

**Return of Organization Exempt From Income Tax****2009**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**For the 2009 calendar year, or tax year beginning **Nov 1**, 2009, and ending **Oct 31**, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization <b>MARYLAND HUMANITIES COUNCIL, INC.</b>		<b>D</b> Employer identification number <b>52-1102799</b>
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite <b>108 WEST CENTRE STREET</b>		<b>E</b> Telephone number <b>(410) 685-0095</b>
		City, town or country State ZIP code + 4 <b>BALTIMORE MD 21201-4565</b>		<b>G</b> Gross receipts \$ <b>1,783,060.</b>
		<b>F</b> Name and address of principal officer: <b>PHOEBE STEIN DAVIS 108 WEST CENTER STREET BALTIMORE MD 21201-4565</b>		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.MDHC.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>MD</b>				

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PURPOSE IS TO INCREASE AWARENESS OF HUMANITIES IN MARYLAND AND TO PROMOTE INFORMED DIALOGUE AND CIVIC ENGAGEMENT ON ISSUES CRITICAL TO MARYLANDERS. TO DO THIS IT DEVELOPS AND MANAGES SUCH HUMANITIES BASED PROGRAMS AS MARYLAND HISTORY DAY, ONE MARYLAND ONE BOOK, SPEAKERS BUREAU, AND CHAUTAUQUA, AND IT ALSO PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS.</b>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a).....	<b>3 21</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4 21</b>
	5 Total number of employees (Part V, line 2a).....	<b>5 15</b>
	6 Total number of volunteers (estimate if necessary).....	<b>6 9</b>
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a 0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>
	8 Contributions and grants (Part VIII, line 1h).....	<b>Prior Year 1,752,590. Current Year 1,119,147.</b>
	9 Program service revenue (Part VIII, line 2g).....	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	<b>1,157. 499.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	<b>1,043,169. 663,414.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	<b>2,796,916. 1,783,060.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	<b>214,529. 110,338.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4).....	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	<b>633,999. 629,573.</b>
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e).....	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>82,812.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	<b>1,479,858. 1,142,636.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	<b>2,328,386. 1,882,547.</b>
	19 Revenue less expenses. Subtract line 18 from line 12.....	<b>468,530. -99,487.</b>
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	<b>Beginning of Year 1,179,550. End of Year 1,072,915.</b>
	21 Total liabilities (Part X, line 26).....	<b>173,340. 166,192.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20.....	<b>1,006,210. 906,723.</b>

**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	▶ <i>Phoebe Stein Davis</i> <b>12/3/11</b> Signature of officer Date		
Paid Preparer's Use Only	▶ <i>Phoebe Stein Davis, Exec. Director</i> Type or print name and title.		
	Preparer's signature ▶ <i>Randall L. Snyder</i>	Date <b>02/01/11</b>	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) <b>P01225147</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RANDALL L. SNYDER, CPA, LLC</b> <b>12395 OLD FREDERICK ROAD</b> <b>MARRIOTTSTVILLE MD 21104</b>		EIN ▶ <b>65-1172190</b> Phone no. ▶ <b>(410) 442-2002</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PURPOSE IS TO INCREASE AWARENESS OF HUMANITIES IN MARYLAND AND TO PROMOTE INFORMED  
 DIALOGUE AND CIVIC ENGAGEMENT ON ISSUES CRITICAL TO MARYLANDERS. TO DO THIS, IT DEVELOPS  
 See Form 990, Page 2, Part III, Line 1 (continued)

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 ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 232,824. including grants of \$ 110,388. ) (Revenue \$ 0. )

GRANTS - PROVIDED GRANTS TO NON-PROFIT ORGANIZATIONS IN MARYLAND TO CONDUCT HUMANITIES-BASED  
 PROGRAMS WITH SPECIAL EMPHASIS ON PROGRAMS THAT FEATURED CIVIC DIALOGUE AND ENGAGEMENT.  
 IN THE MOST RECENT YEAR FOR WHICH DATA WAS AVAILABLE, THE PROGRAM FUNDED 28 GRANTS THAT HAD  
 48,000 PARTICIPANTS FROM ALL AREAS OF THE STATE.

4b (Code: ) (Expenses \$ 204,427. including grants of \$ 0. ) (Revenue \$ 95,474. )

ONE MARYLAND ONE BOOK - ENCOURAGED ALL RESIDENTS IN THE STATE TO READ AND DISCUSS THE SAME BOOK  
 ABOUT AN IMPORTANT ISSUE. IN 2010 THE SELECTED BOOK WAS WARREN ST. JOHN'S OUTCASTS UNITED,  
 A REAL-LIFE STORY OF A GROUP OF REFUGEES AND A WOMAN COACH WHO CHANGED AN ENTIRE COMMUNITY  
 FOR THE BETTER. AS THE BASIS FOR DISCUSSION AT LIBRARIES AND SCHOOLS IN EVERY JURISDICTION  
 IN THE STATE, IT ENCOURAGED PARTICIPANTS TO TALK ABOUT THE MEANING OF COMMUNITY AND THE DIFFICULTIES  
 OF BEING AN OUTSIDER, AND CONTINUES A HEALTHY DIALOGUE ABOUT ENDURING AMERICAN CULTURAL THEMES.  
 THE PROGRAM CONDUCTED AN ESTIMATED 180 SEPARATE EVENTS ATTENDED BY SOME 5,000 RESIDENTS.

4c (Code: ) (Expenses \$ 139,371. including grants of \$ 0. ) (Revenue \$ 53,504. )

MARYLAND HISTORY DAY - AS A PART OF THE NATIONAL HISTORY DAY PROGRAM, IT PROVIDES CONTESTS  
 FOR MIDDLE AND HIGH SCHOOL STUDENTS TO DEVELOP HISTORY PROJECTS IN ONE OF SEVERAL CATEGORIES,  
 INCLUDING PAPERS, PERFORMANCES, EXHIBITS, WEB SITES AND DOCUMENTARIES. STUDENTS TYPICALLY  
 PRESENT THEIR PROJECTS TO JUDGES AT SCHOOL AND/OR DISTRICT CONTESTS, AND WINNERS ADVANCE  
 TO THE STATE, AND THEN NATIONAL CONTEST. IN 2010, THE CONTEST HAD OVER 18,000 PARTICIPANTS  
 IN 19 OF THE STATE'S 24 SCHOOL DISTRICTS. STUDENTS REPORT SPENDING SOME 80 HOURS IN RESEARCH,  
 PROJECT DEVELOPMENT AND PRESENTATION, MOST OF WHICH IS OUTSIDE OF NORMAL SCHOOL TIME.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 404,372. including grants of \$ 0. ) (Revenue \$ 73,276. )

4e Total program service expenses ▶ 980,994.



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
	• 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		
	• 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		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• 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? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
		Yes	No
		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No		
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....	1 a	26		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....	1 b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1 c		X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2 a	15		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2 b		X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)					
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	3 a			X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....	3 b			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4 a			X
b	If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5 a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5 b			X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....	5 c			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .....	6 a			X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....	6 b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7 a			X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	7 b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7 c			X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....	7 d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7 e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7 f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....	7 g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....	7 h			X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	8			X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the organization make any taxable distributions under section 4966? .....	9 a			X
b	Did the organization make any distribution to a donor, donor advisor, or related person? .....	9 b			X
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 .....	10 a			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....	10 b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from other members or shareholders. ....	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11 b			
12 a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12 a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....	12 b			



**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.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body.....	1a	21
b Enter the number of voting members that are independent.....	1b	21
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 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 organizational documents since the prior Form 990 was filed?.....	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?.....	5	X
6 Does the organization have members or stockholders?.....	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?.....	8a	X
b Each committee with authority to act on behalf of the governing body?.....	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....	9	X

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

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

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed ► Maryland

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► PHOEBE S. DAVIS PH D 108 WEST CENTRE STREET BALTIMORE MD 21201-4565 (410) 685-0095



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

**1 a** 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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHOEBE S DAVIS EXEC DIRECTOR	40.00			X				91,667.	0.	0.
JAMES S KITTERMAN, JR FISCAL OFFICER	40.00				X			61,174.	0.	0.
LISA KEIR DEVELOPMENT	40.00				X			70,029.	0.	0.
BARBARA A HILL CHAIR, BOARD OF DIRECTORS	0.00	X		X				0.	0.	0.
THOMAS A CRAIN VICE CHAIR, BOARD OF DIRECTORS	0.00	X		X				0.	0.	0.
JUDI MOORE LATTA SECRETARY, BOARD OF DIRECTORS	0.00	X		X				0.	0.	0.
MARTIN G MADDEN TREASURER, BOARD OF DIRECTORS	0.00	X		X				0.	0.	0.
JANES T BRADY BOARD OF DIRECTORS	0.00	X						0.	0.	0.
PAULA CLEGGETT BOARD OF DIRECTORS	0.00	X						0.	0.	0.
CORNELIUS P DARCY BOARD OF DIRECTORS	0.00	X						0.	0.	0.
MONIQUE DIXON BAORD OF DIRECTORS	0.00	X						0.	0.	0.
ALBERT FELDSTEIN BOARD OF DIRECTORS	0.00	X						0.	0.	0.
CATHERINE R GIRA BOARD OF DIRECTORS	0.00	X						0.	0.	0.
ADAM GOODHEART BOARD OF DIRETORS	0.00	X						0.	0.	0.
JUDITH HALLETT BOARD OF DIRECTORS	0.00	X						0.	0.	0.
WALTER J LEONARD BOARD OF DIRECTORS	0.00	X						0.	0.	0.
O F MAKARAH BOARD OF DIRECTORS	0.00	X						0.	0.	0.



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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATRINA BELL MCDONALD BOARD OF DIRECTORS	0.00	X						0.	0.	0.
AZAR NAFISI BOARD OF DIRECTORS	0.00	X						0.	0.	0.
ADRIANNE NOE BOARD OF DIRECTORS	0.00	X						0.	0.	0.
DAVID PHILLIPS BOARD OF DIRECTORS	0.00	X						0.	0.	0.
DARCY SCHOENINGER BOARD OF DIRECTORS	0.00	X						0.	0.	0.
DAVIS SHERMAN BOARD OF DIRECTORS	0.00	X						0.	0.	0.
WINSTON TABB BOARD OF DIRECTORS	0.00	X						0.	0.	0.
<b>1 b Total</b>								<b>222,870.</b>	<b>0.</b>	<b>0.</b>

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

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

	Yes	No
3		X
4		X
5		X

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

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



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns .....	1a				
	b Membership dues .....	1b				
	c Fundraising events .....	1c				
	d Related organizations .....	1d				
	e Government grants (contributions) .....	1e	770,740.			
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	348,407.			
	g Noncash contribns included in lns 1a-1f: .... \$					
	h <b>Total.</b> Add lines 1a-1f .....		1,119,147.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue .....					
	g <b>Total.</b> Add lines 2a-2f .....					
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts) .....		499.	0.	0.	499.
	4 Income from investment of tax-exempt bond proceeds .....					
	5 Royalties .....					
	6a Gross Rents .....	(i) Real (ii) Personal				
	b Less: rental expenses .....					
	c Rental income or (loss) .....					
	d Net rental income or (loss) .....					
	7a Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses .....					
	c Gain or (loss) .....					
	d Net gain or (loss) .....					
	8a Gross income from fundraising events (not including: \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	a				
	b Less: direct expenses .....	b				
	c Net income or (loss) from fundraising events .....					
	9a Gross income from gaming activities. See Part IV, line 19 .....	a				
	b Less: direct expenses .....	b				
	c Net income or (loss) from gaming activities .....					
	10a Gross sales of inventory, less returns and allowances .....	a				
	b Less: cost of goods sold .....	b				
	c Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue .....		663,414.	663,414.	0.	0.	
e <b>Total.</b> Add lines 11a-11d .....		663,414.				
12 <b>Total revenue.</b> See instructions .....		1,783,060.	663,414.	0.	499.	



**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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	110,338.	110,338.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	222,869.	105,581.	77,021.	40,267.
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	295,802.	270,077.	25,660.	65.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,597.	19,240.	5,988.	2,369.
9 Other employee benefits	42,408.	30,873.	9,174.	2,361.
10 Payroll taxes	40,897.	29,224.	8,320.	3,353.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,016.	1,622.	257.	137.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	23,624.	19,009.	3,010.	1,605.
14 Information technology	28,015.	22,543.	3,569.	1,903.
15 Royalties				
16 Occupancy	30,120.	24,236.	3,838.	2,046.
17 Travel	1,618.	1,302.	206.	110.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,107.	3,305.	523.	279.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,760.	31,189.	4,938.	2,633.
23 Insurance	5,545.	4,462.	706.	377.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COUNCIL PROJECTS	263,959.	263,959.	0.	0.
b STAFF EDUCATION	7,291.	5,867.	929.	495.
c AUDIT FEES	7,560.	6,083.	963.	514.
d COST SHARING	663,414.	663,414.	0.	0.
e FEDERATION DUES	15,931.	12,819.	2,030.	1,082.
f All other expenses	50,676.	19,265.	8,195.	23,216.
25 Total functional expenses. Add lines 1 through 24f	1,882,547.	1,644,408.	155,327.	82,812.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing .....	297,795.	1	315,132.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	582,699.	3	479,220.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	1,320.	9	8,971.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	471,521.		
	b Less: accumulated depreciation .....	204,429.	295,236.	10c 267,092.
	11 Investments — publicly-traded securities .....		11	
	12 Investments — other securities. See Part IV, line 11 .....		12	
	13 Investments — program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	2,500.	15	2,500.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,179,550.	16	1,072,915.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	65,773.	17	77,899.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	107,567.	25	88,293.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	173,340.	26	166,192.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	367,842.	27	350,961.
	28 Temporarily restricted net assets .....	638,368.	28	555,762.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances.</b> .....	1,006,210.	33	906,723.
34 <b>Total liabilities and net assets/fund balances.</b> .....	1,179,550.	34	1,072,915.	

BAA

Form 990 (2009)



**Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

2a

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

b Were the organization's financial statements audited by an independent accountant? .....

2b

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

3a

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

3b

BAA

Form 990 (2009)



Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

2009

## Open to Public Inspection

Name of the organization

MARYLAND HUMANITIES COUNCIL, INC.

Employer identification number

52-1102799

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III– Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....	<b>11 g (i)</b>	
(ii)	a family member of a person described in (i) above?.....	<b>11 g (ii)</b>	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?.....	<b>11 g (iii)</b>	

**h** Provide the following information about the supported organizations.

[illegible]

Total



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)...	855,805.	994,979.	2,060,027.	2,795,759.	1,821,513.	8,528,083.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....						
4 <b>Total.</b> Add lines 1-through 3. ....	855,805.	994,979.	2,060,027.	2,795,759.	1,821,513.	8,528,083.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ...						
6 <b>Public support.</b> Subtract line 5 from line 4. ....						8,528,083.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4. ....	855,805.	994,979.	2,060,027.	2,795,759.	1,821,513.	8,528,083.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,995.	2,234.	2,124.	1,157.	499.	8,009.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10. ....						8,536,092.
12 Gross receipts from related activities, etc. (see instructions) .....					12	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	99.91 %
15 Public support percentage from 2008 Schedule A, Part II, line 14. ....	15	99.89 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. .... ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. .... ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. .... ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. .... ☐

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



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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")...						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5. ....						
7a Amounts included on lines 1, 2, 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 <b>Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 <b>Total support.</b> (Add lns 9, 10c, 11, and 12.) .....						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%

19a **33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐ ▶

b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐ ▶

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



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

MARYLAND HUMANITIES COUNCIL, INC.

Employer identification number

52-1102799

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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



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

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

**Limits on Lobbying Expenditures –**  
(The term 'expenditures' means amounts paid or incurred.)(a) Filing  
organization's totals(b) Affiliated  
group totals

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount .....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					
<b>c</b> Total lobbying expenditures .....					
<b>d</b> Grassroots nontaxable amount .....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					
<b>f</b> Grassroots lobbying expenditures .....					

BAA

Schedule C (Form 990 or 990-EZ) 2009



**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9,095.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If 'Yes,' describe in Part IV		X	
j Total. Add lines 1c through 1i.			9,095.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Pt I-A Line 1 MET WITH STATE AND FEDERAL OFFICIALS AND

Pt II-B Line 1i LEGISLATORS TO MAKE THEM AWARE OF PROGRAM

ACTIVITES AND NEED FOR GREATER FUNDING



<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

- Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

**MARYLAND HUMANITIES COUNCIL, INC.**

**52-1102799**

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

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

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

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

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1..... ► \$ .....
- (ii) Assets included in Form 990, Part X..... ► \$ .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1..... ► \$ .....
- b Assets included in Form 990, Part X..... ► \$ .....



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

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
b Permanent endowment ▶ \_\_\_\_\_ %  
c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements	372,091.		136,433.	235,658.
d Equipment	99,430.		67,996.	31,434.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				267,092.

BAA

Schedule D (Form 990) 2009







**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,783,060.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,882,547.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-99,487.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-99,487.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Part XIV	Supplemental Information (continued)
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**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARYLAND HUMANITIES COUNCIL, INC.

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDY SPRING MUSEUM 17901 BENTLEY ROAD SANDY SPRING MD 20860	52-1224038	501 (C) (3)	8,342.	0. OTHER			HUMANITIES PRO
BALTIMORE NATL HERITAGE A 100 N HOLIDAY STREET BALTIMORE MD 21202	52-6000769	GOVT	6,363.	0. OTHER			HUMANITIES PRO
DAVID C DRISKELL CENTER 1214 COLE STUDENT ACTVITI COLLEGE PARK MD 20742	52-6002033	501 (C) (3)	8,900.	0. OTHER			HUMANITIES PRO
HISTORIC ANNAPOLIS FOUNDA 18 PINKNEY STREET ANNAPOLIS MD 21401	52-0645783	501 (C) (3)	8,000.	0. OTHER			HUMANITIES PRO
SOCIETY FOR PRESERVATION 812 SOUTH ANN STREET BALTIMORE MD 21231	23-7188661	501 (C) (3)	5,500.	0. OTHER			HUMANITIES PRO
HISTORICAL SOCIETY OF TAL 25 SOUTH WASHINGTON STREE EASTON MD 21601	52-6044645	501 (C) (3)	8,150.	0. OTHER			HUMANITIES PRO
BALTIMORE MUSEUM OF INDUS 1415 KEY HIGHWAY BALTIMORE MD 21230	52-1205675	501 (C) (3)	5,970.	0. OTHER			HUMANITIES PRO
HISTORIC SOTTERLEY INC PO BOX 67 HOLLYWOOD MD 20636	52-6037721	501 (C) (3)	5,089.	0. OTHER			HUMANITIES PRO

2 Enter total number of section 501(c)(3) and government organizations. 11

3 Enter total number of other organizations. 0

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

TEEA3901 02/10/10

Schedule I (Form 990) 2009



## Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARYLAND HUMANITIES COUNCIL, INC.

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I) (Form 990, Part I)	2012
		15-23027-50

Employer identification number

52-1102799

[illegible]



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 THE COUNCIL MAINTAINS WRITTEN PROCEDURES AND STANDARDS FOR AWARDED GRANTS AND FOR

Pt I Line 2 ADMINISTERING THOSE GRANTS THAT ARE AWARDED. THOSE STANDARDS REQUIRE WRITTEN FINAL

Pt I Line 2 PROGRAM NARRATIVE REPORTS AND A FINAL FINANCIAL REPORT THAT THE GRANTEE COMPLETES

Pt I Line 2 AND THE AUTHORIZED OFFICIAL SIGNS AND ATTESTS TO ITS COMPLETENESS AND ACCURACY.

Pt I Line 2 THE REPORT REQUIRES THE GRANTEE TO SHOW HOW GRANT FUNDS WERE EXPENDED AND ALSO

Pt I Line 2 REQUIRES EVIDENCE OF MATCHING CONTRIBUTIONS TO THE PROJECT FROM THE GRANTEE

Pt I Line 2 AND OTHER SOURCES. THE GRANTEE IS REQUIRED TO MAINTAIN DOCUMENTATION FOR

Pt I Line 2 ALL DECLARED EXPENSES. GRANTEE REPORTING IS MONITORED CLOSELY BY THE COUNCIL

Pt I Line 2 STAFF SPECIFICALLY ASSIGNED TO THAT TASK. FINAL PAYMENTS OF GRANT MONIES AWARDED FOR

Pt I Line 2 MAJOR GRANTS (OVER \$1,200) ARE NOT MADE UNTIL ALL REPORTS HAVE BEEN SUBMITTED

Pt I Line 2 AND APPROVED.

BAA



**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Name of the organization

MARYLAND HUMANITIES COUNCIL, INC.

Employer identification number

52-1102799

Pt VI-A, Line 7a THE COUNCIL'S BOARD PROVIDES THAT 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.

Pt VI-A, Line 8a THE ORGANIZATION MAINTAINS MINUTES OF THE MEETINGS

Pt VI-A, Line 8b THE ORGANIZATION MAINTAINS MINUTES OF THE MEETINGS

Pt VI-B, Line 11a 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 EXECUTIVE COMMITTEE OF THE BOARD,  
AND THEN REVIEWED AND APPROVED BY THE FULL BOARD BEFORE FILING.

Pt VI-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 EXCUSE  
ONESELF, THE BOARD OR COMMITTEE SHALL INVESTIGATE AND TAKE APPROPRIATE ACTION.  
FORM 990 IS ON OWN WEBSITE, ANOTHER'S WEBSITE, AND UPON REQUEST.

Pt VI-B, Line 15 THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE ON 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. 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 BUEGET FOR THE YEAR AND INDIVIDUAL PERFORMANCE.



Name of the organization

MARYLAND HUMANITIES COUNCIL, INC.

Employer identification number

52-1102799

Pt VI-C, Line 19 THE AUDITED FINANCIAL STATEMENTS, IN THE FORM OF THE 990, ARE POSTED ON THE  
COUNCIL'S WEBSITE, IN GUIDESTAR AND AVAILABLE UPON REQUEST. A BIENNIAL REPORT  
INCLUDING FINANCIAL INFORMATION, IS ALSO POSTED ON THE COUNCIL'S WEBSITE.  
GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND OTHER POLICY MANAULS ARE MADE AVAILABLE  
TO THE PUBLIC UPON REQUEST.

Pt XI, Line 2c THE COUNCIL'S TREASURER AND EXECUTIVE COMMITTEE HAVE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL  
STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

**2009**

Name of the organization

**MARYLAND HUMANITIES COUNCIL, INC.**

Employer identification number

**52-1102799**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule —**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules —**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**



Name of organization

Employer identification number

MARYLAND HUMANITIES COUNCIL, INC.

52-1102799

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NATIONAL ENDOWMENT FOR THE HUMANITIES 1100 PENNSYLVANIA AVENUE WASHINGTON DC 20506	\$ 770,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BOEING CHARITABLE FOUNDATION INC 100 N RIVERSIDE PLAZA, MC 5002-8450 CHICAGO IL 60606	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MARYLAND STATE DEPARTMENT OF <del>EDUCATION</del> <sup>PLANNING-</sup> <del>200 W BALTIMORE STREET</del> 100 COMMUNITY PLACE <del>BALTIMORE</del> CROWNSVILLE MD <del>21201</del> 21032	\$ 53,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MARYLAND STATE DEPARTMENT OF EDUCATION 200 W BALTIMORE STREET BALTIMORE MD 21201	\$ 35,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	COMCAST FOUNDATION - ONE COMCAST CENTER 1701 J F, KENNEDY BOULEVARD PHILADELPHIA PA 19103-2838	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BANK OF AMERICA 100 S. CHARLES STREET BALTIMORE MD 21201-2725	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2009**Attachment  
Sequence No. **67**

Name(s) shown on return

**MARYLAND HUMANITIES COUNCIL, INC.**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

Identifying number

**52-1102799****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions).	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs.).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009.	17	37,957.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		816.	5.0 yrs	HY	S/L	103.
c 7-year property		9,800.	7.0 yrs	HY	S/L	700.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	38,760.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? .....								Yes	No	24b If 'Yes,' is the evidence written? .....								Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction			(i) Elected section 179 cost									
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .....								25											
26 Property used more than 50% in a qualified business use:																			
27 Property used 50% or less in a qualified business use:																			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....								28											
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								29											

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) .....												
31 Total commuting miles driven during the year .....												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours? .....												
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. ....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year .....					43
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report. ....					44



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Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 1 (continued)**

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Briefly describe the organization's mission:

AND MANAGES SUCH HUMANITIES BASED PROGRAMS AS MARYLAND HISTORY DAY, ONE MARYLAND ONE BOOK,  
SPEAKERS BUREAU, AND CHAUTAUQUA, AND IT ALSO PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS.

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Schedule O (Form 990), Supplemental Information to Form 990  
**Form 990, Page 2, Part III, Line 4d (continued)**

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**4d** Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____	Description: <u>CONDUCT PROGRAMS IN ACCORDANCE WITH THE ORGANIZATION'S MISSION</u>
Expenses	<u>404,372.</u>
Grants Of	<u>0.</u>
Revenue..	<u>73,276.</u>
	_____
	_____
	_____



**Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

Description	Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	36,032.
REGRANTS PAYABLE	29,741.
Total	<u>65,773.</u>