Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public Inspection

Α	For	the 2013 calen	dar year, or tax	year begi	nning No	v 1	, 2	2013, and	ending	0ct	31	1	2014	
В	Check	k if applicable:	C Name of organiz	zation MA	RYLAND	HUMANI	FIES COU	NCIL,	INC.		D Emplo	yer identi	fication Number	
		Address change	Doing Business	As							52-	1102	799	
	1	Name change	Number and str	eet (or P.O. bo	ox if mail is not	delivered to str	eet address)		Room/sulte	>	E Teleph	one numb	er	
	\Box	nitlal return	108 WEST	CENTRE	STREET						(41	0) 68	35-0095	
	[] ₁	Terminated	City or town, sta	te or province	, country, and	ZIP or foreign p	ostał code							
		Amended return	BALTIMORE					MD 21	201-45	565	G Gross	receipts S	\$1,832,24	10.
	\square_{ℓ}	Application pending	F Name and addre	ass of principa	I officer:						group return			Te al
		, ,	PHOEBE STEI	N 108 WES	r Center St	REET BALC	TMORE	MD 2120	11-4565 H(t) Are all s	subordinates attach a list, (included?	Y	
T	Tax	c-exempt status	X 501(c)(3)	501(c) () •		4947(a)	· · · · · · · · · · · · · · · · · · ·	527	If 'No,' a	attach a list, ((see Instru	ctions)	_
J			W, MDHC, ORG			(mas/crisy	1 17 17 (4)	(7) **		A Group e	exemption nu	ımher 🏲		
K		m of organization:	X Corporation	Trust	Association	Other		1 Year of	f formation:	1977			gal domiciie: M	ID
Torrigon 5	art I	Summar		11031	7,0000,000	1 Tone		L Tear or	tornacon.	1311	, 1111 \	State Of Tes	Jar dollinote. Tr	ייי
8.83	1		y e the organization	n's missio	n or most s	ionificant a	ctivities:	PHEDOCE	י דג יית ר	י שית שם	AMD CIIDDA	וותם שמו	CATIONAL EX	DED TEMPES
-		-	NITIES THAT 1			_								
Governance			ITIES. TO DO T											
Ē			CHAUTAUQUA, A											
Ş	2	Check this box					ations or disp							
త	3	Number of vot	ing members of									3		27
ত ত	4		ependent voting									4		27
ië	5		of individuals em									5		16
Activities &	6		of volunteers (es									6	•	5
₹			d business reven									7a		0,
	d	Net unrelated	business taxable	income tr	om Form 9	90-1, line 3	4					7b		
		Orabellandiana		1/III (baa 4	L-X				<u> </u>		ior Year		Current	
¥.	8		and grants (Part							1	,097,5	68.	1,17	5,561.
Revenue	9		ce revenue (Part ome (Part VIII, c									0.5		100
ė	11		ome (Part VIII, colum (Part VIII, colum						L			06.	C E .	102.
	12		- add lines 8 th							2	917,5 ,015,2			5,577.
	13		nilar amounts pa							Ζ.				2,240.
	14										92,8	00.	0,	1,006.
	15	, , , , ,									629,5	26	CO.	1 075
Se	ļ	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 629 a Professional fundraising fees (Part IX, column (A), line 11e)										36.	62	7,075.
ens						•				Asio(v:SinvigAc		USeditoville/		
Expenses	b	Total fundraisi	ng expenses (Pa	rt IX, colui	nn (D), line	25) 🟲		140,6	98.					
ш	17	Other expense	s (Part IX, colum	າກ (A), line	s 11a-11d,	11f-24e)				1,	,310,6	84.	1,066	5,370.
	18	Total expense:	s. Add lines 13-1	7 (must ed	ıval Part IX	, column (A), line 25) .		[2,	,033,1	00.	1,77	7,451.
	19	Revenue less	expenses. Subtra	act line 18	from line 1	2			[-17,8	49.	54	1,789.
100									E	Beginning	g of Curren	t Year	End of Y	'ear
Bala		•	art X, line 16) .		<i></i>				, [838,2	25.	902	2,053.
Not Assets Fund Balano	21	Total liabilities	(Part X, line 26)						[76,8	09.	85	6,848.
ΣĽ	22	Net assets or f	und balances. Si	ubtract line	21 from lir	ne 20					761,4	16.	816	5,205.
Pa	rt II	Signature	Block								·	,		
Unde	r penalt	les of perjury, I decla	re that I have examin	ed this return,	including acco	mpanying sche	dules and staten	nents, and to	the best of r	ny knowle	dge and beli	ef, it is tru	e, correct, and	
comp	lete. De	claration of preparer	(other than officer) is	based on all l	information of v	which preparer I	nas any knowled	ge.						
		10	Visa S	جور مان المان	acomorphis .						2.11.	15		
Sig	n	Signature			,					Date	}			
Hei	'e	▶ • • • • • • • • • • • • • • • • • • •	ruese Sti	\sim t c χ .	euse	Direct	DV.							
		Type or p	rint name and title.											
		Print/Type pre	parer's name		Preparer's s	ignature	- A	Date		(Check >	K if P	TIN	
Pai	d	RANDAL	L L. SNYDE	R	LKon	Allete.	. Sounds	1 3	110 1	5	self-employe	d P	01225147	7
Pre	pare		► RANDALI	L L. SI	NYDER,	CPA, LI	C (,			•			
	On									-	Firm's EIN	65-	1172190	
		-	MARRIO'				MD 21	104		F	hone no.	(410)		02
May	the IF	RS discuss this	return with the p			? (see instr						· · · · ·	X Yes	No

	n 990 (2013) MARYLAND HUMANITIES COUNCIL, INC.	52-1102799	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	* + * + * + + + + * * * *	x
1	Briefly describe the organization's mission:		
	PURPOSE IS TO CREATE AND SUPPORT EDUCATIONAL EXPERIENCES		
	IN THE HUMANITIES THAT INSPIRE ALL MARYLANDERS TO EMBRACE LIFELONG LEARNING, EXCHA	ANGE IDEAS OPENLY, A	AND ENRICH
	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?		X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
J	If 'Yes,' describe these changes on Schedule O.	s, 162	X No
	-		_
-4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun others, the total expenses, and revenue, if any, for each program service reported.	as measured by expense t of grants and allocations	s to
4 a	(Code:) (Expenses \$ 546,738. including grants of \$ 83,369.) (I	Revenue \$ 1.	5,576.)
	GRANTS - PROVIDED GRANTS TO NON-PROFIT ORGANIZATIONS IN MARYLAND TO		
	PROGRAMS WITH SPECIAL EMPHASIS ON PROGRAMS THAT FEATURED CIVIC DIA		
	IN THE MOST RECENT YEAR THE PROGRAM FUNDED 15 GRANTS.		
4 b	(Code:)(Expenses \$217,286. including grants of \$0.)(F LITERATURE - PROVIDED PUBLIC PROGRAMS THROUGHOUT MARYLAND TO ENC READING AND LITERACY, INCLUDING ONE MARYLAND ONE BOOK THAT SERVE PARTICIPANTS. OTHER PROGRAMS INCLUDED LETTERS ABOUT LITERATURE, LITERATURE AND MEDICINE, MEANING OF SERVICE, AND VARIOUS BOOK FE	OURAGE D 6,132 STIVALS.	
	— — — — — — — — — — — — — — — — — — — 		
4.0	(Code:) (Expenses \$ 481,417. including grants of \$ 0.) (F	2	100
	(Code:)(Expenses \$ 481,417. including grants of \$ 0.)(FHISTORY - PROVIDED PUBLIC PROGRAMS THROUGHOUT MARYLAND TO INCREASOF LOCAL AND NATIONAL HISTORICAL EVENTS AND IMPROVE RESEARCH AND SKILLS. PROGRAMS INCLUDED MARYLAND HISTORY DAY SERVING 21,465 ST	SE AWARENESS ANALYTICAL	
	MUSEUM ON MAIN STREET - HOMETOWN TEAMS.		
			
ا ام ار	Other program services. (Describe in Schedule O.)		
		6,672.)	·
40	Total program service expenses ► 1,482,917.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A..... Χ 1 2 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Χ Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 9 Χ 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ 11 a X 11 b Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported X Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Χ 11 f Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12 b ls the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 13 Χ 14a Χ 14b 15 15 X 16 Χ 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 (see instructions) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 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. Χ 19 Χ 20

20 b

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24c	:	
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
í	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V			
	***************************************	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	16	55	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	15	li es
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	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	16		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Seriff School Co.	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. За	395395650	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O			
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)?	. 4a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for 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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. <u>5 c</u>		
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 as charitable contributions?	. 6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	. 7a	Х	
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?		Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7с		Х
d if 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7 g		X
h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7 h	2/20/20 V S-R 20	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	. 9 b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	_		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	_		
11 Section 501(c)(12) organizations. Enter:		- in 18	
a Gross income from members or shareholders	_		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	. 13 a		Storie I
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_		
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
with too, the trinod at offit two to toporthiose payments in the provide an explanation in deficultion of the first triangles	170	- 1	

Form 990 (2013) MARYLAND HUMANITIES COUNCIL, INC. 52-1102799 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 27 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 27 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Χ 13 Х 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? 15 a Х Х 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Maryland 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 X Another's website X Upon request Other (explain in Schedule O) 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 during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 108 WEST CENTRE STREET BALTIMORE MD

(410) 685-0095

Form 990 (2	2013)	MARYLAND	HUMANITIES	COUNCIL	TNC

52-1102799

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

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

Check this box if neither the organization	nor any rel	ated o	rgan	nizat	ion (compe	nsat	ed any current officer,	director, or trustee.	
					2)					
(A) Name and Title	(B) Average hours per	one bo	ox, ùn cer an	less p	erso	more the list more the list both or/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PHOEBE_STEIN	40.00									
EXEC DIRECTOR				Χ	'	l		101,138.	0.1	0.
(2) JAMES S KITTERMAN, JR FISCAL OFFICER	40.00				Х			64,922.	0.	0.
(3) AARON HEINSMAN	40.00									<u> </u>
DEVELOPMENT OFFICER					Х			76,188.	0.	0.
(4) LENNEAL HENDERSON, JR. CHAIR, BOARD OF DIRECTORS	_3.00	Х		Х						
(5) ELIZABETH CANNON	1.00			$\stackrel{\wedge}{\dashv}$			-	0.	0.	0.
VICE CHAIRMAN, BOARD OF DIRECTORS		x	ĺ	X	ļ			0.	0.	0
(6) SILVIA GOLOMBEK	1.00		_		\dashv		\dashv	<u> </u>		0.
SECRETARY, BOARD OF DIRECTORS	-=:	x	1	$_{\rm X}$	ļ	ŀ		0.	0.	0.
(7) DAVIS SHERMAN	_1.00							0.	0.	<u> </u>
TREASURER, BOARD OF DIRECTORS	_ = 1	х	ı	$_{\rm X}$	ļ	ŀ		0.	0.	0.
(8) DIEDRA BADEJO	1.00								0,	<u> </u>
BOARD OF DIRECTORS		Х	İ	ĺ				0.	0.	0.
(9) BARBARA CLAPP	1.00									
BOARD OF DIRECTORS		Х					ĺ	0.	0.	0.
(10) ELIZABETH CROMWELL	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(11) RHONDA DALLAS	1.00	l		T	\Box					
BOARD OF DIRECTORS		Х						0.	0.	0.
(12) MONIQUE DIXON	1.00	ļ	1							
BOARD OF DIRECTORS		Х						0.	0.	0.
(13) ALBERT FELDSTEIN	_1.00				ı		ł			•
BOARD OF DIRECTORS		X	\perp	1	_			0.	0.	0.
(14) MICHAEL GLASER	-1.00							1		
BOARD OF DIRECTORS		Х						0,	0.	0.

Part VII Section A. Officers, Directors, Trus	stees,	Key	En	npl	oye	es,	an	d Highest Con	npensated Emp	loyees (continued)
	(B)			(6	C)					
(A) Name and title	Average hours per week	box	i, unle	ss pe	erson direct	than o is both or/trust	an lee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) LAUREN GLOVER BOARD OF DIRETORS	1.00	X						0.	0.	0
	1 00	1						0.	· ·	0.
MONALD LESHER BOARD OF DIRECTORS	1.00	х						0.	0.	0.
(17) O. F. MAKARAH	1.00							<u> </u>	<u> </u>	•
BOARD OF DIRECTORS	1 220	х						0.	0.	0.
(18) HILARY MILLER	1.00									:
BOARD OF DIRECTORS		Χ						0.	0.	0.
(19) ADRIANNE NOE	1.00									
BOARD OF DIRECTORS		Х	_					0.	0.	0.
(20) MAARTEN PEREBOOM	1.00	77							•	
BOARD OF DIRECTORS (21) MATT POWER	1 00	Х						0.	0.	0.
BOARD OF DIRECTORS	1.00	х						_	0	
(22) CYNTHIA RAPOSO	1.00			\dashv				0.	0.	0.
BOARD OF DIRECTORS	1.00	X		ĺ				0.	. 0	0
(23) THOMAS RIFORD	1.00	Λ						U.	0.	0.
BOARD OF DIRECTORS		Х	i					0.	0.	0.
(24) NANCY ROGERS	1.00							· ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
BOARD OF DIRECTORS		Х			ļ			0.	0.	0.
(25) HEATHER SARKISSIAN	1.00		ļ							
BOARD OF DIRECTORS		X						0.	0.	0.
1 b Sub-total				* ×		!	^	242,248.	0.	0.
c Total from continuation sheets to Part VII, Section						• • !	_	0.	0.	0.
d Total (add lines 1b and 1c)							_	242,248.	0.	0.
2 Total number of individuals (including but not limited to from the organization 1	those li	sted	abo	ve) ۱	who	recei	ived	more than \$100,0	00 of reportable con	npensation
T										Yes No
3 Did the organization list any former officer, director, or on line 1a? If 'Yes,' complete Schedule J for such indiv										. 3 X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater than such individual										4 X
5 Did any person listed on line 1a receive or accrue com	pensatio	n fro	m a	ny u	nrel	ated	orga	anization or individu	ıal	
for services rendered to the organization? If 'Yes,' com Section B. Independent Contractors	piete Sc	neac	IIO J	IOI :	sucr	i pers	son			. 5 X
Complete this table for your five highest compensated compensation from the organization. Report compensation.	indepen	dent the c	con	tract	tors vea	that r	ece ina	ived more than \$10 with or within the o	00,000 of	ar.
(A) Name and business address					,		Ĭ	(B) Description of		(C) Compensation
Name and business address								2000 Iption of	301 11000	Compensation
							_			
									\$ 10,0mg/pu com	
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ▶	not limi	ted to	thc	se l	istec	ı abo	ve)	who received more	than	

THE COUNTY INC.	52	ITAC 133	,
Part VIII Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII			
The state of the s	(B)	(C)	(D)

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
57.5	2 1	a Federated campaigns .		1 a					
RAN		b Membership dues		1 b					
8 8	Ž	c Fundraising events		1 c					
등	ξ	d Related organizations .		1 d			CEGIOLETT		
SZ Z		 Government grants (contribut 	ions)	1 e	969,263.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		f All other contributions, gifts, g similar amounts not included	1	1 f	206,298,				
Ě		g Noncash contributions include		٠.					
2 4		h Total. Add lines 1a-1f .		• • •		1,175,561.			
景	١,			ŀ	Business Code				
Ä	2	a b							1
핑		»		}				-	
盈	1	~				 			
꺐	Ι.	"			···	****			:
3KA		f All other program service							<u> </u>
Š		g Total. Add lines 2a-2f							
	3	Investment income (inclu							
		other similar amounts) .			<i></i>	102,	102.	0.	0.
	4	Income from investment		•					
	5	Royalties							
	_		(i) Rea	al	(ii) Personal				
	ļ	a Gross rents						Marie Branch Co.	
		Less: rental expenses						6.00.0000000000000000000000000000000000	
		Rental income or (loss)	<u>a)</u>						
		۱ -	(i) Securi		(ii) Other				
	7 a	Gross amount from sales of assets other than inventory.	(,,		(1) 02.01				
		·							
	Ľ	Less: cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	ا Net gain or (loss) ُ							
OTHER REVENUE	8 a	Gross income from fundra (not including\$	aising ever	nts					
2		of contributions reported	on line 1c)			高级基本企业。			
8		See Part IV, line 18		. а					
買		Less: direct expenses .						vertical per Existence and con-	
	C	Net income or (loss) from	fundraisin	g ever	ıts ►				
		Gross income from gamir See Part IV, line 19		. a					
		Less: direct expenses .							
	C	Net income or (loss) from	gaming ad	ctivities	§., .				
		Gross sales of inventory, and allowances		. a					
		Less: cost of goods sold							
}	C	Net income or (loss) from		ventor					
}	11 a	Miscellaneous Revenue	*		Business Code				
	па b								
- 1	о В								
	d	All other revenue				656 577	656 E77	^	^
		Total. Add lines 11a-11d			,,,,,,,,,,,,,,, <u>,</u>	656,577. 656,577.	656,577.	0.	0.
ĺ		Total revenue. See instru			L	1,832,240.	656,679.	0	^

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), (A) Total expenses (B) (C) (D) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 84,006 84,006 Grants and other assistance to individuals in the United States, See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16... Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees 242,248 70,709 82,774 88,765. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 290,932 273,859 17,073 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 12,839 19,810. 3,612 3,359. 29,568 19,170. 5,377 5,021. Payroll taxes 44,517 28,857 8,101 7,559. Fees for services (non-employees): 80 6. 67. 7 4,490 3,746 389 355. e Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 13 14 Information technology 15 Royalties 32,442 27,066. 2,808 2,568. 17 2,875 840 87 1,948. Payments of travel or entertainment expenses for any federal, state, or local 19 Conferences, conventions, and meetings . . . 20 Interest............ 696 0 696. 0. 21 Payments to affiliates..... Depreciation, depletion, and amortization . . . 30,390 25,354 2,630 2,406. 23 5,051 4,214 437 400. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a COUNCIL PROJECTS 189,672 189,672 0. 0 b STAFF DEVELOPMENT 12,568 088 995. 10,485 7,788 C AUDIT FEES 6,498 674 616. d COST_SHARING__ 656,577 656,577 0 0... 68,959 28,082 123,741 26,700. 25 Total functional expenses. Add lines 1 through 24e. . 777,451 482,918 153,835 140,698. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here ►

if following SOP 98-2 (ASC 958-720).

_		Check if Schedule O contains a response or note to any line in this Part X			, L
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments		2	474,950
	3	Pledges and grants receivable, net	202/032	3	257,049
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges		9	17,444.
٠	-		15,314.		17,444.
	10 8	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ŀ	Less: accumulated depreciation		10 c	150,110.
	11	Investments — publicly traded securities		11	130,110.
	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		15	2,500.
i	16	Total assets. Add lines 1 through 15 (must equal line 34)	2/000.	16	902,053.
	17	Accounts payable and accrued expenses.	48,453.	17	76,384.
	18	Grants payable		18	70,304.
	19	Deferred revenue		19	1,100.
L	20 -	Tax-exempt bond liabilities		20	,
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A B I L I T	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	8,364.
<u> </u>	26	Total liabilities. Add lines 17 through 25	76,809.	26	85,848.
NET A		Organizations that follow SFAS 117 (ASC 958), check here ➤ X and complete lines 27 through 29, and lines 33 and 34.			
ŝ	27	Unrestricted net assets	473,205.	27	557,975.
そのの出下の	28	Temporarily restricted net assets	288,211.	28	258,230.
	29	Permanently restricted net assets		29	
P.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
# DZD	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund $\dots \dots \dots \dots$		31	
L L	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	761,416.	33	816,205.
E S	34	Total liabilities and net assets/fund balances		34	902,053.
BAA	\				Form 990 (2013)

Form **990** (2013)

Form	n 990 (2013) MARYLAND HUMANITIES COUNCIL, INC. 52	-11027	99	Pε	age 1:
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. Г
1	Total revenue (must equal Part VIII, column (A), line 12)			832,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		777 , 4	
3	Revenue less expenses. Subtract line 2 from line 1		- -	54,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	761,4	
5	Net unrealized gains (losses) on investments	5		/ O I , 4	110.
6	Donated services and use of facilities	6			
7	Investment expenses	7	***************************************		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	316,2	205.
Par	t XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				. X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			120,020	
			-	8.6	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:	-			
	Separate basis Consolidated basis Both consolidated and separate basis			Greenween and	000000000000000000000000000000000000000
h	Were the organization's financial statements audited by an independent accountant?		. 2 b	$\mid x \mid$	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		. 20	21	
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1000		
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aucreview, or compilation of its financial statements and selection of an independent accountant?	lit,			160 460 K
			. 2c	X	nament or address to Amer
i	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a .	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	X	acanomical (4)
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			

Form 990 (2013)

BAA

TEEA0112 07/08/13

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

MARYLAND HUMANITIES COUNCIL, INC.

Employler Identification number

52-1102799

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and **Highest Compensated Employees** (C) (D) (E) (F) Position (check all that apply) Name and Title Reportable compensation from the organization (W-2/1099-MISC) Estimated amount of other compensation from the organization and related Reportable compensation from related organizations (W-2/1099-MISC) Average hours per week (list any hours for related Individual trustee or director Highest compensated employee nstitutional trustee ey employee organizations organiza-tions below dotted line) 26 STEPHEN SFEKAS 1.00 BOARD OF DIRECTORS Χ 0 0. 0. 27 KEITH STONE 1.00 BOARD OF DIRECTORS Χ 0 0. 0. 28 LINDSAY THOMPSON 1.00 BOARD OF DIRECTORS Χ 0 0. 0. 29 YOLANDA VAZQUEZ 1.00 BOARD OF DIRECTORS Χ 0. 0. 0. 30 DAVID WISE 1.00 BOARD OF DIRECTORS Х 0. 0. 0.

Form 990 Cont 2013

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

(E)							}					
(D)		:		-								
(C)												
<u>(B)</u>												
* 7							ļ <u>.</u>					
(A)												
				Yes	No	Yes	No	Yes	No			
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) l organiz column (i your go docui	ation in) iisted in	(v) Did yo the organ column (i supp	ization în) of your	(vi) l: organiz: colum organize: U,8	ation in in (i) d in the	(vii) Amouni sup	of mone	etary
h			supported organization(s				· · · ·	<i>.</i> .		11 g (iii)	<u> </u>	
	• • •	•	ed in (i) above? escribed in (i) or (ii) above							. 11g (ii)		
			ported organization? ed in (i) above?							. 11 g (i)		
	(i) A person who	directly or indirectly co	ntrols, either alone or tog	ether wit	h persor	ıs descri	bed in (i	i) and (iii)	44 ~ III	Yes	No
g	check this box	* * * * * * * * * * *	n accepted any gift or co									. L
f	section 509(a)(2). If the organization re-	ceived a written deterr	nination from the IRS that	t is a Typ	ре I, Тур	e li or Ty	ype III su	apporting	organiz	ation,		Г
е	By checking this box other than foundation	, I certify that the orgai n managers and other	nization is not controlled on the controlled of the control or more publicly	directly o	r indired ed orga	tly by on nizations	e or mo describ	re disqua ed in se	alified pe ction 509	rsons (a)(1) or		
	describes the type of a Type I	supporting organization Type II	on and complete lines 11 c Type III — Function	e throug ally inte	h 11h. grated		d 🎵	Type III ·	– Non-fu	ınctionally ir		ted
11	more publicly suppor	ted organizations desc	clusively for the benefit o) or sect	ion 509(function a)(2). Se	s of, or o	carry out on 509(a	the purp)(3). Che	oses of one	or that	
10			implete Paπ π.) clusively to test for public	c safety.	See sec	tion 50!	9(a)(4).					
9	from activities related investment income a	d to its exempt function	more than 33-1/3% of its ns — subject to certain ex taxable income (less sec	ceptions	. and (2)	no mor	e than 3	3-1/3% c	of its sum	nort from ar	oss	
8			0(b)(1)(A)(vi). (Complete	Part II.)								
7	X An organization that		bstantial part of its suppo					om the g	eneral pı	ublic descrit	ed	
6			vernmental unit described	l in secti	ion 170(b)(1)(A)	(v).					
5	An organization ope	rated for the benefit of	a college or university ov	vned or o	perated	by a go	vernme	ntal unit	describe	d in section		
•	name, city, and state		iii aaligamaaan miin a maaj	prior doo		0001101		(*/(**/(**/	, Lintoi t	no noopitan	•	
4	—	•	in conjunction with a hosp		•			(1)(A)(iii). Enter t	he hospital's		
3		, ,, ,,	organization described i	•	n 170/h	\/4\ / Δ\/(i	ii\					
1 2			lation of churches describ (ii). (Attach Schedule E.		ection 1	/U(D)(1)	(A)(I).					
	organization is not a priva		•	-								
	t I Reason for Pu							See ins	tructio	ns.		
	YLAND HUMANITIE								10279			
Name	of the organization	Ü						Employ	er identific	ation number		60, m 202, m 362m

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

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

Sec	ction A. Public Support		···	*****	·	· · · · · · · · · · · · · · · · · · ·		
	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,782,561.	1,739,532.	2,211,056.	2,015,251.	1,832,240.	9,580,640.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,782,561.	1,739,532.	2,211,056.	2,015,251.	1,832,240.	9,580,640.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4 · · · · · · · · · · ·						9,580,640.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	1,782,561.	1,739,532.	2,211,056.	2,015,251.	1,832,240.	9,580,640.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	499.	264.	170.	106.	102.	1,141.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on			270,		102.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10						9,581,781.	
12	Gross receipts from related activities	es, etc (see instruc	tions)	<i></i>	• • • • • • • • •	12		
13	First five years. If the Form 990 is organization, check this box and st	for the organization	on's first, second, tl	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🗍	
Sect	ion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 2013						99.99%	
15	Public support percentage from 20	12 Schedule A, Pa	rt II, line 14			15	99.98%	
16 a	16a 33-1/3% support test — 2013. 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	b 33-1/3% support test — 2012. 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							
	7a 10%-facts-and-circumstances test — 2013. 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 — 2012. 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							

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction A. Public Support						
	endar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.').	İ					
2			-				
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3							
	that are not an unrelated trade or business under section 513.]				
4							•
·	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			1	ļ		
	organization without charge						
6							
1	a Amounts included on lines 1, 2, and 3 received from]		
	disqualified persons						
	b Amounts included on lines 2 and 3 received from other than					ŀ	
	disqualified persons that]		J	
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
•	c Add lines 7a and 7b						
8	Public support (Subtract line				100000000		
500	7c from line 6.)			1			
	ndar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(4) 2000	(5) 2010	(0) 2011	(u) 2012	(6) 2010	(i) Total
	a Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from					1	
,	similar sources						
•	income (less section 511	ĺ			ĺ	ŀ	
	taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in				ļ		
40	Part IV.)		:				
	Total Support. (Add ins 9,10c, 11 and 12.)	for the organization	on's first sacrad t	hird fourth as SEL	toy 11005 00 =11	on 501(a)(2)	
. 14	First five years. If the Form 990 is organization, check this box and s	top here		riira, loures, or liies	tax year as a secur		▶
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 201:						ું
16	Public support percentage from 20					16	용
	tion D. Computation of Inv				.		
17	Investment income percentage for						9
18	Investment income percentage from					1	8
198	33-1/3% support tests $-$ 2013. If is not more than 33-1/3%, check the	ure organization did his box and stop he	o not cneck the bo ere. The organizat	ox on line 14, and li ion qualifies as a p	ne 15 is more than ublicly supported o	ರ್ಷ-1/3%, and line ' rganization	" ▶ □
b	33-1/3% support tests -2012 , if	the organization di	d not check a box	on line 14 or line 1	9a. and line 16 is n	ore than 33-1/3%.	and
	line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifies	s as a publicly supp	orted organization	
20	Private foundation. If the organiza	ation did not check	a box on line 14,	19a, or 19b, check	this box and see in	structions	

1	Schedule A (Form 99	10 or 990-EZ) 2013	MARYLAND	HUMANITIES	COUNCIL,	INC.	52-1102799	Page 4
	Part IV Supple or 17b; (See in	emental Informa and Part III, line estructions).	ation. Provide e 12. Also comp	the explanation olete this part f	ons required for any additi	by Part II, line 10; onal information.	Part II, line 17a	
_	- 				·			
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Schedule B

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

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

MARYLAND HUMANITIES COUNCIL,	INC.	52-1102799			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a priv	ate 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 Gen	aral Rula or a Spacial Rula				
	,				
Note. Only a section 501(c)(7), (8), or (10) organi	ization can check boxes for both the General Rule and a Special	Rule. See instructions.			
General Rule					
For an organization filing Form 990, 990-EZ, contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or more (in mon	ey or property) from any one			
contributori (compete i alterana in)					
Special Rules					
-	m 990 or 990-EZ that met the 33-1/3% support test of the regulat	ions under sections			
509(a)(1) and 170(b)(1)(A)(vi) and received fr	om any one contributor, during the year, a contribution of the gre II, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ater of (1) \$5,000 or			
total contributions of more than \$1,000 for use the prevention of cruelty to children or animal	on filing Form 990 or 990-EZ that received from any one contribu e <i>exclusively</i> for religious, charitable, scientific, literary, or educati s. Complete Parts I, II, and III.	tor, during the year, lonal purposes, or			
For a section 501(c)(7), (8), or (10) organizati	on filing Form 990 or 990-EZ that received from any one contribu	tor, during the year,			
contributions for use exclusively for religious,	charitable, etc, purposes, but these contributions did not total to tributions that were received during the year for an <i>exclusively</i> re	nore than \$1,000.			
purpose. Do not complete any of the parts un	less the General Rule applies to this organization because it rec	eived nonexclusively			
religious, charitable, etc, contributions of \$5,0	00 or more during the year	▶\$			
	ne General Rule and/or the Special Rules does not file Schedule				
990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
BAA For Paperwork Reduction Act Notice, se		Form 990, 990-EZ, or 990-PF) (2013)			
or 990-PF.	e die maddenona for Form 330, 330EZ, Schedule B (-oin 990, 990-EZ, or 990-PF) (2013)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page	1	of	1	of Part 1
Name of organization	Employ	er identifi	cation nu	mber	
MARYLAND HUMANITIES COUNCIL, INC.	52-1	10279	9		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL ENDOWMENT FOR THE HUMANTITIES 1100 PENNSYLVANIA AVENUE NW WASHINGTON DC 20506	\$781 <u>,660</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARYLAND STATE DEPARTMENT OF EDUCATION 200 WEST BALTIMORE STREET, FL 5 BALTIMORE MD 21201	\$9 <u>1,</u> 777.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
;	MARYLAND STATE DEPARTMENT OF PLANNING 301 WEST PRESTON STREET, SUITE 1 BALTIMORE MD 21201	\$80,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · ·	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) lumber	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

If the organization answered 'Yes,' 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.	•	, (,		
Name	e of organization	******		Employer identifi	cation number		
MA	MARYLAND HUMANITIES COUNCIL, INC. 52-1102799						
Pa	rt I-A Complete if the c	rganization is exempt under secti	on 501(c) or is a	section 527 organ	ization.		
1		rganization's direct and indirect political camp	_				
2	· ·				T		
3	Volunteer hours						
Pa		rganization is exempt under secti					
1	Enter the amount of any excis	se tax incurred by the organization under sect	ion 4955	· · · · · · · · · · · · · · · · · · ·	÷		
2	Enter the amount of any excis	se tax incurred by organization managers und	er section 4955		\$		
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for this	year?		· · · · Yes No		
4 :	a Was a correction made?				Yes No		
ı	b If 'Yes,' describe in Part IV.						
Pai	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)			
1	Enter the amount directly exp	ended by the filing organization for section 52	7 exempt function act	vities ▶ \$	3		
2	Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section 5	27 exempt	3		
3	Total exempt function expend line 17b	itures. Add lines 1 and 2. Enter here and on F	Form 1120-POL,		<u> </u>		
4	Did the filing organization file	Form 1120-POL for this year?			Yes No		
5	organization made payments. amount of political contribution	and employer identification number (EIN) of at For each organization listed, enter the amou ns received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing of	organization's funds, Also political organization, suc	enter the		
	(a) Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)					,		

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if section 501	the organization	on is exempt under se	ction 501(c)(3) and	filed Form 5768 (election under
	· · · · · · · · · · · · · · · · · · ·	ngs to an affiliated group (and	d list in Part IV each affilia	ated group member's na	me,
	•	I share of excess lobbying ex			
B Check ▶ ☐ if the filin	ng organization chec	ked box A and 'limited contro	l' provisions apply.		
(The term		ring Expenditures ans amounts pald or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	· · · · · · · · · · · · · · · · · · ·	• .	0.		
		gislative body (direct lobbying	• •	0.	
, .	•	d 1b)		<u> </u>	
• • •	•	s 1c and 1d)		0.	
	•	·	ì	0.	
both columns	ount. Enter the amo	unt from the following table in	1 	0.	
If the amount on line 1e, col		The lobbying nontaxable	·······	¥.	
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$7	1,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	mount (antar 25% at	\$1,000,000. f line 1f)		_	
•	,	enter -0	-	0.	
•	•	nter -0	ļ	0.	
	•	r line 1h or line 1i, did the org	r		
					· · · Yes No
(Som	e organizations tha	4-Year Averaging Period U It made a section 501(h) ele ns below. See the instruction	ection do not have to co		
		ying Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e)) · · · ·					
c Total lobbying expenditures		***			
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
3AA				Schedule C (Form	990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013MARYLAND	HUMANITIES	COUNCIL,	INC.	52-1102799
Part II-B Complete if the organiza (election under section 5		t under sec	tion 501(c)(3) and has NOT filed Form 5768

	(a)			(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	An	nount	
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?	ininggggair	4000000000000			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					258855
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
! Other activities?	Х			11,6	40
j Total. Add lines 1c through 1i	21			11,6	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
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?			5 5 5 5		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5)	or			
section 501(c)(6).	0)(0);	, 0,			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			I		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Panswered 'Yes.'	art II	I-A, I	ine 3, is	01(C)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year	[2 b			
c Total		2 c	·		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information	·····	·············			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Par Part II-B, line 1. Also, complete this part for any additional information.	t II-A,	line 2;	; and		_
Pt_II-B_Line_li_MET_WITH_STATE_AND_FEDERAL_OFFICIALS_AND_LEGISLATORS					-
TO MAKE THEM AWARE OF PROGRAM ACTIVITIES AND NEED FOR	<u>R</u>				
GREATER_FUNDING					-
					-

Schedule & (Full 490 of 490-EZ) 2013MARY LAND HUMANITIES COUNCIL, INC.	52-1102799	Page 4
Part IV Supplemental Information (continued)		
	·	
· ·· · · · · · · · · · · · · · · · · ·		
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer Identification number

MA	RYLAND HUMANITIES COUNCIL, INC.	52-1102799
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fu	
	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 are the organization's property, subject to the organization's exclusive legal control?	dvised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo impermissible private benefit?	se conferring
Pai	t 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).	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the follast day of the tax year.	
		Held at the End of the Tax Year
	Total number of conservation easements	
	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ►	the organization during the
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	
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements duri ▶ \$	ng the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 and section 170(h)(4)(B)(ii)? \dots	70(h)(4)(B)(i) · · · · · · · · No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that describe conservation easements.	nse statement, and balance sheet, and s the organization's accounting for
Pari	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Other Similar Assets.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or research in full in Part XIII, the text of the footnote to its financial statements that describes these items.	tement and balance sheet works of urtherance of public service, provide,
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	erance of public service, provide the
	(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 finan amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	cial gain, provide the following
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

Part III Organizations Mainta	aining Coll	ections of Art,	Historica	al Treasures, o	or Other Simila	r Assets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	on, accession,	and other records,	check any c	of the following tha	t are a significant us	e of its collec	ction	
a Public exhibition		d 🗌	Loan or exc	hange programs				
b Scholarly research		е 🗌	Other					
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIII.			-	_		e in		
5 During the year, did the organizati to be sold to raise funds rather that	an to be maint	ained as part of the	organization	n's collection?				No
Part IV Escrow and Custodia line 9, or reported an a	al Arrange amount on i	ments. Comple Form 990, Part I	te if the or X, line 21.	ganization ans	swered 'Yes' to f	Form 990,	Part I\	/,
1 a Is the organization an agent, trustoon Form 990, Part X?						Ye:	S	No
b If 'Yes,' explain the arrangement in	n Part XIII and	I complete the follow	ving table:					
						Amour	nt	
c Beginning balance								
d Additions during the year								
e Distributions during the year					1 e			
f Ending balance					<u></u>			
2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No								
b If 'Yes,' explain the arrangement in	n Part XIII. Ch	eck here if the expla	antion has b	een provided in Pa	art XIII		[
t								
Part V Endowment Funds. C	complete if	the organization	n answere	d 'Yes' to Forr	n 990, Part IV, li	ne 10.		
	(a) Current	year (b) Pr	lor year	(c) Two years bac	k (d) Three years	back (e)	Four year	's back
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
a Board designated or quasi-endowr	ment 🟲	9						
b Permanent endowment ►		5						
c Temporarily restricted endowment	>	9						
The percentages in lines 2a, 2b, ar	nd 2c should e	equal 100%.						
3 a Are there endowment funds not in the possession of the organization that are held and administered for the								
organization by:	me hossessic	in of the organizatio	ii ulat ale it	sia ana aaniinkstei	ea for rife		Yes	No
(i) unrelated organizations				<i></i>		3a(i)		1
(ii) related organizations								
b If 'Yes' to 3a(ii), are the related org								
4 Describe in Part XIII the intended u		•						
Part VI Land, Buildings, and								
Complete if the organiz			rm 990, F	Part IV, line 11	a. See Form 990), Part X, li	ne 10.	
Description of property		(a) Cost or other ba (investment)	asis (b)	Cost or other pasis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1a Land								
b Buildings								
c Leasehold improvements		372,0	91.		235,65	7.	136	,434.
d Equipment					105,22			,676.
e Other		1 1 1 1 1 1			100,22		, د بد	. 0 / 0 .
Total. Add lines 1a through 1e. (Column		·	column (R)	. line 10(c).)		•	150	,110.
BAA	1-/			, 0 (0), / · · ·		chedule D (F		

Part VII Investments — Other Securities. Complete if the organization answered "	<u>Yes' to</u> Form 990, l	Part IV, line 11b. See Form 990, Pa	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	·
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			.,, ,, .
(G)			
(H) .			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			and at open spektimen essenti
Part VIII Investments — Program Related. Complete if the organization answered "	Yes' to Form 990. I	Part IV. line 11c. See Form 990. Pa	rt X. line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1)			
(2)			
(3)			· · ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .►			
Part IX Other Assets. Complete if the organization answered "	Yes' to Form 990 F	Part IV line 11d See Form 990 Pa	rt X. line 15
	scription	art 14, mio 11a, coo 1 orm coo, 1 a	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), li	ne 15.)		
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo		•	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) LOANS PAYABLE	8,36	54.	
(3)			
(4)			
(5) (6)			
(7)			
(8)		vanend es languaga son and parada b	
(9)	,,		
(10)			
(11)			
Fotal. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 8,36	54.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn			u for uncortain

Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per F	Return.
Complete if the organization answered 'Yes' to Form 990, Part	IV, line 12a.	
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	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		-
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	—	-
c Add lines 4a and 4b		_ 4 a
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statemen		r Keturn.
Complete if the organization answered 'Yes' to Form 990, Part	IV, line 12a.	
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	2 a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		. 2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete t	/, lines 1b and 2b; Part V, his part to provide any additic	onal information.
·		
BAA		Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 MARYLAND HUMANITIES COUNCIL, INC.	52-1102799	Page 5
Part XIII Supplemental Information (continued)		
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SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered Yes' to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number 52-1102799 ° |

× Yes

MARYLAND HUMANITIES COUNCIL, INC.

Part | General Information on Grants and Assistance

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. Part II can be duplicated if additional space is needed.

(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) Mothod of valuation (book, FMV, appraisal, other)	(g) Doscription of non-cash assistance	(h) Purposo of grant or assistance
(1) BALTIMORE MUSEUM OF INDUS1415_KEY_HIGHWAY BALTIMORE MD 21230	52-1205675	501 (C) (3)	10,000.	C	OTHER	C	ORG SHIFTHENEVILLE
NETWOR	74-2662919	501(C)(3)	10,000	C	Н H H E C		
(3) COMMUNITY MEDIATION MARYL310_TULLE AVENUE TAKOMA PARK MD 20912	52-226553	501(C)(3)	. 97426.	Ó	OTHER		
(4) ACCOKEEK FOUNDATION 3400_BRYAN POINT ROAD ACCOKEEK MD 20607	52-6037288	501 (C) (3)	.000,6	0	OTHER	0	
DATION_ EET_SE_ 03	52-1431622	501 (C) (3)	.000,8	0	OTHER	0	
HOPK	52-0595110	501(C)(3)	. 95, 500.	0	OTHER	0	
[8]			AAAAAAAA	7.111	W. C.		
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government org	anizations listed in the	line 1 table			A A	0 0
DAA Ex. D		7 - 7					

Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013)

MARYLAND HUMANITIES COUNCIL, INC.

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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	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
7-						The state of the s
2					Total Control of the	
೯		77800	100.00	***************************************	Land of the state	
4		7			The state of the s	
5			7774			Annual Control of the
9		T Total Park			700	(i) (ii)
7				***************************************		9000
Part IV Supplement	Supplemental Information. Provide the information		equired in Part I, lir	ie 2, Part III, colum	required in Part I, line 2, Part III, column (b), and any other additional information.	litional information.
Pt_I_Line_2	THE COUNCIL MAINTAINS	WRITI	EN PROCEDURES A	ND STANDARDS E	PROCEDURES AND STANDARDS FOR AWARDING GRANTS AND FOR	S AND FOR
Pt_I_Line_2	ADMINISTERING_THOSE_GRANTS	E.	HAT_ARE_AWARDE	D. THOSE STAND	THAT ARE AWARDED. THOSE STANDARDS REQUIRE WRITTEN FINAL	TEN FINAL
Pt_I_Line_2	PROGRAM_NARRATIVE	REPORTS	AND A FINAL FINA	NCIAL REPORT I	FINANCIAL REPORT THAT THE GRANTEE COMPLETES	OMPLETES
Pt_I_Line_2	AND_THE_AUTHORIZED_	VIZED OFFICIAL SIGNS	AND	SIS TO IIS CON	ATTESTS TO ITS COMPLETENESS AND ACCURACY.	URACY.
Pt_I_Line_2	THE_REPORT_REQ	UIRES THE GRAN	TEE TO SHOW HC	W GRANT FUNDS	THE REPORT REQUIRES THE GRANTEE TO SHOW HOW GRANT FUNDS WERE EXPENDED AND ALSO	<u>ALSO</u>
Pt_I_Line_2	- REQUIRES EVIDENCE	NCE OF MATCHING		IS_TO_THE_PROJE	CONTRIBUTIONS TO THE PROJECT FROM THE GRANTEE	 - -
Pt_L Line_2	AND OTHER SOUR	SOURCES. THE GRANTEE	SH IS	TO MAINTAIN D	REQUIRED TO MAINTAIN DOCUMENTATION FOR	
Pt_I_Line_2	ALL_DECLARED_EXPENSESGRANTEE_	XPENSES. GRANT	EE REPORTING I	S_MONITORED_CI	REPORTING IS MONITORED CLOSELY BY THE COUNCIL	
Pt_I_Line_2	STAFE SPECIFIC	ALLY ASSIGNED	TO THAT TASK.	FINAL PAYMENTS	SPECIFICALLY ASSIGNED TO THAT TASK. FINAL PAYMENTS OF GRANT MONIES AWARDED	AWARDED FOR
Pt_I_Line_2	MAJOR_GRANTS_(OVER_\$1,200)		ARE NOT MADE UN	TIL ALL REPORT	ARE NOT MADE UNTIL ALL REPORTS HAVE BEEN SUBMITTED	
Pt I Line 2	AND APPROVED.			Angular Angular Angular Angular Angular Angular Angular Angular Angular Angular Angular Angular Angular Angular	T PARAMETERS (TABLE)	The second secon
BAA						Schedule 1 (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		Employer Identification number
MARYLAND HUMANI	TIES COUNCIL, INC.	52-1102799
Pt VI, Line 7a	THE COUNCIL'S BOARD PROVIDES THAT UP TO 6 MEMBE	RS OR
	25% OF THE TOTAL BOARD MAY BE GUBERNATORIAL APP	OINTEES.
	GUBERNATORIAL APPOINTMENTS ARE MADE AT THE DISC	RETION
	OF THE GOVERNOR OF MARYLAND, UPON RECOMMENDATIO	N OF THE
	COUNCIL. ELECTION OF MEMBERS IS BY MAJORITY VOT	E OF THE
	COUNCIL AT ITS ANNUAL MEETING. IN THIS INSTANCE	, THE GOVERNOR
	IS CONSIDERED TO BE 'OTHER PERSONS" AS DESCRIBE	D IN THIS QUESTION.
Pt_VI, Line_8a_	THE ORGANIZATION MAINTAINS MINUTES OF THE MEETI	NGS
Pt VI, Line 8b	_THE_ORGANIZATION_MAINTAINS_MINUTES_OF_THE_MEETIN	NGS
Pt VI, Line 11b	THE FORM 990 IS FIRST PREPARED BY THE AUDITOR, REVIEW	ED BY THE COUNCIL'S FISCAL
	OFFICER, AND THEN REVIEWED BY THE EXECUTIVE DIRE	ECTOR. ONCE COMPLETED,
	THE AUDIT AND FORM 990 ARE REVIEWED BY THE EXECUTIVE	E COMMITTEE OF THE BOARD,
	AND THEN REVIEWED AND APPROVED BY THE FULL BOARI	BEFORE FILING.
Pt_VI, Line 12c	ALL BOARD AND STAFF MEMBERS ARE REQUIRED TO COMPLETE A COL	NFLICT OF INTEREST DISCLOSURE
	STATEMENT AT LEAST ANNUALLY OR WHEN A MATERIAL CHANG	GE OCCURS. MEMBERS OF THE
	BOARD AND ITS COMMITTEES ARE REQUIRED TO DISCLOSE CONFLIC	TS PRIOR TO DECISION-MAKING
	BY THE ENTITY. IF THE BOARD OR COMMITTEE DISCOVERS A FAILU	RE TO DISCLOSE AND TO EXCUSE
	ONESELF, THE BOARD OR COMMITTEE SHALL INVESTIGATE AND	D TAKE APPROPRIATE ACTION.
	FORM 990 IS ON OWN WEBSITE, ANOTHER'S WEBSITE, A	ND UPON REQUEST.
Pt_VI,_Line_15a_	THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE O	F THE EXECUTIVE DIRECTOR
Pt_VI,_Line_15b_	AND DETERMINES SALARY BASED ON JOB PERFORMANCE, TAKING	INTO ACCOUNT COMPENSATION
	LEVELS OF OTHER EXECUTIVE DIRECTORS OF NEH-FUNDED HUMA	NITIES 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
·		
	PERSONNEL BASED ON THE APPROVED BUDGET FOR THE YEAR AN	

MARYLAND HUMANITIES COUNCIL, INC.		Employer identification number 52–1102799
Pt VI, Line 19 THE AUDITED FINANCIAL S	TATEMENTS, IN THE FORM OF TH	E 990, ARE POSTED ON THE
	UIDESTAR AND AVAILABLE UPON	
	FORMATION, IS ALSO POSTED O	
	HE CONFLICT OF INTEREST PO	· · · · · · · · · · · · · · · · · · ·
	E AVAILABLE TO THE PUBLIC	
	AND EXECUTIVE COMMITTEE HAV	
	MENTS AND SELECTION OF THE	
Pt VI, Line 4 THE COUNCIL AMENDED TH		

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

2013

179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

► See separate instructions.

Attachment Sequence No. ldentifying number

MARYLAND HUMANITIES COUNCIL, INC. 52-1102799 Business or activity to which this form relates Form 990 / Form 990EZ 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 Total cost of section 179 property placed in service (see instructions)...... 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 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 2012 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶ 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.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 15 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 29,620 Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) (C) Basis for depreciation (b) Month and (e) (g) Depreciation Classification of property (business/investment use only - see instructions) year placed in service Recovery period 19 a 3-year property b 5-year property 3,849 5.0 vrs HY 200 DB 770 c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L 27.5 yrs property MM S/L 1 Nonresidential real 39 yrs MM S/L MM S/L Section C — Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L **c** 40-year........ 40 yrs MM S/L Part IV | Summary (See instructions.) 21 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 . . . 30,390 For assets shown above and placed in service during the current year, enter

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, 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.) 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? . . . No Yes (e) (i) Elected (g) (h) Type of property Cost or Business Basis for depreciation Date placed Recovery Method/ Depreciation (list vehicles first) investment in service other basis (business/investment period Convention deduction section 179 use percentage use only) cost 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) . . Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 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) (b) Vehicle 2 Total business/investment miles driven (c) Vehicle 3 (d) 30 (e) Vehicle 5 (f) Vehicle 6 Vehicle 1 Vehicle 4 during the year (do not include commuting miles). 31 Total commuting miles driven during the year Total other personal (noncommuting) 32 Total miles driven during the year. Add 33 lines 30 through 32 Yes Νo Yes No Yes No Yes Yes No No Yes No Was the vehicle available for personal use 34 Was the vehicle used primarily by a more 35 than 5% owner or related person? is another vehicle available for 36 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). Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 37 Yes No Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners... 39 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?... 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 (b) (a) (c) Amortizable (d) Code **(f)** Amortization (e) Description of costs Date amortization Amortization begins amount section period or for this year percentage Amortization of costs that begins during your 2013 tax year (see instructions): 43 Total. Add amounts in column (f). See the instructions for where to report . 44 44

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

Briefly describe the organization's mission:

THEIR COMMUNITIES. TO DO THIS IT DEVELOPS AND MANAGES SUCH HUMANITIES BASED PROGRAMS AS MARYLAND HISTORY DAY, ONE MARYLAND ONE BOOK, CHAUTAUQUA, AND MUSEUM ON MAIN STREET, AND IT ALSO PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS.

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

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

Code:	Description:	INTER-DISCIPLINARY - PROVIDED PUBLIC PROGRAMS THROUGHOUT MARYLAND
Expenses	237,476.	IN VARIOUS OTHER HUMANITIES DISCIPLINES, INCLUDING PRACTICING
Grants Of	0.	DEMOCRACY THAT INVOLVED 861 PARTICIPANTS IN CIVIC ENGAGEMENT
Revenue	6,672.	AND DIALOGUE, SPEAKERS BUREAU, AND COMMUNICATIONS.