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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**801 ELLSWORTH DRIVE**

City or town, state or country, and ZIP + 4

**SILVER SPRING, MD 20910****F** Name and address of principal officer **SUZAN E. JENKINS**  
**SAME AS C ABOVE****D** Employer identification number**52-1086825****E** Telephone number**301-565-3805****G** Gross receipts \$ **5,066,234.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CREATIVEMOCO.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1976** **M** State of legal domicile **MD****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
<b>1</b> Briefly describe the organization's mission or most significant activities <b>SEE PART III, LINE 1.</b>							
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets							
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>					
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>					
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>37</b>					
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>					
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>					
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>					
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>5,122,043.</b>	<b>Current Year</b>	<b>4,957,160.</b>			
<b>9</b> Program service revenue (Part VIII, line 2g)		<b>50,753.</b>		<b>14,155.</b>			
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>788.</b>		<b>79.</b>			
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 9c, 10c, and 11e)		<b>-28,578.</b>		<b>4,034.</b>			
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>5,145,006.</b>		<b>4,975,428.</b>			
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>4,202,659.</b>		<b>4,049,357.</b>			
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>		<b>0.</b>			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>423,929.</b>		<b>286,933.</b>			
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>		<b>0.</b>			
<b>b</b> Total fundraising expenses (Part IX, column (A), line 25) ▶ <b>41,777.</b>							
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>516,699.</b>		<b>529,635.</b>			
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>5,143,287.</b>		<b>4,865,925.</b>			
<b>19</b> Revenue less expenses - Subtract line 18 from line 12		<b>1,719.</b>		<b>109,503.</b>			
<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>544,303.</b>	<b>End of Year</b>	<b>656,925.</b>			
<b>21</b> Total liabilities (Part X, line 26)		<b>104,179.</b>		<b>107,298.</b>			
<b>22</b> Net assets or fund balances - Subtract line 21 from line 20		<b>440,124.</b>		<b>549,627.</b>			

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer **SUZAN E. JENKINS, CEO** Date **3/2/12**  
 ▶ Type or print name and title

**Paid** Print/Type preparer's name **DAVID F. GRALING CPA** Preparer's signature **David F. Graling CPA** Date **3-1-12** Check if self-employed ☐ PTIN  
**Preparer Use Only** Firm's name ▶ **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN ▶  
 Firm's address ▶ **4550 MONTGOMERY AVE SUITE 650N** Phone no **(301) 951-9090**  
**BETHESDA, MD 20814-2930**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED APR 04 2012

6/6 22

ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission

THE ARTS AND HUMANITIES COUNCIL MISSION IS TO PROMOTE, SUPPORT, AND EXPAND A VIBRANT ARTS AND HUMANITIES PRESENCE AND ENSURE THAT IT IS WOVEN INTO THE FABRIC OF OUR DIVERSE AND INCLUSIVE COMMUNITY. (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code ) (Expenses \$ 4,176,121. including grants of \$ 4,046,064. ) (Revenue \$ )  
GRANTS PROGRAM: ADMINISTER AND PROVIDE GRANTS TO INDIVIDUAL ARTISTS, SCHOLARS, AND ARTS AND HUMANITIES ORGANIZATIONS TO SUPPORT IMPROVED MANAGEMENT, PERFORMANCES AND PROGRAMS IN MONTGOMERY COUNTY, MARYLAND.

4b (Code ) (Expenses \$ 179,620. including grants of \$ ) (Revenue \$ )  
ARTS EDUCATION: (1) CONTRACTED VETERAN ARTS EDUCATOR TO ACT AS ARTS INTEGRATION SPECIALIST AND MANAGE ARTS EDUCATION INITIATIVE. (2) ELO/SAIL: AHCMC CONTINUED ITS PARTNERSHIP WITH MONTGOMERY COUNTY PUBLIC SCHOOLS AND THE 21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM BY PROVIDING 40 TEACHING ARTISTS TO 7 HIGH POVERTY SCHOOLS SERVING NEARLY 1000 STUDENTS. (3) AHCMC PARTNERED WITH THE HOUSING OPPORTUNITIES COMMISSION ON SUMMER PROGRAM CALLED PHOTOKIDS FOR CHILDREN LIVING IN A PUBLIC HOUSING COMMUNITY. THIRTEEN CHILDREN AGES 7 TO 17 LEARNED PHOTOGRAPHY AND WERE INTRODUCED TO NATURE BY AN AHCMC TEACHING ARTIST. (4) AHCMC PROVIDED PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR TEACHING ARTISTS IN THE FORM OF 3 WORKSHOPS AND 3 INFORMAL COFFEE KLATCHES. THE ATTENDANCE WAS APPROXIMATELY 100.

4c (Code ) (Expenses \$ 148,257. including grants of \$ ) (Revenue \$ 14,155. )  
MARKETING & COMMUNICATIONS: AHCMC'S INTEGRATED, MULTIPLATFORM MARKETING SERVICE PROVIDES CONSTITUENTS WITH PROFESSIONAL DEVELOPMENT PROGRAMS; COOPERATIVE ADVERTISING OPPORTUNITIES (PRINT AND DIGITAL) AND VALUE ADDED OPTIONS TO THE DOANDGO.ORG MEMBERSHIP BY SHARING THE CALENDAR DATA FEED WITH OTHER ONLINE EVENTS CALENDARS AND BY AIRING FUN FINDER EVENTS ON THE MONTGOMERY CHANNEL CH21. DOANDGO.ORG HAS 65 PARTICIPATING ORGANIZATIONS. OVER 70 PEOPLE TOOK ADVANTAGE OF PROFESSIONAL DEVELOPMENT WORKSHOPS. AHCMC ENGAGES ARTS AND HUMANITIES CONSTITUENTS ON THE LOCAL AND NATIONAL LEVELS THROUGH MULTIPLATFORM ACTIVE DIGITAL COMMUNICATIONS STRATEGIES ON FACEBOOK, TWITTER, YOUTUBE, FOURSQUARE; MONTHLY E-MAIL COMMUNICATIONS, OUR BLOG AND OUR THREE WEBSITES: CREATIVEMOCO.COM; MONTGOMERYTRADITIONS.COM; AND DOANDGO.ORG.

4d Other program services (Describe in Schedule O)

(Expenses \$ 218,625. including grants of \$ 3,293. ) (Revenue \$ )

4e Total program service expenses 4,722,623.

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>N/A</b>	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

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

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

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	19	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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		
5a	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?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
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?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17	
b Enter the number of voting members included in line 1a, above, who are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **SUZAN E. JENKINS - 301-565-3805**  
**801 ELLSWORTH DRIVE, SILVER SPRING, MD 20910**

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII ☐

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACQUELINE MANGER CHAIR & GOVERNANCE CHAIR	2.00	X		X				0.	0.	0.
ERICA LEATHAM VICE CHAIR	1.00	X		X				0.	0.	0.
MARA WALKER TREASURER	1.00	X		X				0.	0.	0.
JOAN KREJCI GRIGGS SECRETARY & GRANTS CHAIR	1.00	X		X				0.	0.	0.
MARA MAYOR AUDIT CHAIR	1.00	X						0.	0.	0.
STEVEN SNAPP ADVOCARY CHAIR	1.00	X						0.	0.	0.
AMY HARIBISON DIRECTOR	0.50	X						0.	0.	0.
LYN CHIET DIRECTOR	0.50	X						0.	0.	0.
MELVIN HARDY DIRECTOR	0.50	X						0.	0.	0.
MARTIN MAYORGA DIRECTOR	0.50	X						0.	0.	0.
CHARLES JENSEN DIRECTOR	0.50	X						0.	0.	0.
MICHAEL BOBBITT DIRECTOR	0.50	X						0.	0.	0.
GARY ROSENTHAL DIRECTOR	0.50	X						0.	0.	0.
LESLIE WHIPKEY DIRECTOR	0.50	X						0.	0.	0.
RONALD WOLFSHEIMER DIRECTOR	0.50	X						0.	0.	0.
ERICARDO TRUJILLO DIRECTOR	0.50	X						0.	0.	0.
SANDRA ESKIN DIRECTOR	0.50	X						0.	0.	0.



**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUZAN E. JENKINS CEO	40.00			X				84,857.	0.	11,041.
<b>1b Sub-total</b>								84,857.	0.	11,041.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								84,857.	0.	11,041.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

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

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

Form **990** (2010)

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Form 990 (2010)

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	76,221.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4788592.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	92,347.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>			4957160.			
<b>Program Service Revenue</b>	2 a <b>WORKSHOPS</b>	Business Code	900099	14,155.	14,155.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>			14,155.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			268.			268.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses		189.				
	c Gain or (loss)		-189.				
	d Net gain or (loss)			-189.			-189.
	8 a Gross income from fundraising events (not including \$ <u>76,221.</u> of contributions reported on line 1c) See Part IV, line 18	a	90,514.				
	b Less direct expenses	b	90,617.				
	c Net income or (loss) from fundraising events			-103.			-103.
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
11 a <b>MISCELLANEOUS</b>		900099	4,137.			4,137.	
b							
c							
d All other revenue							
e <b>Total. Add lines 11a-11d</b>			4,137.				
<b>12 Total revenue. See instructions.</b>			4975428.	14,155.	0.	4,113.	

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

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**Part IX Statement of Functional Expenses**

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns*

*All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,920,480.	3,920,480.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	128,877.	128,877.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,709.	59,825.	19,942.	19,942.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	150,844.	137,685.	2,829.	10,330.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	15,934.	9,101.	2,622.	4,211.
10 Payroll taxes	20,446.	13,216.	4,990.	2,240.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,029.		20,029.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	100,818.	96,514.		4,304.
12 Advertising and promotion	15,272.	15,272.		
13 Office expenses	26,692.	10,377.	16,315.	
14 Information technology	10,349.	10,349.		
15 Royalties				
16 Occupancy				
17 Travel	448.	446.	2.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,210.	36,922.	538.	750.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,368.		2,368.	
23 Insurance	3,902.		3,902.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>CONTRACTORS-21ST CENT.</b>	150,936.	150,936.		
b <b>OTHER PROJECTS</b>	79,253.	79,253.		
c <b>EQUIPMENT</b>	17,419.	6,999.	10,420.	
d <b>MAINTENANCE &amp; REPAIRS</b>	13,907.	9,487.	4,420.	
e <b>PUBLIC ARTISTS FEES</b>	12,450.	12,450.		
f All other expenses	37,582.	24,434.	13,148.	
<b>25 Total functional expenses</b> Add lines 1 through 24f	4,865,925.	4,722,623.	101,525.	41,777.
<b>26 Joint costs</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Form 990 (2010)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	288,428.
	2 Savings and temporary cash investments	447,858.	2	218,013.
	3 Pledges and grants receivable, net	93,022.	3	145,177.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	190.	9	385.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	21,866.		
	10b Less accumulated depreciation	16,944.	10c	4,922.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	544,303.	16	656,925.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	104,179.	17	107,298.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	104,179.	26	107,298.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	263,251.	27	266,585.
	28 Temporarily restricted net assets	176,873.	28	283,042.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	440,124.	33	549,627.
34 <b>Total liabilities and net assets/fund balances</b>	544,303.	34	656,925.	

Form 990 (2010)

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Form 990 (2010)

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,975,428.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,865,925.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	109,503.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	440,124.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0.
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	549,627.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	<b>Yes</b>	<b>No</b>
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	<b>2b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	<b>X</b>
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>	

Form **990** (2010)

**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. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY** Employer identification number **52-1086825**

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

## ARTS AND HUMANITIES COUNCIL

Schedule A (Form 990 or 990-EZ) 2010 OF MONTGOMERY COUNTY

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,530,096.	5,780,300.	5,466,305.	5,122,043.	4,957,160.	27,855,904.
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	60,000.	60,000.	60,000.	60,000.	60,000.	300,000.
4 <b>Total.</b> Add lines 1 through 3	6,590,096.	5,840,300.	5,526,305.	5,182,043.	5,017,160.	28,155,904.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						28,155,904.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,590,096.	5,840,300.	5,526,305.	5,182,043.	5,017,160.	28,155,904.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,669.	19,046.	4,857.	788.	268.	31,628.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	99.	6,650.	300.	625.	4,137.	11,811.
11 <b>Total support.</b> Add lines 7 through 10						28,199,343.
12 Gross receipts from related activities, etc. (see instructions)					12	221,688.

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

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.84 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Employer identification number  
**52-1086825**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Schedule D (Form 990) 2010

52-1086825 Page **2**

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

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

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

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	73,048.	76,898.	80,694.		
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	8.	7.			
<b>d</b> Grants or scholarships	3,000.	3,000.			
<b>e</b> Other expenditures for facilities and programs	1,564.	792.	3,798.		
<b>f</b> Administrative expenses	81.	65.			
<b>g</b> End of year balance	68,411.	73,048.	76,898.		

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

- a Board designated or quasi-endowment ► 100.00 %  
b Permanent endowment ► \_\_\_\_\_ %  
c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations  
(ii) related organizations

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		21,866.	16,944.	4,922.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,922.

Schedule D (Form 990) 2010

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Schedule D (Form 990) 2010

52-1086825 Page **3**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

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

**Part VIII Investments - Program Related.** See Form 990, Part 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)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053  
12-20-10

Schedule D (Form 990) 2010

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Schedule D (Form 990) 2010

52-1086825 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,975,428.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,865,925.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	109,503.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	109,503.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,160,234.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	94,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	90,806.
e	Add lines 2a through 2d	2e	184,806.
3	Subtract line 2e from line 1	3	4,975,428.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,975,428.

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

1	Total expenses and losses per audited financial statements	1	5,050,731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	94,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	90,806.
e	Add lines 2a through 2d	2e	184,806.
3	Subtract line 2e from line 1	3	4,865,925.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,865,925.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: TO BENEFIT A HIGH SCHOOL SENIOR IN THE PURSUIT OF**

**HIS/HER STUDIES OF THE VISUAL ARTS.**

**PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD**

**(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR**

**REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED JUNE 30, 2011,**

**AHCMC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED**

**THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR**

Schedule D (Form 990) 2010

**Part XIV** Supplemental Information (continued)

DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS 2010, 2009 AND 2008 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B 90,617.

LOSS ON EQUIPMENT DISPOSAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7B 189.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 90,806.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B 90,617.

LOSS ON EQUIPMENT DISPOSAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7B 189.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 90,806.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

# 2010

**Open To Public Inspection**

Employer identification number  
52-1086825

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- ☐
- Yes
- ☐
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2010

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Schedule G (Form 990 or 990-EZ) 2010

52-1086825 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 EXEC ARTS BALL	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	166,735.		166,735.
	2	Less: Charitable contributions	76,221.		76,221.
	3	Gross income (line 1 minus line 2)	90,514.		90,514.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,471.		3,471.
	7	Food and beverages	39,815.		39,815.
	8	Entertainment	11,165.		11,165.
	9	Other direct expenses	36,166.		36,166.
	10	Direct expense summary: Add lines 4 through 9 in column (d)			( 90,617 )
	11	Net income summary: Combine line 3, column (d), and line 10			-103.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary: Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary: Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No  
 b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No  
 b If "Yes," explain \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Employer identification number  
**52-1086825**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

**Part II**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVENTURE THEATRE 7300 MACARTHUR BLVD GLEN ECHO, MD 20812	52-6054621	501 (C)(3)	41,565.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
AMERICAN DANCE INSTITUTE, INC. 1570 EAST JEFFERSON STREET ROCKVILLE, MD 20852	52-2158599	501 (C)(3)	128,701.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
ARTPRENEURS, INC., DBA ARTS ON THE BLOCK - 11501 GEORGIA AVE., STE. 104 - WHEATON, MD 20902	64-0958139	501 (C)(3)	25,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
ARTS FOR THE AGING, INC. (AFTA) 6917 ARLINGTON ROAD, STE 352 BETHESDA, MD 20814-5211	52-1978088	501 (C)(3)	20,974.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
ARTSTREAM, INC. 620 PERSHING DRIVE SILVER SPRING, MD 20910	35-1516235	501 (C)(3)	16,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
BALTIMORE SYMPHONY ORCHESTRA, INC 1212 CATHEDRAL STREET BALTIMORE, MD 21201-5517	52-0629696	501 (C)(3)	349,537.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
<b>2</b> Enter total number of section 501(c)(3) and government organizations							52.
<b>3</b> Enter total number of other organizations							0.

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

**Schedule I (Form 990) (2010)**

**ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEL CANTANTI OPERA COMPANY PO BOX 3232 SILVER SPRING, MD 20918	71-0966118	501 (C)(3)	17,775.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CAMBODIAN BUDDHIST SOCIETY 13800 NEW HAMPSHIRE AVE SILVER SPRING, MD 20904	52-1061298	501 (C)(3)	9,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CANTATE CHAMBER SINGERS P. O. BOX 41012 BETHESDA, MD 20824	52-1447309	501 (C)(3)	5,500.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CHEVY CHASE HISTORICAL SOCIETY PO BOX 15145 CHEVY CHASE, MD 20825	52-1279019	501 (C)(3)	7,200.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CITYDANCE ENSEMBLE, INC. 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-2165072	501 (C)(3)	174,204.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CLANCYWORKS DANCE COMPANY P.O. BOX 3111 SILVER SPRING, MD 20918	52-2333581	501 (C)(3)	23,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CLASS ACTS ARTS, INC. 8720 GEORGIA AVENUE, STE. 303 SILVER SPRING, MD 20910	52-2203133	501 (C)(3)	60,064.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CORAL CANTIGAS, INC P.O. BOX 2212 ROCKVILLE, MD 20847	52-1918239	501 (C)(3)	18,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
CREATE CO 816 THAYER AV SILVER SPRING, MD 20910-4593 LHA	52-1489164	501 (C)(3)	10,797.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES

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Schedule I (Form 990) OF MONTGOMERY COUNTY  
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAMASCUS THEATRE COMPANY 2 MICHELE COURT GAITHERSBURG, MD 20877	52-1967747	501 (C)(3)	10,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
DOCS IN PROGRESS, INC. 8700 FIRST AVE. SILVER SPRING, MD 20910	20-2784718	501 (C)(3)	13,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
F. SCOTT FITZGERALD LITERARY CONFERENCE, INC. - C/O ROCKVILLE CITY HALL, 111 MARYLAND AVE. - ROCKVILLE, MD 20850	31-1627799	501 (C)(3)	10,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
FRIENDS OF THE LIBRARY, MONTGOMERY COUNTY, INC. - 21 MARYLAND AVENUE, STE. 310 - ROCKVILLE, MD 20850-2389	52-1283371	501 (C)(3)	40,352.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
FRIENDS OF THE YELLOW BARN STUDIO PO BOX 158 GLEN ECHO, MD 20812	52-1934303	501 (C)(3)	7,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
GANDHI BRIGADE INCORPORATED PO BOX 7381 SILVER SPRING, MD 20907	26-1880111	501 (C)(3)	21,500.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
GERMANTOWN CULTURAL ARTS CENTER, INC. D.B.A BLACKROCK CENTER FOR THE ARTS - 12901 TOWN COMMONS DR. - GERMANTOWN, MD 20874	52-2010744	501 (C)(3)	48,339.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE - 7300 MACARTHUR BLVD. - GLEN ECHO, MD 20812	38-3650339	501 (C)(3)	93,705.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
GLEN ECHO POTTERY, INC. 7300 MACARTHUR BOULEVARD GLEN ECHO, MD 20812	37-1468690	501 (C)(3)	11,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES

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Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HST CULTURAL ARTS, INC. PO BOX 150 ROCKVILLE, MD 20848	52-2271633	501 (C)(3)	9,389.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
IMAGINATION STAGE, INC. 4908 AUBURN AVENUE BETHESDA, MD 20814	52-1164889	501 (C)(3)	285,594.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
INSTITUTE OF MUSICAL TRADITIONS P.O. BOX 5930 TAKOMA PARK, MD 20913	52-1737962	501 (C)(3)	14,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
JEWISH COMMUNITY CENTER OF GREATER WASHINGTON - 6125 MONTROSE RD - ROCKVILLE, MD 20852-4860	53-0205921	501 (C)(3)	60,424.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
LUMINA STUDIO THEATRE, INC 620 PERSHING DRIVE SILVER SPRING, MD 20910	52-2274879	501 (C)(3)	14,180.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
MARYLAND CLASSIC YOUTH ORCHESTRAS, INC. - 5301 TUCKERMAN LANE - N. BETHESDA, MD 20852-3385	52-6055802	501 (C)(3)	19,925.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
MARYLAND YOUTH BALLET 926 ELLSWORTH DRIVE SILVER SPRING, MD 20910-4401	52-0943959	501 (C)(3)	68,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
METROPOLITAN BALLET THEATRE, INC. 10076 DARNESTOWN ROAD ROCKVILLE, MD 20850-3363	52-1665250	501 (C)(3)	23,747.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
MONTGOMERY COMMUNITY TELEVISION, INC. - 7548 STANDISH PLACE - ROCKVILLE, MD 20855	52-1372897	501 (C)(3)	107,964.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES

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MONTGOMERY COUNTY HISTORICAL SOCIETY - 111 W. MONTGOMERY AVENUE - ROCKVILLE, MD 20850	52-0795346	501 (C)(3)	25,241.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
MUSICAL THEATER CENTER 837-D ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1552469	501 (C)(3)	64,674.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
NATIONAL PHILHARMONIC 5301 TUCKERMAN LANE N. BETHESDA, MD 20852-3385	52-1361650	501 (C)(3)	267,970.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
OLNEY THEATRE CENTER FOR THE ARTS 2001 OLNEY-SANDY SPRING ROAD OLNEY, MD 20832	52-1149571	501 (C)(3)	500,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
OLNEY THEATRE CORP 2001 OLNEY-SANDY SPRING ROAD OLNEY, MD 20832	52-1149571	501 (C)(3)	164,515.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
PYRAMID ATLANTIC 8230 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1233802	501 (C)(3)	55,868.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
ROBERT E. PARILLA PERFORMING ARTS CENTER - MONTGOMERY COLLEGE - 51 MANNAKEE STREET - ROCKVILLE, MD 20850-1195	52-0891845	501 (C)(3)	66,788.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
ROUND HOUSE THEATRE, INC. P.O. BOX 30688 BETHESDA, MD 20824	52-1289737	501 (C)(3)	185,877.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
STRATHMORE HALL FOUNDATION, INC. 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852-3385 LHA	52-1233092	501 (C)(3)	337,295.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAPPERS WITH ATTITUDE, INC. 8700 GEORGIA AVE., STE. B SILVER SPRING, MD 20910	52-1922907	501 (C)(3)	13,500.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
THE BACH SINFONIA, INC. PO BOX 8704 SILVER SPRING, MD 20907	12-3456789	501 (C)(3)	24,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
THE DANCE EXCHANGE INC 7117 MAPLE AVENUE TAKOMA PARK, MD 20912	52-1076232	501 (C)(3)	116,033.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
THE JAZZ ACADEMY OF MUSIC INC. 13721 MIDDLEVALE LN SILVER SPRING, MD 20906	51-0431430	501 (C)(3)	20,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
THE PUPPET CO. 7300 MACARTHUR BLVD. GLEN ECHO, MD 20812-1200	52-1320986	501 (C)(3)	28,100.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
THE SELMA M. LEVINE SCHOOL OF MUSIC - 2801 UPTON ST. NW - WASHINGTON, DC 20008	52-1063325	501 (C)(3)	101,033.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
THE WASHINGTON CONSERVATORY 1 WESTMORELAND CIRCLE BETHESDA, MD 20816	52-1351503	501 (C)(3)	43,675.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
WASHINGTON REVELS, INC. 531 DALE DRIVE SILVER SPRING, MD 20910	52-2296036	501 (C)(3)	24,000.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
WASHINGTON SCHOOL OF PHOTOGRAPHY 4850 RUGBY AVENUE BETHESDA, MD 20814 LHA	52-2231679	501 (C)(3)	17,033.	0.			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES

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**ARTS AND HUMANITIES COUNCIL  
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**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	(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
HAIMOVICZ	1	3,000.	0.		
ABRAMS AWARD	1	1,000.	0.		
INDIVIDUAL ARTISTS & SCHOLARS	20	76,290.	0.		
ARTIST IN RESIDENCY GRANTS	7	32,977.	0.		
ARTISTS IN THE COMMUNITY	6	15,610.	0.		

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

**SCHEDULE I, PART I, LINE 2: AHCMC REQUIRES THAT GRANTEEES SIGN A GRANT**

**AGREEMENT BEFORE FUNDS ARE RELEASED. AGREEMENTS STATE THAT FUNDS MUST BE**

**USED IN ACCORDANCE WITH THE PROGRAM DESCRIPTION IN THE AGREEMENT OR, IF**

**CHANGES ARE REQUIRED, THESE MUST BE REQUESTED AND APPROVED IN ADVANCE OF**

**THE CHANGE TAKING PLACE. GRANT GUIDELINES PROVIDE THAT FUNDS NOT USED IN**

**ACCORDANCE WITH THE APPROVED PROGRAM DESCRIPTION MUST BE RETURNED TO AHCMC.**

**SIMILARLY, FUNDS NOT USED BY THE END OF THE GRANT PERIOD AND NOT APPROVED**

**TO BE CARRIED FORWARD AND MUST BE RETURNED. AT THE END OF THE GRANT**

**PERIOD, EACH GRANTEE MUST SUBMIT A FINAL REPORT DESCRIBING THE USE OF THE**



ARTS AND HUMANITIES COUNCIL  
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**Part IV** Supplemental Information

GRANT FUNDS AND HOW THE FUNDS WERE SPENT.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY

Employer identification number

52-1086825

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

OUR VISION IS TO PROVIDE LEADERSHIP THAT SUSTAINS ARTS AND HUMANITIES  
ORGANIZATIONS, ARTISTS AND SCHOLARS AND INSPIRES PARTICIPATION IN OUR  
COUNTY'S RICH CULTURAL ASSETS.

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

PUBLIC ART

EXPENSES \$ 111,500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OUTREACH

EXPENSES \$ 41,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EVENTS

EXPENSES \$ 65,393. INCLUDING GRANTS OF \$ 3,293. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PREPARED BY THE OUTSIDE  
ACCOUNTANTS AND REVIEWED BY SENIOR STAFF AND THE AUDIT COMMITTEE. IT WAS  
THEN DISTRIBUTED ELECTRONICALLY TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO  
FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD AND STAFF COMPLETE  
CONFLICT OF INTEREST STATEMENTS ANNUALLY. THESE ARE REVIEWED BY THE CEO AND  
APPROPRIATE ACTIONS ARE TAKEN SHOULD A CONFLICT ARISE. IN THE EVENT OF A  
CONFLICT OF INTEREST ON THE PART OF A DIRECTOR OR OFFICER, THAT PERSON  
WOULD BE ASKED TO RECUSE HIM/HERSELF FROM ANY RELATED VOTE/DISCUSSION.

Name of the organization **ARTS AND HUMANITIES COUNCIL  
OF MONTGOMERY COUNTY**

Employer identification number  
**52-1086825**

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWED GENERALLY  
ACCEPTED COMPENSATION PRACTICES FOR CEO COMPENSATION, REVIEWED DATA FROM  
COMPARABLE ORGANIZATIONS, AND DETERMINED COMPENSATION WITHIN THE PARAMETERS  
OF THE AHCMC BUDGET. THE PROCESS AND RESULTS ARE DOCUMENTED. THIS PROCESS  
WAS LAST DONE OCTOBER 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE  
AVAILABLE TO THE PUBLIC UPON REQUEST.