)						
b       Less: cost or other basis and sales expenses       1,060.         c       Gain or (loss)       2,790.         d       Net gain or (loss)       2,790.         d       Net gain or (loss)       2,790.         a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       26,735.         b       Less: direct expenses       b         c       Net income or (loss) from fundraising events         9       Gross income from gaming activities. See Part IV, line 19       19,496.         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities. See Part IV, line 19       a         b       Less: cost of goods sold       b         c       Net income or (loss) from gales of inventory.       a         d       Iscellaneous Revenue       Business Code         Miscellaneous Revenue       Business Code       1         d       All other revenue       -       -         e       Total revenue. See instructions.       1,658,446.       27,942.       0.       21,655.		7	а		(i) Securities	(ii) Other	-			
and sales expenses       1,060.         c Gain or (loss)       2,790.         d Net gain or (loss)       2,790.         d Net gain or (loss)       2,790.         d Net gain or (loss)       0         c Gain or (loss)       0         c Outributions reported on line 1c). See       0         Part IV, line 18       a         b Less: direct expenses       19,496.         c Net income or (loss) from fundraising events       19,496.         c Net income or (loss) from gaming activities. See       19,496.         Part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities       10         10 a Gross sales of inventory, less returns       a         and allowances       a         b Less: cost of goods sold       b         c       Miscellaneous Revenue         Miscellaneous Revenue       Business Code         11 a       0         c       0         d All other revenue       0         e Total Add lines 11a-11d       1         1			_	-		3,850.	-			
c       Gain or (loss)       2,790.         d       Net gain or (loss)       2,790.         8       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       2,790.         Part IV, line 18       a       45,735.         b       Less: direct expenses       b         c       Net income or (loss) from fundraising events       19,496.         9 a       Gross income from gaming activities. See       Part IV, line 19       a         b       Less: direct expenses       b       b         c       Net income or (loss) from gaming activities. See       a       b         a       b       Less: clirect expenses       b       b         c       Net income or (loss) from gaming activities       a       b       b         10 a       Gross sales of inventory, less returns and allowances       a       b       b       c         Miscellaneous Revenue       Business Code       11 a       c       c       c       c         c			b			1 0 6 0				
d       Net gain or (loss)       2,790.       2,790.         8 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       a       45,735.         b       Less: direct expenses       b       26,239.       19,496.         9 a       Gross income from gaming activities. See Part IV, line 19       a       45,735.         b       Less: direct expenses       b       26,239.         c       Net income or (loss) from tundraising events       9 a         9 a       Gross income from gaming activities. See Part IV, line 19       a         b       Less: direct expenses       b         c       Net income or (loss) from gaming activities       >         10 a       Gross sales of inventory, less returns and allowances       a         a       b							-			
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b 26,239.       45,735.         9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b 19,496.       19,496.         9 a Gross sincome from gaming activities. See Part IV, line 19 a b Less: direct expenses b       10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b       ▶         10 a Gross scots of goods sold       ▶							2 700	2 7 9 0		
including \$of         contributions reported on line 1c). See         Part IV, line 18a         b Less: direct expensesb         c Net income or (loss) from fundraising events         9 a Gross income from gaming activities. See         Part IV, line 19a         b Less: direct expensesb         c Net income or (loss) from gaming activities. See         Part IV, line 19a         b Less: direct expensesb         c Net income or (loss) from gaming activitiesa         a Gross sales of inventory, less returnsand allowancesa         and allowancesa         b Less: cost of goods soldb         c Net income or (loss) from sales of inventory         Miscellaneous Revenue		~		• • •			2,190.	2,190.		
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   11 a   b   c   d   All other revenue   e   Total revenue. See instructions.	anı	0	a							
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   11 a   b   c   d   All other revenue   e   Total revenue. See instructions.	ver									
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   11 a   b   c   d   All other revenue   e   Total revenue. See instructions.	å					45,735.				
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   11 a   b   c   d   All other revenue   e   Total revenue. See instructions.	ther		b	Less: direct expenses	b	26,239.				
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   a b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions.	õ						19,496.			19,496.
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b		9								
b Less: direct expenses b b b b b b b b b b b b b b b b b b										
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a			b							
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   b   c   d   All other revenue   e   Total revenue. See instructions.     12     Total revenue. See instructions.     a     a     b   c   d   All other revenue     1, 658, 446.   27, 942.   0.   21, 655.			с	Net income or (loss) from gam	ing activities	🕨				
b Less: cost of goods soldb c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions b b b 1,658,446. 27,942. 0. 21,655.		10	а	Gross sales of inventory, less	returns					
c       Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code       Image: Code         11 a       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code         c       Image: Code       Image: Code       Image: Code         d       All other revenue       Image: Code       Image: Code         e       Total. Add lines 11a-11d       Image: Code       Image: Code         12       Total revenue. See instructions.       Image: Logo Add Code       Image: Code Add Code				and allowances	а		-			
Miscellaneous Revenue       Business Code       Image: Code       Image: Code         11 a			b	Less: cost of goods sold	b					
11 a	_		С	Net income or (loss) from sale						
b	-			Miscellaneous Revenu	e	Business Code				
c		11								
d All other revenue       e       All other revenue         e Total. Add lines 11a-11d       >         12 Total revenue. See instructions.       >         12 Total revenue. See instructions.       >										
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions.       ▶         1,658,446.       27,942.         0.       21,655.				All all an						
12         Total revenue. See instructions.         ▶ 1,658,446.         27,942.         0.         21,655.										
		10					1 658 446	27 942	0	21 655
	732000					····· 🚩	-,000,440.		0.	

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MARYLAND HUMANITIES COUNCIL, INC. 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 respons		0	······································	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	126,868.	126,868.		
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	190,619.	114,339.	34,476.	41,804.
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	593,782.	365,246.	109,937.	118,599.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	21,751.	13,240.	4,077.	4,434.
9	Other employee benefits	46,366.	28,239.	<u>4</u> ,077. 8,638.	9,489.
10	Payroll taxes	56,409.	34,238.	10,470.	4,434. 9,489. 11,701.
11	Fees for services (non-employees):	-	-		-
а	Management				
	Legal	550.	385.	69.	96.
	Accounting	16,541.	11,582.	2,077.	2,882.
	Lobbying	21,629.	-		2,882. 21,629.
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	3,377.	320.	57.	3,000.
12	Advertising and promotion				
13	Office expenses	26,000.	14,592.	2,545.	8,863.
14	Information technology	14,476.	10,875.	1,302.	2,299.
15	Royalties				
16	Occupancy	34,009.	23,819.	4,271.	5,919.
17	Travel	2,182.	1,638.	94.	450.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,353.	3,657.	463.	2,233.
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,739.	34,133.	6,121.	8,485.
23	Insurance	4,753.	3,329.	597.	827.
24	Other expenses. Itemize expenses not covered				
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COUNCIL PROJECTS	291,405.	291,405.		
b	MEMBERSHIP DUES	19,058.	13,349.	2,394.	3,315.
c	STAFF DEVELOPMENT	17,581.	12,312.	2,208.	3,061.
d		·			•
e	All other expenses	26,454.	13,435.	8,698.	4,321.
25	Total functional expenses. Add lines 1 through 24e	1,568,902.	1,117,001.	198,494.	253,407.
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 Time if following SOP 98-2 (ASC 958-720)				
-					000

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Form 990 (2017)

11

21490404 138138 MDHUMAN001

MARYLAND HUMANITIES COUNCIL, INC.

52-1102799 Page 11

1 4	• • •						
		Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			829,754.	1	469,917.
	2	Savings and temporary cash investments				2	251,929.
	3	Pledges and grants receivable, net			52,926.	з	211,265.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied persor	ns (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(	(9) voluntary			
S		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ÿ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			16,587.	9	21,067.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	610,736.			
	b	Less: accumulated depreciation	10b	512,823.	139,172.	10c	97,913.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			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 equa	al line 34)		1,040,939.	16	1,054,591.
	17	Accounts payable and accrued expenses		L	77,037.	17	89,717.
	18	Grants payable		L	6,699.	18	12,856.
	19	Deferred revenue			132,650.	19	37,921.
	20	Tax-exempt bond liabilities		·····		20	
	21	Escrow or custodial account liability. Complete I	Part IV of S	Schedule D		21	
ŝ	22	Loans and other payables to current and former	officers, d	lirectors, trustees,			
Ě		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L		·····  -		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-				
		Schedule D			216,386.	25	140 404
	26	Total liabilities. Add lines 17 through 25	<u></u>		210,300.	26	140,494.
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🛕 and			
ses		complete lines 27 through 29, and lines 33 an			824,553.		014 007
Net Assets or Fund Balances	27	Unrestricted net assets			024,555.	27	914,097.
Bal	28					28	
pd	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), c				
sor	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated inc			824,553.	32 33	914,097.
-	33	Total net assets or fund balances			1,040,939.		1,054,591.
	34	Total liabilities and net assets/fund balances			I,040,333.	34	

Form 990 (2017)

# Form 990 (2017) MARY Part X Balance Sheet

<u>Form</u>	990 (2017) MARYLAND HUMANITIES COUNCIL, INC.	52-110	2799	Page <b>12</b>
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12)         Total expenses (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1         Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         Net unrealized gains (losses) on investments         Donated services and use of facilities         Investment expenses         Prior period adjustments         Other changes in net assets or fund balances (explain in Schedule O)         Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	1,658 1,568 89 824	,902. ,544. ,553. 0.
Dec	column (B))	10	914	<u>,097.</u>
Par	t XII Financial Statements and Reporting			77
	Check if Schedule O contains a response or note to any line in this Part XII			X Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both:		2b	<u>x</u>
с	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>x</u>
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	gle Audit	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		0.0	X
			Eorm	(2017)

Form **990** (2017)

SCH	EDU	LE A
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(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2017
Open to Public Inspection

identification number

(vi) Amount of other support (see instructions)

	nt of the Treasury evenue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Name o	of the organizati								identification numbe
_				ITIES COUNCII					2-1102799
Part	I Reason	for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	e instructions	3.	
The org	anization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1 📙	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>-</sup>	I)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(i	ii).		
4	A medical re	search organiz	ation operated in co	njunction with a hospital	described	l in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizat	ion operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizat	ion that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
	section 170	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8	A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	: II.)				
9	An agricultur	al research org	anization described	in section 170(b)(1)(A)(	x) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10	An organizat	ion that norma	lly receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, membersl	nip fees, an	d gross receipts from
	activities rela	ted to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
	income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11 🗋	An organizat	ion organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12	An organizat	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	/ supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in
_	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
	control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
-	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c	Type III fu	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	ly integrate	ed with,
-	its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)
	that is not	functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and	l an attentiv	/eness
-	requiremer	nt (see instructi	ions). <b>You must cor</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	/ integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
fΕ	nter the number	of supported of	organizations						
<u> </u>			about the supporte		(iv) Is the ora	anization listed			
	(i) Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions
	organization	1		above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions
				1					1

Total

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

## Schedule A (Form 990 or 990-EZ) 2017 MARYLAND HUMANITIES COUNCIL INC 52-1102 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

52-1102799 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1175561.	1324382.	1516969.	1494554.	1608849.	7120315.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1185561	1004000	1 = 1 < 0 < 0	1 4 0 4 5 5 4	1 6 0 0 0 4 0	<b>E10001</b>
4	Total. Add lines 1 through 3	1175561.	1324382.	1516969.	1494554.	1608849.	7120315.
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)						7120315.
	Public support. Subtract line 5 from line 4.						/120315.
		(-) 0010	(1-) 0014	(-) 0015	(4) 0010	(1) 0017	(f) Tatal
	ndar year (or fiscal year beginning in)	(a)2013 1175561.	(b) 2014 1324382.	(c) 2015 1516969.	(d) 2016 1494554.	(e) 2017 1608849.	(f) Total 7120315.
	Amounts from line 4	11/3301.	1324302.	1310909.	1494934.	1000049.	7120515.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	102.	106.	317.	151.	2,159.	2,835.
•	and income from similar sources	102.	100.	517.	1.51.	2,159.	2,055.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	<b>Total support.</b> Add lines 7 through 10						7123150.
12		etc. (see instructio	ne)			12	62,381.
	First five years. If the Form 990 is for	,	,	d fourth or fifth ta			02,0010
10	organization, check this box and stop	0	, ,	, ,			
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I			olumn (f))		14	99.96 %
	Public support percentage from 2016		•			15	99.99 %
	<b>33 1/3% support test - 2017.</b> If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2016.</b> If the o		•				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-	-	• • • •		
					Sche	edule A (Form 990	or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 MARYLAND HUMANITIES COUNCIL, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support			•	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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 Sec	Public support. (Subtract line 7c from line 6.) Ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	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 five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016 ction D. Computation of Invest					16	%
17	Investment income percentage for 20	017 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18						18	%
	<b>33 1/3% support tests - 2017.</b> If the					 3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organization	ation	
b	<b>33 1/3% support tests - 2016.</b> If the	-	-				and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-06-17						0 or 990-EZ) 2017
			16	5		-	•

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## Schedule A (Form 990 or 990-EZ) 2017 MARYLAND HUMANITIES COUNCIL, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990 EZ) 2017 MARYLAND HUMANITIES COUNCIL, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2017

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	dule A (Form 990 or 990-EZ) 2017 MARYLAND HUMANITIES COU			52-1102799 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on N	lov. 20, 1970 (explain in l	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	<b>1</b> a		
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990 EZ) 2017 MARYLAND HUMANITIES COUNCIL, INC.

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive	)	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Part VI Supplemental Ir	<b>Iformation.</b> Provide the e	xplanations requi	red by Part II line	10 Part II line 17e	or 17h <sup>.</sup> Part III line 10 <sup>.</sup>	
Part IV, Section A, lir	nformation. Provide the ex nes 1, 2, 3b, 3c, 4b, 4c, 5a, 6,	9a, 9b, 9c, 11a, 1	11b, and 11c; Par	t IV, Section B, lines	1 and 2; Part IV, Section	C,
line 1; Part IV, Sectio	on D, lines 2 and 3; Part IV, Se	ction E, lines 1c,	2a, 2b, 3a, and 3	b; Part V, line 1; Part	V, Section B, line 1e; Par	tV,
Section D, lines 5, 6, (See instructions.)	, and 8; and Part V, Section E,	lines 2, 5, and 6.	Also complete th	his part for any additi	onal information.	
(See instructions.)						
32028 10-06-17				Sched	ule A (Form 990 or 990-E	Z) 201
		21		Conca		

## Schedule B (Form 990, 990-EZ,

#### or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organizat	ion	Employer identification number
	MARYLAND HUMANITIES COUNCIL, INC.	52-1102799
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo )(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the am 0-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
For an organiz	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fror	n any one contributor, during the

year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

## Name of organization

Page 2

Employer identification number

52-1102799

MARYLAND HUMANITIES COUNCIL, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

			1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL ENDOWMENT FOR THE HUMANITIES 400 7TH STREET SW WASHINGTON, DC 20506	\$ <u>847,112.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARYLAND STATE DEPARTMENT OF EDUCATION 200 WEST BALTIMORE STREET, FL5 BALTIMORE, MD 21201	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARYLAND STATE DEPARTMENT OF PLANNING 301 W. PRESTON STREET, STE 1101 BALTIMORE, MD 21201	\$ <u>231,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LIBRARY OF CONGRESS 101 INDEPENDENCE AVE SE WASHINGTON, DC 20540	\$ <u>103,679.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4         INSTITUTE FOR MUSEUM AND LIBRARY         SERVICES         955 L'ENFANT PLAZA, SW SUITE 4000         WASHINGTON, DC 20024	Total contributions           \$         100,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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## 21490404 138138 MDHUMAN001

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 3

Employer identification number

52-1102799

MARYLAND HUMANITIES COUNCIL, INC.

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-01-1	7	\$Schedule B (Form (	990, 990-EZ, or 990-PF) (2

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## 21490404 138138 MDHUMAN001

lame of orga	inization		Employer identification number
MARYLA	ND HUMANITIES COUNCIL,	INC.	52-1102799
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	ibutions to organizations described columns (a) through (e) and the follo	I in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or al space is needed.	or less for the year. (Enter this info. once.) 🕨 \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
		[	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

21490404 138138 MDHUMAN001

SCHEDULE C	Political Campaign and Lobbying Activities	S	OMB No. 1545-0047				
(Form 990 or 990-EZ)	Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						
Department of the Treasury Internal Revenue Service	n 990-EZ.	Open to Public Inspection					
If the organization ans	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Can	npaign Activ	ities), then				
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not complete Part I-C.						
<ul> <li>Section 501(c) (othe</li> </ul>	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete P	art I-B.					
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete Part I-A only.						
If the organization ans	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying A	ctivities), the	n				
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not complet	e Part II-B.				
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	B. Do not co	mplete Part II-A.				
If the organization ans	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or For	m 990-EZ, P	art V, line 35c (Proxy				
Tax) (see separate inst	ructions), then						
• Section 501(c)(4), (5	, or (6) organizations: Complete Part III.						
Name of organization		Employer	identification number				
	MARYLAND HUMANITIES COUNCIL, INC.		2-1102799				
Part I-A Compl	ete if the organization is exempt under section 501(c) or is a section \$	527 organi	ization.				
1 Provide a description	on 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 Compl	ete 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	a Was a correction made?		Yes	🗌 No
	o If "Yes," describe in Part IV.			
Pa	art 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 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.

<b>(a)</b> 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

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

Schedule C (Form 990 or 990-EZ) 2017

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## 21490404 138138 MDHUMAN001

Schedule C (Form 990 or 990-EZ) 2017 M					1102799 Page 2
Part II-A Complete if the organ section 501(h)).	hization is ex	empt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
	n bolongs to an i	affiliated group (and list in	Part IV aach affiliatod (	roup mombor's par	
expenses, and share of			r Fart IV each annialeu (	group member s han	ie, address, Elin,
		and "limited control" pro	wisions apply		
Limits	on Lobbying Ex	penditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expendit	ures" means am	ounts paid or incurred.)		totals	
1a Total lobbying expenditures to influer	nce public opinio	n (grass roots lobbying)			
b Total lobbying expenditures to influer	nce a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (	add lines 1c and	1d)			
f Lobbying nontaxable amount. Enter t	he amount from	the following table in botl	h columns.		
If the amount on line 1e, column (a) or (	b) is: The l	obbying nontaxable am	ount is:		
Not over \$500,000	20%	of the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$100	,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225	,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,00	00,000.			
<ul> <li>h Subtract line 1g from line 1a. If zero of</li> <li>i Subtract line 1f from line 1c. If zero of</li> <li>j If there is an amount other than zero</li> <li>reporting section 4911 tax for this year</li> </ul>	r less, enter -0- on either line 1h ar? <b>4-Year</b> 4	Averaging Period Under	ation file Form 4720 section 501(h)		Yes No
(Some organizations that		a 501(h) election do not l parate instructions for lir		f the five columns b	elow.
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</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					

Schedule C (Form 990 or 990-EZ) 2017

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## 52-1102799 Page 3

## Schedule C (Form 990 or 990-EZ) 2017 MARYLAND HUMANITIES COUNCIL, INC. 52-11027 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.		Yes	No	Amo	ount
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		
<b>d</b> Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?			X	0.1	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		21	.,629.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	······		X		
i Other activities?			X	0.1	<u> </u>
j Total. Add lines 1c through 1i			37	21	.,629.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			X		
<b>b</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?		01(-)/		tion	
Part III-A Complete if the organization is exempt under section 501(c)(4), s	ection		b), or sec	lion	
501(c)(6).				Yes	Ne
				Tes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures f Part III-B Complete if the organization is exempt under section 501(c)(4), s				tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answe					3 is
answered "Yes."		, en	(		
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts or	f political				
expenses for which the section 527(f) tax was paid).					
a Current year			<b>2</b> a		
b Carryover from last year			<b>2</b> b		
c Total			2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ies		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t	he excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	and politi	cal			
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 a	nd 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	ACTIV	/ITIE	ES AND	NEED	

## FOR GREATER FUNDING

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D	)
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Department of the Treasury

<del>9</del> 0)

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.



Internal Revenue Service	
Name of the organizati	on

MARYLAND HUMANITIES COUNCIL, INC. Employer identification number 52-1102799

Par			or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(	b) Funds and other accounts
	Tatal symphon at and of your	(a) Donor advised funds	,,	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
~	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			·
Par			Dout IV	
			Part IV,	
1	Purpose(s) of conservation easements held by the organizatio		torioally	important land area
	Preservation of land for public use (e.g., recreation or ed			
	Protection of natural habitat	Preservation of a cer	rtified his	storic structure
~	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a cor	
_	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
~	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing con	servation	h easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation eas	ements during the year
~		a sticf, the user increases of a setion 170		2
8	Does each conservation easement reported on line 2(d) above			
~	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	include, if applicable, the text of the footnote to the organizati	on s financial statements that describes	the orga	anization's accounting for
Par	t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Si	milar Assets
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under SFAS 116 (AS		mont and	halance sheet works of art
Ia	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ			ublic service, provide, in Fait XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		t and ba	lance sheet works of art historical
U	treasures, or other similar assets held for public exhibition, ed			
		deation, or research in furtherance of pu		ice, provide the following amounts
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			► ¢
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	sures or other similar assets for financia		▶ \$
2			a yan, p	
~	the following amounts required to be reported under SFAS 11 Revenue included on Form 990, Part VIII, line 1			▶ \$
	Revenue included on Form 990, Part VIII, line 1			► \$ ► \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2017
	10-09-17			
, 52001				



Sche	dule D (Form 990) 2017 MARYLANI	D HUMANITIES	5 COUNCIL	, INC.			102799	
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or	Other S	imilar Asse	ts <sub>(contin</sub>	ued)
3	Using the organization's acquisition, accessio	n, and other records,	check any of the t	following that	are a signif	icant use of its	collection i	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	ms			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain h	low they further th	ne organizatio	n's exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or	receive donations of a	art, historical treas	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be ma	intained as part of the	organization's co	llection?			Yes	No
Par	t IV Escrow and Custodial Arrang	jements. Complete	e if the organizatio	n answered ""	Yes" on Fo	rm 990, Part IV	/, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermediar	y for contribution	s or other ass	ets not incl	uded		
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	wing table:					
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					[ <u>1f</u> ]		
	Did the organization include an amount on Fo				-	'L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	T V Endowment Funds. Complete if							
	-	(a) Current year	(b) Prior year	(c) Two years	s back <b>(d)</b>	Three years bac	k (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships						_	
е	Other expenditures for facilities							
	and programs						_	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre		line 1g, column (a	)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment							
_	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posses	ision of the organization	on that are held ar	nd administere	ed for the o	rganization	Г	
	by:							Yes No
	(i) unrelated organizations							
b	If "Yes" on line 3a(ii), are the related organizat						3b	
4 Par	t VI Land, Buildings, and Equipme		nent funds.					
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X line	10		
	Description of property	(a) Cost or othe		or other		imulated	(d) Book	
	Description of property	basis (investme		(other)	• •	ciation		value
1a	Land			. ,				
b	Buildings							0.
	Leasehold improvements		37	2,091.	33	4,881.	37	,210.
	Equipment			8,645.		7,942.		,703.
	Other			.,,		,		,
	. Add lines 1a through 1e. (Column (d) must ec		column (R) line 1	0c)			97	,913.
		<u>y and some soor and the</u>	<u> </u>			Schedu	le D (Form	

(a) Description of security or category (including name of security)	(b) Book value	ine 11b. See Form 990 (c) Method of		nd-of-year market value
1) Financial derivatives				,
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(ח) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
			Deut V lie do	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			nd-of-year market value
	(b) Book value			nd of year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of		ine 11d. See Form 990	, Part X, line 15.	()
(a)	Description			(b) Book value
(1)				
(1) (2)				
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15.)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	- <u>15.</u> )			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line		ine 11e or 11f. See For	m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Complete if the organizatio		ine 11e or 11f. See For (b) Book value	m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3)			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4)			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) (9) (0) (9) (0) (1) Federal income taxes (2) (3) (4) (5) (6)			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			m 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			m 990, Part X, line 2	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

21490404 138138 MDHUMAN001

(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.)	

	edule D (Form 990) 2017 MARYLAND HUMANITIES COUNC			1102799 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.		
1	Total revenue, gains, and other support per audited financial statements		1	1,658,446.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			1,658,446.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			1,658,446.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expe	nses per Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ents With Expe	nses per Retur	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expe	nses per Retur	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expe	nses per Retur	n.
1	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	nses per Retur	n.
1	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With Expe	nses per Retur	n.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	Pents With Expe           a.              2a              2b	nses per Retur	n.
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a         2b            2c	nses per Retur	n.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	nses per Return	n. <u>1,568,902.</u> 0.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a         2a           2b         2c           2c         2d	nses per Return	n. 1,568,902.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d	nses per Return	n. <u>1,568,902.</u> 0.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a            2b            2c            2d	nses per Return	n. <u>1,568,902.</u> 0.
1 2 6 6 6 8 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2b           2b         2b           2c         2d           2d         2d	nses per Return	n. <u>1,568,902.</u> 0.
1 2 3 4 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2b         2c         2d         2d         4a         4b	1 2e 3	n. <u>1,568,902.</u> <u>0.</u> 1,568,902. 0.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2c           2d         2d	1 2e 3 4c	n. <u>1,568,902.</u> <u>0.</u> 1,568,902.

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	, 2018,	AND	DETERMINED	THAT	THERE	WERE	NO	MATTERS	THAT
732054 10-09-17								Schedul	e D (Form 990) 2017

Schedule D (Form 990) 2017	ARYLAND HUMANI	TIES COUNCIL,	INC.	52-1102799 Page 5
Part XIII Supplemental Informa	ation <sub>(continued)</sub>			
WOULD REQUIRE RECOGNI	TION IN THE FI	NANCIAL STATEN	IENTS OR THAT	MAY HAVE ANY
EFFECT ON ITS TAX-EXE	MPT STATUS. AS	OF OCTOBER 31	L, 2018, THE	STATUTE OF
LIMITATIONS FOR FISCA	L YEARS 2015 T	HROUGH 2018 RE	EMAIN OPEN WI	TH THE U.S.
FEDERAL JURISDICTION	OR THE STATE A	ND LOCAL JURIS	SDICTION IN W	HICH THE
COUNCIL FILES TAX RET	URNS. IT IS TH	E COUNCIL'S PO	DLICY TO RECO	GNIZE
INTEREST AND/OR PENAL	TIES RELATED T	O UNCERTAIN TA	AX POSITIONS,	IF ANY, AS
INCOME TAX EXPENSE.				

Schedule D (Form 990) 2017

732055 10-09-17

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on rganization entered more than \$1 ▶ Attach to Form 990 ▶ Go to www.irs.gov/Form990	Form 5,000 ( ) or Fo	990, F on Foi rm 99	Part IV, line 17, 18, o m 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047	
Name of the organization	MARVIAN	D HUMANITIES COUNC					Employer id	entification number	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not									
required to complete this part.         1         Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations         b       Internet and email solicitations         c       Phone solicitations         g       Special fundraising events         d       In-person solicitations         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?         b       If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
(i) Name and address of or entity (fundra		(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No					
Total 3 List all states in which or licensing.	the organization	n is registered or licensed to solicit (	contrib	► utions	or has been notified	it is e	exempt from r	egistration	
LHA For Paperwork Red	luction Act Noti	ce, see the Instructions for Form §	990 or	990-E	Z. S	Schee	dule G (Form	990 or 990-EZ) 2017	

732081 09-13-17

		le G (Form 990 or 990 EZ) 2017 MARYLAN Fundraising Events. Complete if the			t IV, line 18, or reported	- 1102799 Page 2 more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	
			45 ANNIV.		NONE	(d) Total events
			LUNCHEON & A			(add col. <b>(a)</b> through
					(total number)	col. <b>(c)</b> )
ē			(event type)	(event type)	(lotal humber)	
Revenue			4			
Sev	1	Gross receipts	45,735.			45,735.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	45,735.			45,735.
	-		2077000			
		Orah a ina				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
ш ж	7	Food and beverages	11,446.			11,446.
rec	ľ	Food and beverages	11,110.			11,1100
ō						
	8	Entertainment	4 4			14 500
	9	Other direct expenses	14,793.			14,793.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	26,239.
	11		line 3, column (d)		►	19,496.
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	•
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				biligo/progressive biligo		
Sev Sev						
	1	Gross revenue				
~	2					
ses	2	Cash prizes				
seuses		Cash prizes				
Expenses	2 3					
ct Expenses	3	Cash prizes				
Ħ		Cash prizes				
	3	Cash prizes				
Ħ	3	Cash prizes				
Ħ	3 4	Cash prizes Noncash prizes Rent/facility costs		Yes %		
Ħ	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses				
Ħ	3 4	Cash prizes Noncash prizes Rent/facility costs	% % No	Yes % □ No	□ Yes % □ No	
Ħ	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	No	
Ħ	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
Ħ	3 4 5 6 7	Cash prizes	<b>No</b> h 5 in column (d)	No No	No No	
Ħ	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	<b>No</b> h 5 in column (d)	No No	No No	
Ħ	3 4 5 6 7	Cash prizes	<b>No</b> h 5 in column (d)	No No	No No	
Direct	3 4 5 6 7 8	Cash prizes	No h 5 in column (d) 7 from line 1, column (d)	No No	No No	
6 Direct	3 4 5 7 8 Ent	Cash prizes	No         h 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:	No	No	
b 6 Direct	3 4 5 6 7 8 Ent	Cash prizes	No     No     for column (d)     from line 1, column (d)     ucts gaming activities: _ ctivities in each of these	No No	No	
b 6 Direct	3 4 5 6 7 8 Ent	Cash prizes	No     No     for column (d)     from line 1, column (d)     ucts gaming activities: _ ctivities in each of these	No No	No	
b 6 Direct	3 4 5 6 7 8 Ent	Cash prizes	No     No     for column (d)     from line 1, column (d)     ucts gaming activities: _ ctivities in each of these	No No	No	
g a 6 Direct	3 4 5 6 7 8 En <sup>-</sup> 9 1 Ist	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	YesNo
g a 6 Direct	3 4 5 6 7 8 En <sup>-</sup> 9 1 Ist	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	YesNo
a e C Direct	3 4 5 6 7 8 Ent 1 ls t 9 lf "	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	States?	No	YesNo
a e C Direct	3 4 5 6 7 8 Ent 1 ls t 9 lf "	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	States?	No	YesNo
a B Direct	3 4 5 6 7 8 Ent 1 ls t 9 lf "	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	States?	No	YesNo
a e O Direct	3 4 5 6 7 8 Ent 1 ls t 9 lf "	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	States?	No	YesNo
d B C Direct	3 4 5 6 7 8 8 1           9           9	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	States?	No ✓ No ✓ Particular Statement of the s	YesNo

Sch	edule G (Form 990 or 990-EZ) 2017 MARYLAND HUMANITIES COUNCIL, INC. 52-1	102799	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		///
••			
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶ \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and (v)	nes 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
7320	33 09-13-17 Schedule G (Forn	n 990 or 990	-EZ) 2017
0	36		,

<u>Schedule</u> G	(Form 990 or 990-EZ)	MARYLAND	HUMANITIES	COUNCIL,	INC.	52-1102799	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)				
					S	chedule G (Form 990 o	r <b>990-EZ</b> )
732084 04-01-	17						

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Comp	-	Attach to Fori s.gov/Form990 for	n 990.			Open to Public Inspection
Name of the organization MARYLAND	HUMANITIE	S COUNCIL, I					Employer identification number 52-1102799
Part I         General Information on Grants a           1         Does the organization maintain records a criteria used to award the grants or assisted t	to substantiate th						
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than s	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
<b>1 (a)</b> 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HISTORIC SOTTERLEY, INC. P.O. BOX 67, 44300 SOTTERLEY LANE HOLLYWOOD, CA 20636	52-6037721	501(C)(3)	10,000.	0.			HUMANITIES PROGRAM
QUEEN ANNE'S COUNTY ARTS COUNCIL 206 S COMMERCE STREET CENTREVILLE, MD 21617	52-1160383	501(C)(3)	10,000.	0.			HUMANITIES PROGRAM
DOCS IN PROGRESS 801 WAYNE AVENUE; SUITE G-100 SILVER SPRING, MD 20910	20-2784718	501(C)(3)	10,000.	0.			HUMANITIES PROGRAM
HYATTSVILLE COMMUNITY DEVELOPMENT CORPORATION - 4312 HAMILTON STREET - HYATTSVILLE, MD 20781	52-2308938	501(C)(3)	10,000.	0.			HUMANITIES PROGRAM
MUSE 360 ARTS 847 N. HOWARD ST. BALTIMORE, MD 21201	20-3366845	501(C)(3)	10,000.	0.			HUMANITIES PROGRAM
WOR-WIC COMMUNITY COLLEGE 32000 CAMPUS DR. SALISBURY , MD 21804	52-1048147	GOV AGENCY	10,000.	0.			HUMANITIES PROGRAM
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>	s listed in the line	1 table	e line 1 table				Schedule I (Form 990) (2017)

		S COUNCIL,			/=		52-1102799 P
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	urt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARD MUSEUM OF WILDFOWL ART,							
SALISBURY UNIVERSITY - 909 SOUTH							
SCHUMAKER DRIVE - SALISBURY, MD							
21804	53-7088071	501(C)(3)	9,380.	0.			HUMANITIES PROGRAM
CENTER STAGE ASSOCIATES							
700 NORTH CALVERT STREET							
BALTIMORE, MD 21202	52-0780194	501(C)(3)	8,900.	0.			HUMANITIES PROGRAM
LIVE GARRA THEATRE, INC.							
8641 COLESVILLE ROAD							
SILVER SPRING, MD 20910	52-2198127	501(C)(3)	8,500.	0.			HUMANITIES PROGRAM
DEWMORE BALTIMORE							
3503 N. CHARLES ST							
BALTIMORE, MD 21218	52-0897806	501(C)(3)	6,000.	0.			HUMANITIES PROGRAM
BADTIMOKE, MD 21210	52 0057000	501(0)(3)	0,000.				IIOMANITIES FROGRAM
ACCOKEEK FOUNDATION							
3400 BRYAN POINT ROAD							
ACCOKEEK, MD 20607	52-6037288	501(C)(3)	6,000.	0.			HUMANITIES PROGRAM
JAMES AGEE FILM PROJECT							
6707 WELLS PARKWAY							
UNIVERSITY PARK, MD 20782	23-7441297	501(C)(3)	5,720.	0.			HUMANITIES PROGRAM

Schedule I (Form 990)

### Schedule I (Form 990) (2017)

52-1102799

Page 2

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	<b>(c)</b> 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

Schedule I (Form 990) Part IV Supplemental	MARYLAND HU	MANITIES CO	UNCIL, INC.	52-110	)2799 Page 2
EXPENSES. GRANTE	E REPORTING IS	MONITORED (	CLOSELY BY T	HE COUNCIL STA	AFF
SPECIFICALLY ASS	SIGNED TO THAT	TASK. FINAL	PAYMENTS OF	GRANT MONIES	AWARDED
FOR MAJOR GRANTS	3 (OVER \$1,200)	ARE NOT MAI	DE UNTIL ALL	REPORTS HAVE	BEEN
SUBMITTED AND AF	PROVED.				
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04-01-17		41			

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



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, CHAUTAUQUA, 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, CHAUTAUQUA, AND MUSEUM ON MAIN

STREET, AND IT ALSO PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS.

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

OTHER PROGRAM SERVICES: LITERATURE - PROVIDED PUBLIC PROGRAMS

THROUGHOUT MARYLAND TO ENCOURAGE READING AND LITERACY, INCLUDING ONE

MARYLAND ONE BOOK THAT SERVED 8,970 PARTICIPANTS. OTHER PROGRAMS

INCLUDED LETTERS ABOUT LITATURE, LITERATURE AND MEDICINE, VETERANS BOOK

GROUP, LITERARY WALKTING TOURS, IN TOTAL SERVING 2,619, AND VARIOUS

BOOK FESTIVALS WITH AUDIENCES OF 216,160

EXPENSES \$ 244,713. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16,152.

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. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Y32211 09-07-17

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
MARYLAND HUMANITIES COUNCIL, INC.	52-1102799

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

THE FORM 990 IS FIRST PREPARED BY THE AUDITOR, REVIEWED BY THE COUNCIL'S

FISCAL OFFICER, AND THEN REVIEWED BY THE EXECUTIVE DIRECTOR. ONCE

COMPLETED, THE AUDIT AND FORM 990 ARE REVIEWED BY THE AUDIT SUB-COMMITTEE,

THE EXECUTIVE COMMITTEE OF THE BOARD, AND THEN REVIEWED AND APPROVED 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.

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

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Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>				
Name of the organization MARYLAND HUMANITIES COUNCIL, INC.	Employer identification number 52-1102799				
THE AUDITED FINANCIAL STATEMENTS, IN THE FORM OF THE 990 A	RE POSTED ON THE				
COUNCIL'S WEBSITE, IN GUIDESTAR AND AVAILABLE UPON REQUEST. AN ANNUAL					
REPORT, INCLUDING FINANCIAL INFORMATION, IS ALSO POSTED ON	THE COUNCIL'S				
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 FINA	NCIAL STATEMENTS				
AND SELECTION OF THE INDEPENDENT AUDITOR.					
FORM 990, PART XII, LINE 2C:					
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.					
FORM 990, PAGE 1, PART I, LINE 7A AND 7B					
THE ORGANIZATION PAID PRE-TAX PARKING BENEFITS TO THE EMPL	OYEES FOR THE				
PERIOD FROM JANUARY 1, 2018 THROUGH OCTOBER 31, 2018. SUCH BENEFITS ARE					
REPORTED ON THE FORM 990-T AS UNRELATED BUSINESS INCOME.					