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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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

1	1 F	or the	2010 calendar year, or tax year beginning $$	ding J	<u>UN 30, 2011</u>					
E	3 CI	heck if	C Name of organization		D Employer identific	cation number				
	ap	plicable	ARTS AND HUMANITIES COUNCIL							
		]Address ]change	OF MONTGOMERY COUNTY							
		Name change	Doing Business As		52-1	086825				
		Initial		om/suite	E Telephone numbe					
		Termin-	801 ELLSWORTH DRIVE		565-3805					
		Jated Amende			G Gross receipts \$	5,066,234.				
	=	Jreturn ]Applica			··· · · · · · · · · · · · · · · · · ·					
	L	Jilon pending		H(a) Is this a group re	Yes X No					
-			SAME AS C ABOVE		H(b) Are all affiliates inc					
_			mpt status X 501(c)(3) 501(c)( )	527	1	list (see instructions)				
_			E ► WWW.CREATIVEMOCO.COM	<del></del>	H(c) Group exemptio					
			organization. X Corporation Trust Association Other	L Year	of formation: 1976 N	1 State of legal domicile MD				
L	Pa		Summary							
	Ð	1 E	Briefly describe the organization's mission or most significant activities $\ \ { t SEE} \ \ { t PA}$	ART I	II, LINE 1.					
	Governance	_								
	ř.	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets				
	Se l	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	17				
		4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	17				
	S &		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	37				
วี	ctivities		otal number of volunteers (estimate if necessary)		6	50				
j	ई		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
•	۲		let unrelated business taxable income from Form 990-T, line 34		7a 7b	0.				
> -	_	<u> </u>	tet unrelated business taxable income nonn onn 950-1, line 54	- 1 -	Prior Year					
=			Contributions and grants (Dort VIII, line 1b)		5,122,043.	Current Year 4,957,160.				
2	Revenue		Contributions and grants (Part VIII, line 1h)							
•	Ve.		Program service revenue (Part VIII, line 2g)	-	50,753.	14,155.				
1	Be	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		788.	79.				
<u>'</u>		11 (	other revenue (Part VIII, column (A) Fada 7,50, 8c, 9c, 10c, and 11e)	<u> </u>	-28,578.	4,034.				
- 7	_	12	otal revenue - add thes 8 through Fr-(must equal Part VIII, column (A), line 12)		5,145,006.	4,975,428.				
どえてつ			Grants and similar amounts paid (Part IX, column (A) ines 1-3)	<u> </u>	4,202,659.	4,049,357.				
C			Benefits paid to or for members (PartYX, 2012mn (A) Arre 4)	_	0.	0.				
	es	15 5	Salaries, other compensation, employee benefits (Fat IX, column (A), lines 5 10)		423,929.	<u> 286,933.</u>				
	Su	16a F	Professional fundraising ees flam (x) (plumin (4), line 11e)		0.	0.				
	Expenses	b٦	otal fundraising expenses (Part IX, column (D) line 2b)	<u>7.                                     </u>						
	ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		516,699.	529,635.				
		18 7	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,143,287.	4,865,925.				
		19 F	Revenue less expenses Subtract line 18 from line 12		1,719.	109,503.				
7	d Balances			Be	ginning of Current Year	End of Year				
- 1		20 1	otal assets (Part X, line 16)		544,303.	656,925.				
3	200	21 7	otal liabilities (Part X, line 26)		104,179.	107,298.				
1			Net assets or fund balances Subtract line 21 from line 20		440,124.	549,627.				
		rt II	Signature Block		440,124.	343,021.				
_			ties of perjury, I declare that I have examined this return, including accompanying schedules a	nd statem	ante and to the heat of m	u knowledge and heliaf it is				
			, and comp <del>lete. De</del> claration of pro <del>perc</del> er (other than officer) is based on all information of which			y knowledge and beller, it is				
_	iue,	Correct	, and complete: Declaration of buspiner (other than officer) is based on an information of which	preparer	nas any knowledge.	-				
	_		Sygnature por officer		Date 1	2				
	Sıgr	- 1			Date					
١	Here	e	SUZAN E. JENKINS, CEO			<del></del>				
-	_		Type or print name and title		Dada   Chast	71 07111				
			Print/Type preparer's name  PROVID F GRALING CPA Preparer's Algorithms  CPA Jawa F H. S. CPA		Date Check If	PTIN				
	Paid	F	Ditto II Siller City David I David	<u> 1                                   </u>	3-1-12 self-employ	ed				
١	Prep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	_ <del></del>				
ı	Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N							
			BETHESDA, MD 20814-2930		Phone no (	301) 951-9090				
1	May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
	0320	01 02-22	LHA For Paperwork Reduction Act Notice, see the separate instructions	 s.	100	Form <b>990</b> (2010)				

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
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?	0
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No.	0
	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	
4a	allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code) (Expenses \$ 4,176,121. including grants of \$ 4,046,064.) (Revenue \$	_
74	GRANTS PROGRAM: ADMINISTER AND PROVIDE GRANTS TO INDIVIDUAL ARTISTS,	- 1
	SCHOLARS, AND ARTS AND HUMANITIES ORGANIZATIONS TO SUPPORT IMPROVED	
	MANAGEMENT, PERFORMANCES AND PROGRAMS IN MONTGOMERY COUNTY, MARYLAND.	_
		_
		_
		_
		_
41-	(Code ) (Code	
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	<u>-</u>
	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	
40	ATTENDANCE WAS APPROXIMATELY 100.  (Code) (Expenses \$ 148,257. including grants of \$) (Revenue \$ 14,155.	_
40	(Code) (Expenses \$ 148,257. including grants of \$) (Revenue \$ 14,155. MARKETING & COMMUNICATIONS: AHCMC'S INTEGRATED, MULTIPLATFORM MARKETING	
	SERVICE PROVIDES CONSTITUENTS WITH PROFESSIONAL DEVELOPMENT PROGRAMS;	<u>'</u> _
	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 \$\frac{218,625}{218,625}\$ including grants of \$\frac{3,293}{3,293}\$ (Revenue \$\frac{1}{3}\$)	
	(Expenses \$ 218,625. including grants of \$ 3,293.) (Revenue \$ )  Total program service expenses ▶ 4,722,623.	_

	ARTS AND HUMANITIES COUNCIL	06005		_
	990 (2010) OF MONTGOMERY COUNTY 52-10	86825	) P	age 3
Par	t 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)?			1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities, or have a section 501(h) election in effection in effect	ect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	Α
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Pal	rt I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	1	Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
_	If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-		
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	}	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		<b></b>
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	+	1
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	1	<del> </del>
ıza	Schedule D, Parts XI, XII, and XIII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	<del>  ^``</del>	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	+	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		<del> </del>	
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV			Х
. =	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	<del> </del>	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4-		
		15	+	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ı		<b>.</b>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	

Form **990** (2010)

20a

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule  ${\cal H}$ 

operate one or more hospitals must attach audited financial statements (see instructions)

OF MONTGOMERY COUNTY Part IV | Checklist of Required Schedules (continued)

	, ,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			ļ
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			37
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а				
26				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	20		_ v
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	ļ	X
37	· · · · · · · · · · · · · · · · · · ·	27		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	ļ	X
38	Note. All Form 990 filers are required to complete Schedule O	20	х	1
	Note. Air onn 330 mais are required to complete Schedule O	38 Form		(2010)
		LOIM	33U (	2010)

Enter the number reported in Box 3 of Form 1006. Enter 0 if not applicable be Enter the number of Forms W-20 included in line in a ferrier 0 if not applicable be Enter the number of Forms W-20 included in line in a ferrier 0 if not applicable 19 0 0 0 dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) university of the organization for the was received by this return.  2a 37	Par									
1a Enter the number reported in Box 3 of Form 1096 Enter 0 in final applicable   19   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response to any question in this Part V								
b Enter the number of Forms W26 included in fine 1s Enter 0-if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnings?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on fine 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1s and 2 are greater than 250, your may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a significant or other such order, a financial account?  4b if "Yes," enter the name of the foreign country   ▶ .  See instructions for filing requirements for Form 17 Pio-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?  5b bd any stable party nority the organization filing that it was or is a party to a prohibitod tax shelter transaction?  6c if "Yes," to line 5a or 5b, did the organization file Form 88951?  7 Organizations that may receive deductible?  8 bif Yes," did the organization include with eway collocitation an express statement that such contributions or grits were not tax deductible?  9 to life form 8282?  10 bif the organization state in this present in excess 5°S made party as a contribution and party for goods and services provided to the payor?  7a X  7b X  7c X  7c X  7d Y  7b X  7d If Yes," did the organization morbity the donor of the value of the goods or services provided to the payor?  7a X  7b Did the organization steady are symmetrially expert the organization file form 8293 are organized to the form 8282?  8c Did the organization received a contribution of qualified infelectual				Yes	No					
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lited for the calendar year ending with or within the year covered by this return.  3 The state of the calendar year ending with or within the year covered by this return.  3 The state of the calendar year ending with or within the year covered by this return.  3 The state of the sum of lines 1 and 2 as greater than 250, you may be required to e-tile (see instructions).  3 Did the organization have unreliated biseness gross income of \$1.000 or more during the year?  3 A All 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 accounts?  4 A Country time the name of the foreign country the policy of the state	1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 1a 19	4							
a combinely winnings to prace winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return  37 It all east one is reported on here 2a, did the organization life all required feetral employment tax returns?  3a Dot the organization have unrolated business gross income of \$1.000 or more during the year?  3a Dot the organization have unrolated business gross income of \$1.000 or more during the year?  3a Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial account)?  3b Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is of fireign country (such as a bank account, securities account, or other financial account)?  5a Was the organization a party to a prohibitod tax shelter transaction?  5a Was the organization for fireign requirements for Form TID F90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that where not tax deductible?  5a Larry time and the organization the foreign before the promises a solicity of the organization for tax deductible?  5b Larry time, and the organization the foreign that are normally greater than \$100,000, and did the organization to the work of the value of the goods or services provided?  5b Larry time, and the organization the organization the foreign that are normally greater than \$100,000, and did the organization solicity and the organization notify the dornor of the value of the goods or services provided?  6c Larry time, and the organization that the organization than the property of the which it was required to the foreign and the organization than the pr	b	10	4							
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3a D X bill **Yes**, has it filed a Form 990* for this year? if **No.** provide an explanation in Schedule O  4a At any time during the calendary 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)?  5b If **Yes**, free the finance of the foreign country (such as a bank account, securities account, or other financial accounts  5c Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts  5c Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts  5c Was the organization for the foreign country (such as a bank account, securities account, or other financial accounts  6c Was the organization for the organization file form 8886-17?  6c If *Yes**, to the organization file form 8886-17?  6c Does the organization file organization file form 8886-17?  6c Does the organization include with very solicitation an express statement that such contributions or girts were not tax deductible?  6c Was the organization include with very solicitation an express statement that such contributions or girts were not tax deductible?  6c Was the organization sell exchange, or otherwise dispose of tangible personal property for which it was required to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  6d If *Yes**, indicate the number of Forms 8282 filed during the year  6d If *Yes**, indicate the number of Forms 8282 filed during the year  6d If *Yes**, indicate the number of Forms 8282 filed during the year  6d If *Yes**, indicate the number of Forms 8282 filed during the year  7d If the organization received a contribution of cars*, boats, amplanes, or other vehicles, did the organization file a Form 1098. Cr  7d Sponsoring organizations maintaining donor advised funder section 4966?  7d	b		2b	X						
b If "Yes," has if filed a Form 990T for this year? If "No," provide an explanation in Schedule O  A har by 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?]  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  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  See in										
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financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country bese instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  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?  5b Dd any taxable party notify the organization that tiwas or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5 an of 5b, did the organization file Form 8886-72  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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive any apyment in excess of \$15 made parily as a contribution and pathy for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tife Form 8282?  7 If Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization make a distribution of caris, boats, anglanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(3)(3) supporting organizations file a Form 1098-C?  9 Sponsoring organizations make a distribution to a donor, donor advisor, or related person?  9 N/A  10 Section 501(c)(7			3b							
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Sa   X   Did any taxable party to a prohibited tax shelter transaction at any time during the tax year?   5a   X   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5b   X   Did any taxable party notify the organization file form 8886-7?   5c   11°Yes; to line 5a or 5b, did the organization file form 8886-7?   5c   11°Yes; to line 5a or 5b, did the organization file form 8886-7?   5c   11°Yes, did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any continuous that were not tax deductible?   5c   11°Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   5c   11°Yes, did the organization notify the donor of the value of the goods or services provided?   5c   11°Yes, did the organization notify the donor of the value of the goods or services provided?   5c   11°Yes, did the organization on toff; the donor of the value of the goods or services provided?   5c   11°Yes, did the organization of the the moder of the value of the goods or services provided?   5c   11°Yes, did the organization of the value of the goods or services provided?   5c   11°Yes, did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   7c   X   11°Yes, did the organization received a contribution of qualified intellectual property, did the organization file a Form 1980-00   7c   11°Yes, did the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1980-00   7c   11°Yes, did the organization of the value section 59(8)(3) (suppering organizations bit the symmetry in the during the year?   9   9   9   9   9   9   9   9   9	b	· · · · · · · · · · · · · · · · · · ·								
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52-1086825 Page **6** 

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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			1441
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17		100	110
b	Enter the number of voting members included in line 1a, above, who are independent  1b 17	- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
<u>Sec</u>	tion 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	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	<u>X</u>	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	<u>X</u>	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		_X_
46	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			77
	taxable entity during the year?	16a		<u> X</u>
D	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			
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►MD  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		
18	public inspection. Indicate how you make these available. Check all that apply	IOI		
	Own website Another's website X Upon request			
10		nd force	noici	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public	iiu iina	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion 🟲	-	
20	SUZAN E. JENKINS - 301-565-3805	uon 🏲		
	801 ELLSWORTH DRIVE, SILVER SPRING, MD 20910	,		
		Form	990	2010)

OHII **330** (2010

### 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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average hours per	10		Pos		app	l. A	Reportable	Reportable	Estimated	
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer	Key employee	Highest compensated Employee		compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations	
JACQUELINE MANGER											
CHAIR & GOVERNANCE CHAIR	2.00	X	<u></u>	X		<u> </u>		0.	0.	0	
ERICA LEATHAM											
VICE CHAIR	1.00	X		Х		<u> </u>		0.	0.	0 .	
MARA WALKER											
TREASURER	1.00	X		X		L.		0.	0.	0 .	
JOAN KREJCI GRIGGS											
SECRETARY & GRANTS CHAIR	1.00	X	<u> </u>	X				0.	0.	0.	
MARA MAYOR											
AUDIT CHAIR	1.00	X	ļ		L	<u> </u>		0.	0.	0 .	
STEVEN SNAPP											
ADVOCARY CHAIR	1.00	X	_	L				0.	0.	0 .	
AMY HARIBISON											
DIRECTOR	0.50	X						0.	0.	0 .	
LYN CHIET											
DIRECTOR	0.50	X		L_		<u> </u>		0.	0.	0 .	
MELVIN HARDY		1						_			
DIRECTOR	0.50	X	_	<u> </u>		<u> </u>		0.	0.	0	
MARTIN MAYORGA						ŀ		_	_		
DIRECTOR	0.50	X	<u> </u>	_				0.	0.	0	
CHARLES JENSEN								_	_	_	
DIRECTOR	0.50	X				1		0.	0.	0 .	
MICHAEL BOBBITT		l							_	_	
DIRECTOR	0.50	X						0.	0.	0	
GARY ROSENTHAL									_		
DIRECTOR	0.50	X	$\vdash$	_		_		0.	0.	0	
LESLIE WHIPKEY											
DIRECTOR	0.50	X	├		_	<del> </del>	<u> </u>	0.	0.	0	
RONALD WOLFSHEIMER	0.50										
DIRECTOR	0.50	X	<del> </del>	-	<del>                                     </del>	┼—		0.	0.	0	
ERICARDO TRUJILLO	0.50								_	_	
DIRECTOR	0.50	∤X.	₩	-		$\vdash$		0.	0.	0	
SANDRA ESKIN	2.50		1							_	
DIRECTOR	0.50	<u>  X</u>			<u> </u>	1	<u> </u>	0.	0.	O Form <b>990</b> (2010	

(A) '	Part VII   Section A. Officers, Directors, Trustees, Key Employees, an					High	iest	(D)				<b>(F)</b>		
Name and title	Average			Posi	•	1		Reportable	(E) Reportable		Fst	(F) timate	od.	
	hours per week	<u>-</u>	heck	all t	that	арр	oly) T	compensation	compensatio		am	ount o		
	(describe	recto						the	organizations			oensa		
	hours for related	trustee or director	stee			nsatec		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)		om the anızatı		
	organizations	altrus	onal tru		loyee	compe		(***271033***********************************			_	relate		
	in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatıd	ons	
SUZAN E. JENKINS	40.00			v				04 057			11,041			
CEO	40.00	<del> </del>	-	Х		$\vdash$		84,857.		0.		L , U	<u>41.</u>	
						-								
						ļ	ļ							
			<u>.</u>			ļ								
		$\vdash$							<del> </del>					
						-	_							
						<u> </u>								
1b Sub-total c Total from continuation sheets to Part	VII Section A							84,857.	· · · · · · · · · · · · · · · · · · ·	0.	1.	L , O	<u>41.</u> 0.	
d Total (add lines 1b and 1c)	VII, Section A							84,857.		0.	11	L , O		
2 Total number of individuals (including but	not limited to th	nose	liste	ed at	bove	e) wl	ho r		,000 in reportable					
compensation from the organization												Yes	No	
3 Did the organization list any former office			e, ke	y em	plo	yee,	or I	highest compensated er	nployee on					
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the			omo	ensa	ation	n and	d ot	her compensation from	the organization	}	3		X	
and related organizations greater than \$1								•	ino organization		4		Х	
5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co							relat	ted organization or indivi	dual for services		_		х	
Section B. Independent Contractors	mpiete Scriedui	e J	or s	ucnj	pers	SON				,	5			
Complete this table for your five highest of the organization     NONE	compensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ation fr	om		
(A) Name and busines	es addross							(B) Description of s	00,400		(C			
- Name and busines								Description of s	ervices		ompen	isatioi	1	
Total number of independent contractors		not li	mıte	d to		_	stec	l d above) who received m	nore than					
\$100,000 in compensation from the orga	nization >				(	0					Form 9	90 (	2010	

Form 990 (2010) OF MONTGOMERY COUNTY 52-1086825 Page 9 Part VIII Statement of Revenue (D)
Revenue
excluded from
tax under (A) (C) (B) Total revenue Related or Unrelated exempt function business sections 512 revenue revenue 513, or 514 gifts, grants lar amounts 1 a Federated campaigns 1a **b** Membership dues 1b 76,221. c Fundraising events d Related organizations 1d Contributions, and other simil 4788592 e Government grants (contributions) f All other contributions, gifts, grants, and 92,347 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 4957160 h Total. Add lines 1a-1f Business Code 14,155. 2 a WORKSHOPS 900099 14,155. Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f 14,155 Investment income (including dividends, interest, and 268. 268. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (II) Personal 6 a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis 189 and sales expenses -189. c Gain or (loss) -189 -189. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 76,221. of contributions reported on line 1c) See 90,514 Part IV, line 18 90,617 b Less direct expenses -103 -103. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 4,137 11 a MISCELLANEOUS 4,137. d All other revenue 4,137. e Total. Add lines 11a-11d 4975428. 14,155 0. 4,113.

Total revenue. See instructions.

Form 990 (2010)

### OF MONTGOMERY COUNTY 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)

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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)				
а	Management				
b	Legal				· · · · · · · · · · · · · · · · · · ·
С	Accounting	20,029.		20,029.	
d	Lobbying				
е	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				<u> </u>
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.)				
а	CONTRACTORS-21ST CENT.	150,936.	150,936.		
b	OTHER PROJECTS	79,253.	79,253.		· ·
С	EQUIPMENT	17,419.	6,999.	10,420.	
d	MAINTENANCE & REPAIRS	13,907.	9,487.	4,420.	
e	PUBLIC ARTISTS FEES	12,450.	12,450.		
f	All other expenses	37,582.	24,434.	13,148.	
25	Total functional expenses Add lines 1 through 24f	4,865,925.	4,722,623.	101,525.	41,777
26	Joint costs Check here ▶ ☐ If following SOP	, ,			
~ <del>~</del>	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				

Pa	rt X	Balance Sheet				
		• 1		(A) Beginning of year		(B) End of year
	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	L	93,022.	3	145,177.
	4	Accounts receivable, net	L		4	
	5	Receivables from current and former officers, directors, trustees, ke	y			
		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 contribu	tıng			
		employers and sponsoring organizations of section 501(c)(9) volunt	ary			
		employees' beneficiary organizations (see instructions)		6		
ets	7	Notes and loans receivable, net	L		7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		190.	9	385.
	10a	Land, buildings, and equipment cost or other	1			
		basis Complete Part VI of Schedule D 10a	21,866.			
	b	Less accumulated depreciation 10b 1	16,944.	3,233.	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	Total assets. Add lines 1 through 15 (must equal line 34)	544,303.	16	656,925.	
	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	
S	21	Escrow or custodial account liability Complete Part IV of Schedule	D [		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	oloyees,			
iabı		highest compensated employees, and disqualified persons. Complete	ete Part II			
=		of Schedule L	L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<u>_</u>		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>		24	
	25	Other liabilities Complete Part X of Schedule D	L		25	-
	26	Total liabilities. Add lines 17 through 25		104,179.	26	107,298.
		Organizations that follow SFAS 117, check here   X and	complete			
es		lines 27 through 29, and lines 33 and 34.				
Juc	27	Unrestricted net assets		263,251.	27	<u> 266,585.</u>
3al	28	Temporarily restricted net assets	Ļ	176,873.	28	283,042.
ğ	29	Permanently restricted net assets	_		29	
Ţ		Organizations that do not follow SFAS 117, check here				
5		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	Ĺ		30	
1SS	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other fund	ls		32	
Z	33	Total net assets or fund balances		440,124.	33	549,627.
	34	Total liabilities and net assets/fund balances		544,303.	34	656,925.

Form **990** (2010)

Form **990** (2010)

FOIII	1990 (2010) OF MONTGOMERY COUNTY	_52-108	368 <u>25</u>	Pag	ge 1∠	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,97	5,4	28.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,86	5,9	25.	
3	Revenue less expenses Subtract line 2 from line 1	_3	10	9,5	03.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44	0,1	24.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.	
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	54	9,6	27.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			].	Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
þ	Were the organization's financial statements audited by an independent accountant?		2b	X		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY 52-1086825 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 \_\_\_ Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col (ı) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

032021 12-21-10

Form 990 or 990-F7

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 OF MONTGOMERY COUNTY | Part II | Support Schedule for Organizations Described in S

52-1086825 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				-		
	furnished by a governmental unit to					1	
	the organization without charge	60,000.	60,000.	60,000.	60,000.	60,000.	300,000.
4	Total. 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,					į	
	column (f)					Ì	
6	Public support. Subtract line 5 from line 4						28,155,904,
Sec	ction B. Total Support					·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</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						1
	assets (Explain in Part IV)	99.	6,650.	300.	625.	4,137.	11,811.
11	Total support. Add lines 7 through 10						28,199,343.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	221,688.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.85 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	99.84 %
16a	33 1/3% support test - 2010. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		•				<b>►</b> X
b	33 1/3% support test - 2009. If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			▶∟
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac	ts-and circumstan	ces" test, check th	is box and stop h	ere. Explaın ın Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a p	oublicly supported	lorganization		▶∟⊥
b	10% -facts-and-circumstances tes	t - 2009.If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test	The organization q	ualifies as a public	cly supported orga	anization	▶∐
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	ind see instruction	s <b>▶</b>
					Sche	edule A (Form 990	or 990-EZ) 2010

032022 12-21-10

## 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

Section A. Public Support	slow, please comp	piete Fait II )				<del></del>
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	<u>(u) 2000</u>	(5) 2007	(0) 2500	(4) 2000	(0) 2010	(i) iotai
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 bus-						
iness under section 513	· · · · · · · · · · · · · · · · · · ·					
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		-	-			
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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			<u> </u>			
c Add lines 7a and 7b	** .				<u> </u>	<del>                                     </del>
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	(a) 2000	(6) 2007	(6) 2000	(u) 2009	(e) 2010	(I) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				:		
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	<u> </u>					
c Add lines 10a and 10b		1				
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, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) orgai	nization,
check this box and stop here	<u> </u>			-		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2010 (I	ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2009	Schedule A, Part	: III, line 15			16	- %
Section D. Computation of Inves	stment Incom	e Percentage				<del> </del>
17 Investment income percentage for 20	1 <b>10</b> (line 10c, colui	mn (f) dıvıded by lıı	ne 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 i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	e 17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2009. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anızatıon qualıfıes	as a publicly supp	orted organization	on ►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

### **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.

2010
Open to Public Inspection

Name of the organization ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY

Employer identification number 52-1086825

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Account	ts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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)			<u> </u>
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 advise	d funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	ised only	
	for charitable purposes and not for the benefit of the donor of		•	
	impermissible private benefit?	, , , , ,	J	Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e		orically importa	ant land area
	Protection of natural habitat	Preservation of a certif	ied historic stri	ucture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation	on easement on the last
	day of the tax year			
			Не	eld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization di	uring the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨	<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ► 💲 _	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	·	•	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	ne organization	n's accounting for
_	conservation easements			
Pai	t III Organizations Maintaining Collections o		her 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 (AS	•		· ·
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public se	rvice, provide, in Part XIV,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, pro	vide 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 tre		gaın, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$_	
b	Assets included in Form 990, Part X		▶ \$_	

### ARTS AND HUMANITIES COUNCIL

		GOMERY COUN						5 Page <b>2</b>
Par	t III   Organizations Maintaining C		··'·· ·					
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant i	use of its o	collection	ı ıtems
	(check all that apply)							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	empt purpo	se in Part	XIV	
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other simila	ar assets		=	
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" to	o Form 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodic	an or other intermed	ary for contribution	s or other assets no	t included	,		
	on Form 990, Part X?					L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table					
							Amount	<u> </u>
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	U No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes" to For		1			
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	73,048.	76,898.	80,694.	1		<del>                                     </del>	
b	Contributions						<b></b>	
С	Net investment earnings, gains, and losses	8.	7.					
d	Grants or scholarships	3,000.	3,000.				<u> </u>	
е	Other expenditures for facilities							
	and programs	1,564.	792.	3,798.				
f	Administrative expenses	81.	65.					
g	End of year balance	68,411.	73,048.	76,898.				
2	Provide the estimated percentage of the year		S					
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment	%						
С	· · · · · · · · · · · · · · · · · · ·	%						
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered for	the organiz	zation	г	
	by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(II)	<u> </u>
þ	If "Yes" to 3a(II), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the			<del></del>				
Pai	rt VI Land, Buildings, and Equipm		1					
	Description of investment	(a) Cost or of basis (investment)			Accumulate epreciation	1	(d) Book	value
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment		2	1,866.	16,9	44.		<u>4,922.</u>
e	Other							
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c))				<u>4,922.</u>

Schedule D (Form 990) 2010

Schedule D (Fo	orm 990) 2010
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$\cap \mathbb{F}$	MONTGOMERY	COTTNITTY
UP	MONTGOMERY	COLUMBY

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end of year ma	
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			··· ·-· ·. ·.·
(F)			
(G)			
(H)			
_(I)			
al (Col (b) must equal Form 990, Part X, col (B) line 12.) > art VIII Investments - Program Related.	See Form 990 Part X line 13	****	<del></del>
(a) Description of investment type	(b) Book value	(c) Method of value	
(1)		Cost or end-of-year ma	rket value
(1)			
(2)			<del>-</del>
(3)			<del> </del>
(4)			<del></del>
(5)	<del></del>		
(6)			
(7)			
(8)			
10)	<del>                                     </del>		
tal. (Col (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, Iir			
	a) Description		(b) Book value
(1)	,		(2) 22211 2312
(2)			
(3)			
(4)	- vib.		
(5)	·		
(6)			
(7)		-	
(8)			
(9)		***	<u> </u>
<del></del>	· •· · · ·		
(10)			
	ne 15 )	<b>&gt;</b>	1
tal. (Column (b) must equal Form 990, Part X, col (B) li	ne 15 ) K, line 25	<b>&gt;</b>	
tal. (Column (b) must equal Form 990, Part X, col (B) li	<, line 25	Amount	
tal. (Column (b) must equal Form 990, Part X, col (B) li eart X Other Liabilities. See Form 990, Part X (a) Description of liability	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes  (2)  (3)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes (2) (3)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In art X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	<, line 25		
(a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	<, line 25		
tal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(, line 25	Amount	

ARTS AND HUMANITIES COUNCIL

Sche	dule D (Form 990) 2010 OF MONTGOMERY COUNTY	. П	52_	1086825 Page <b>4</b>
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Stat		
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		203/3000
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 ar	nd 9 10		109,503.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per l	Returr	
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			
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b 94,000	.]	
С	Recoveries of prior year grants	2c	_	
ď	Other (Describe in Part XIV)	2d 90,806	<u>.</u>	
е	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	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIV)	4b	-	
С	Add lines 4a and 4b		4c	0.
D <sub>2</sub>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XIII Reconciliation of Expenses per Audited Financial Statem	ente With Evpenses no	5_	4,975,428.
		ients with Expenses pe		<del> </del>
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  Donated services and use of facilities	2a 94,000		
a b	Prior year adjustments	2b 94,000	<u>•</u>	
C	Other losses	2c	$\dashv$ $\mid$	
d	Other (Describe in Part XIV )	2d 90,806		
	Add lines 2a through 2d	20 30,000	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			1,000,520
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7	
С	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.
Pa	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III, lines 1a and 4, Part IV, lines	1b and	2b, Part V, line 4, Part
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	plete this part to provide any a	dditional	Information
PAI	RT V, LINE 4: TO BENEFIT A HIGH SCHOOL SEN	IOR IN THE PURS	TIU	OF
HIS	S/HER STUDIES OF THE VISUAL ARTS.			
	OM 1/ 1 THE O THE TIME COOK MAN TENNESTED			
PAI	RT X, LINE 2: IN JUNE 2006, THE FINANCIAL	ACCOUNTING STAN	DARD	S BOARD
/ 17:7	ACD   DELEACED EACD ACC 740 10 THOOME MAKE	O MILAM DDOLLTDD	a arr	TDANGE BOD
<u>( F Z</u>	ASB) RELEASED FASB ASC 740-10, INCOME TAXE	S, THAT PROVIDE	S GU	IDANCE FOR
ושם	CODMING INICEDMAINMY IN INCOME MAYER FOR M	WE VELD ENDED T		20 2011
KEI	PORTING UNCERTAINTY IN INCOME TAXES. FOR T	HE YEAR ENDED J	ONE	30, 2011,
ΔΗΛ	CMC HAS DOCUMENTED ITS CONSIDERATION OF FA	.CR ACC 7/10_10 A	ים חוא	ETEDMINED
nn	THE MID DOCUMENTED ITS CONSIDERATION OF FA	TOD MOC 140-IO W	ת חויי	RIEVLIINED
тни	AT NO MATERIAL UNCERTAIN TAX POSITIONS QUA	אוודץ און און אין און און א	REC	OGNITION OF
	The second of th			dule D (Form 990) 2010
03205 12-20-	4 10	•		5 (1 0.111 000) 20 10

Schedule D (Form 990) 2010 OF MONTGOMERY COUNTY	52-1086825 Page 5
Part XIV Supplemental Information (continued)	
DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM 9	90, RETURN OF
ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE YEARS 2010,	2009 AND 2008 ARE
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, G	ENERALLY FOR
THREE YEARS AFTER THEY ARE FILED.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIA	AL
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART	
VIII, LINE 8B	90,617.
LOSS ON EQUIPMENT DISPOSAL EXPENSES REPORTED AS EXPENSE OF	N 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 FINANCI.	AL
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART	
VIII, LINE 8B	90,617.
LOSS ON EQUIPMENT DISPOSAL EXPENSES REPORTED AS EXPENSE OF	N 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.
	•

### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Name of the organization Employer identification number ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY 52-1086825 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 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 (v) Amount paid (iii) Did fundraiser (i) Name and address of individual (vi) Amount paid (iv) Gross receipts tò (or retained by) have custody or control of contributions (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 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

032081 01-13-11

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

Schedule G (Form 990 or 990-EZ) 2010

ARTS AND HUMANITIES COUNCIL Schedule G (Form 990 or 990-EZ) 2010 OF MONTGOMERY COUNTY 52-1086825 Page 2 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 (b) Event #2 (c) Other events (d) Total events EXEC ARTS NONE (add col (a) through BALL col (c)) (event type) (event type) (total number) Revenue 166,735 Gross receipts 76,221 Less Charitable contributions 90,514. 90,514 Gross income (line 1 minus line 2) Cash prizes

166,735. 76,221. Noncash prizes Direct Expenses 3,471 3,471. Rent/facility costs 39,815 39,815. Food and beverages 11,165 11,165. Entertainment 36,166. 36,166. Other direct expenses 90,617 10 Direct expense summary Add lines 4 through 9 in column (d) -103. Net income summary Combine line 3, column (d), and line 10 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 (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes % Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 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  b If "Yes," explain	? Yes No
032082 01-13-11	Schedule G (Form 990 or 990-EZ) 2010

### ARTS AND HUMANITIES COUNCIL

Schedule G (Form 990 or 990-EZ) 2010 OF MONTGOMERY COUNTY	52-1086825 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ırds
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address	
16 Gaming manager information	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year   \$    Part IV   Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, co	hanne (a) and (b) and Dark III
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, co lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	* * * * * * * * * * * * * * * * * * * *
	torridaeri (see instructione)
032083 01-13-11 Schedul	e G (Form 990 or 990-EZ) 2010

SCHEDULE 1 (Form 990)

Department of the Treasury Internat 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.

Open to Public Inspection

Name of the organization ARTS AND HUMAN	ARTS AND HUMANITIES OF MONTGOMERY COINTY	S COUNCIL					Employer identification number 52-1086825
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ľ
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	d States			•
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000. Check this box if no one received more than \$5,000. Check this box if no one received more than \$5,000. Check this box if no one received more than \$5,000. Check this box if no one received more than \$5,000. Check this box if no one received more than \$5,000. Check this box if no one received more than \$5,000.	Governments and	d Organizations in the	e United States. C	omplete if the orga	nization answered "\	anization answered "Yes" to Form 990, Part IV, I	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	nt of sh ice	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FOR THE RESOURCES NEEDED
ADVENTURE THEATRE				.,			TO PROVIDE ARTS AND
7300 MACARTHUR BLVD							HUMANITIES PROGRAMS AND
GLEN ECHO, MD 20812	52-6054621	501 (C)(3)	41,565.	0	•		SERVICES .
			-	-			FOR THE RESOURCES NEEDED
AMERICAN DANCE INSTITUTE, INC.							TO PROVIDE ARTS AND
1570 EAST JEFFERSON STREET							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20852	52-2158599	501 (C)(3)	128,701,	0			SERVICES
							FOR THE RESOURCES NEEDED
ARTPRENEURS, INC., DBA ARTS ON THE							TO PROVIDE ARTS AND
BLOCK - 11501 GEORGIA AVE. , STE.							HUMANITIES PROGRAMS AND
104 - WHEATON, MD 20902	64-0958139	501 (C)(3)	25,000.	0,			SERVICES
							FOR THE RESOURCES NEEDED
ARTS FOR THE AGING, INC. (AFTA)							TO PROVIDE ARTS AND
6917 ARLINGTON ROAD, STE 352							HUMANITIES PROGRAMS AND
BETHESDA, MD 20814-5211	52-1978088	501 (C)(3)	20,974.	0.			SERVICES
							FOR THE RESOURCES NEEDED
ARTSTREAM, INC.							TO PROVIDE ARTS AND
620 PERSHING DRIVE							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20910	35-1516235	501 (C)(3)	16,000.	0.			SERVICES
				_			FOR THE RESOURCES NEEDED
BALTIMORE SYMPHONY ORCHESTRA, INC							TO PROVIDE ARTS AND
1212 CATHEDRAL STREET						<del>-</del> .	HUMANITIES PROGRAMS AND
BALTIMORE, MD 21201-5517	52-0629696	501 (C)(3)	349,537.	0,			SERVICES
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					▶ 52.
	S						0

Schedule I (Form 990) (2010)

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

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# ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY

Schedule I (Form 990) OF MONTGOMERY	MERY COUNTY	TY				5	52-1086825 Page 1
Part II Continuation of Grants and Other Assistance to Governments ar	Assistance to Go	vernments and Orgar	nizations in the Ur	nited States (Sche	nd Organizations in the United States (Schedule I (Form 990), Part II)	u    )	
(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
							FOR THE RESOURCES NEEDED
BEL CANTANTI OPERA COMPANY							TO PROVIDE ARTS AND.
PO BOX 3232							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20918	71-0966118	501 (C)(3)	17,775.	0			SERVICES
							FOR THE RESOURCES NEEDED
CAMBODIAN BUDDHIST SOCIETY							TO PROVIDE ARTS AND
13800 NEW HAMPSHIRE AVE							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20904	52-1061298	501 (C)(3)	9 000.	0			SERVICES
							FOR THE RESOURCES NEEDED
CANTATE CHAMBER SINGERS							TO PROVIDE ARTS AND
P. O. BOX 41012							HUMANITIES PROGRAMS AND
BETHESDA, MD 20824	52-1447309	501 (C)(3)	5,500.	0			SERVICES
						_	FOR THE RESOURCES NEEDED
CHEVY CHASE HISTORICAL SOCIETY							TO PROVIDE ARTS AND
PO BOX 15145							HUMANITIES PROGRAMS AND
CHEVY CHASE, MD 20825	52-1279019	501 (C)(3)	7,200.	0.			SERVICES
							FOR THE RESOURCES NEEDED
CITYDANCE ENSEMBLE, INC.				-			TO PROVIDE ARTS AND
5301 TUCKERMAN LANE				•			HUMANITIES PROGRAMS AND
NORTH BETHESDA, MD 20852	52-2165072	501 (C)(3)	174,204.	0	,		SERVICES
							FOR THE RESOURCES NEEDED
CLANCYWORKS DANCE COMPANY							TO PROVIDE ARTS AND
P.O. BOX 3111		•					HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20918	52-2333581	501 (C)(3)	23,000.	0			SERVICES
							FOR THE RESOURCES NEEDED
CLASS ACTS ARTS, INC.							TO PROVIDE ARTS AND
8720 GEORGIA AVENUE, STE. 303							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20910	52-2203133	501 (C)(3)	60,064.	0			SERVICES
							FOR THE RESOURCES NEEDED
CORAL CANTIGAS, INC							TO PROVIDE ARTS AND
P.O. BOX 2212							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20847	52-1918239	501 (C)(3)	18,000.	0			SERVICES
							FOR THE RESOURCES NEEDED
CREATE CO							TO PROVIDE ARTS AND
816 THAYER AV							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20910-4593	52-1489164	501 (C)(3)	10,797.	0			SERVICES
LHA							Schedule I (Form 990)

# ARTS AND HUMANITIES COUNCIL

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

FOR THE RESOURCES NEEDED FOR THE RESOURCES -NEEDED FOR THE RESOURCES NEEDED Schedule I (Form 990) HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND IUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND UMANITIES PROGRAMS AND IUMANITIES PROGRAMS AND IUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND (h) Purpose of grant or assistance O PROVIDE ARTS AND O PROVIDE ARTS AND TO PROVIDE ARTS AND ERVICES SERVICES SERVICES ERVICES ERVICES SERVICES SERVICES SERVICES SERVICES (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö ö 0 。 Ö Ö 。 0 (e) Amount of non-cash assistance (d) Amount of cash grant 10 000 13,000 10 000 40,352 7,000 21,500 93,705 11,000 48,339 (c) IRC section if applicable 501 (C)(3) 52-1967747 20-2784718 37-1468690 31-1627799 52-1934303 52-1283371 26-1880111 52-2010744 38-3650339 (b) EIN FRIENDS OF THE LIBRARY, MONTGOMERY COUNTY, INC. - 21 MARYLAND AVENUE, FRIENDS OF THE YELLOW BARN STUDIO ARTS AND CULTURE - 7300 MACARTHUR THE ARTS - 12901 TOWN COMMONS DR. CONFERENCE, INC. - C/O ROCKVILLE GERMANTOWN CULTURAL ARTS CENTER, INC. D.B.A BLACKROCK CENTER FOR GLEN ECHO PARK PARTNERSHIP FOR CITY HALL, 111 MARYLAND AVE. -F. SCOTT FITZGERALD LITERARY (a) Name and address of organization or government GANDHI BRIGADE INCORPORATED BLVD. - GLEN ECHO, MD 20812 STE. 310 - ROCKVILLE, MD 7300 MACARTHUR BOULEVARD DAMASCUS THEATRE COMPANY SILVER SPRING, MD 20910 SILVER SPRING, MD 20907 GLEN ECHO POTTERY, INC. - GERMANTOWN, MD 20874 GALTHERSBURG, MD 20877 DOCS IN PROGRESS, INC. ROCKVILLE, MD 20850 GLEN ECHO, MD 20812 GLEN ECHO, MD 20812 2 MICHELE COURT 8700 FIRST AVE. PO BOX 7381 20850-2389 PO BOX 158

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		Í	ATTION ON ON	ALLO MURENITIES COONCIE
Schedule	) I (Form 990)	OF	OF MONTGOMERY COUNTY	COUNTY
Part II	Continuation of	Gran	nts and Other Assistanc	ments and Organization

Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		nizations in the Ur	inted States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	t    )	
(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.							FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND
							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20848	52-2271633	501 (C)(3)	9,389.	0			SERVICES
							FOR THE RESOURCES NEEDED
IMAGINATION STAGE, INC.							TO PROVIDE ARTS AND
4908 AUBURN AVENUE							HUMANITIES PROGRAMS AND
BETHESDA, MD 20814	52-1164889	501 (C)(3)	285,694.	0			SERVICES
							FOR THE RESOURCES NEEDED
INSTITUTE OF MUSICAL TRADITIONS							TO PROVIDE ARTS AND
P.O. BOX 5930							HUMANITIES PROGRAMS AND
TAKOMA PARK, MD 20913	52-1737962	501 (C)(3)	14,000.	0			SERVICES
							FOR THE RESOURCES NEEDED
JEWISH COMMUNITY CENTER OF GREATER							TO PROVIDE ARTS AND
WASHINGTON - 6125 MONTROSE RD -							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20852-4860	53-0205921	501 (C)(3)	60,424.	0			SERVICES
							FOR THE RESOURCES NEEDED
LUMINA STUDIO THEATRE, INC							TO PROVIDE ARTS AND
620 PERSHING DRIVE				-			HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20910	52-2274879	501 (C)(3)	14,180.	0			SERVICES
							FOR THE RESOURCES NEEDED
MARYLAND CLASSIC YOUTH ORCHESTRAS,							TO PROVIDE ARTS AND
INC 5301 TUCKERMAN LANE - N.							HUMANITIES PROGRAMS AND
BETHESDA, MD 20852-3385	52-6055802	501 (C)(3)	19,925.	0			SERVICES
							FOR THE RESOURCES NEEDED
MARYLAND YOUTH BALLET					-		TO PROVIDE ARTS AND
926 ELLSWORTH DRIVE	•						HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20910-4401	52-0943959	501 (C)(3)	68,000,	0			SERVICES
							FOR THE RESOURCES NEEDED
METROPOLITAN BALLET THEATRE, INC.							TO PROVIDE ARTS AND
10076 DARNESTOWN ROAD							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20850-3363	52-1665250	501 (C)(3)	23,747.	0		•	SERVICES
							FOR THE RESOURCES NEEDED
MONTGOMERY COMMUNITY TELEVISION,							TO PROVIDE ARTS AND
INC 7548 STANDISH PLACE -				•			HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20855	52-1372897	501 (C)(3)	107,964,	0.			SERVICES
LHA							Schedule I (Form 990)

52-1086825 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) ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY

Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		nizations in the Un	ited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	t II )	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
MONTGOMERY COUNTY HISTORICAL				-			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND.
SOCIETY - 111 W. MONTGOMERY AVENUE - ROCKVILLE, MD 20850	52-0795346	501 (C)(3)	25,241.	0			HUMANITIES PROGRAMS AND SERVICES
							FOR THE RESOURCES 'NEEDED
MUSICAL THEATER CENTER							TO PROVIDE ARTS AND
837-D ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1552469	501 (C)(3)	64,674.	0			HUMANITIES PROGRAMS AND SERVICES
							FOR THE RESOURCES NEEDED
NATIONAL PHILHARMONIC							TO PROVIDE ARTS AND HIMANITIES PROGRAMS AND
N. BETHESDA, MD 20852-3385	52-1361650	501 (C)(3)	267,970.	0.			SERVICES
							FOR THE RESOURCES NEEDED
OLNEY THEATRE CENTER FOR THE ARTS							TO PROVIDE ARTS AND
2001 OLNEY-SANDY SPRING ROAD							HUMANITIES PROGRAMS AND
OLNEY, MD 20832	52-1149571	501 (C)(3)	200,000	0			SERVICES
				_			FOR THE RESOURCES NEEDED
OLNEY THEATRE CORP							TO PROVIDE ARTS AND
2001 OLNEY-SANDY SPRING ROAD							HUMANITIES PROGRAMS AND
OLNEY, MD 20832	52-1149571	501 (C)(3)	164,515.	0			SERVICES
							FOR THE RESOURCES NEEDED
PYRAMID ATLANTIC				-			TO PROVIDE ARTS AND
8230 GEORGIA AVENUE				•			HUMANITIES PROGRAMS AND
SILVER SPRING MD 20910	52-1233802	501 (C)(3)	55,868,	0			SERVICES
ROBERT E. PARILLA PERFORMING ARTS							FOR THE RESOURCES NEEDED
CENTER - MONTGOMERY COLLEGE - 51							TO PROVIDE ARTS AND
MANNAKEE STREET - ROCKVILLE, MD						<del>-</del>	HUMANITIES PROGRAMS AND
20850-1195	52-0891845	501 (C)(3)	66,788.	0			SERVICES
							FOR THE RESOURCES NEEDED
ROUND HOUSE THEATRE, INC.			•••				TO PROVIDE ARTS AND
P.O. BOX 30688				_			HUMANITIES PROGRAMS AND
BETHESDA, MD 20824	52-1289737	501 (C)(3)	185,877.	0			SERVICES
							FOR THE RESOURCES NEEDED
STRATHMORE HALL FOUNDATION, INC.						-	TO PROVIDE ARTS AND
5301 TUCKERMAN LANE							HUMANITIES PROGRAMS AND
NORTH BETHESDA, MD 20852-3385	52-1233092	501 (C)(3)	337,295,	0.			SERVICES
СНА							Schedule I (Form 990)

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ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY

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 )

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II	Assistance to Go	vernments and Organ	nizations in the Ur	lited States (Source	dule I (rollil 390), rai	111	
(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
							FOR THE RESOURCES NEEDED
TAPPERS WITH ATTITUDE, INC.							TO PROVIDE ARTS AND
VE.	1 0 0 0 0	ì		c			HUMANITIES PROGRAMS AND
SIEVER SPRING MD 20910	/ 06776T-75	501 (0)(3)	* 00c , c 1	•			FOR THE RESOURCES NEEDED
ONT SINCHULE HOSE SHE							TO PROVIDE ARTS AND
PO BOX 8704							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20907	12-3456789	501 (C)(3)	24,000.	0			SERVICES
							FOR THE RESOURCES NEEDED
THE DANCE EXCHANGE INC							TO PROVIDE ARTS AND
7117 MAPLE AVENUE							HUMANITIES PROGRAMS AND
TAKOMA PARK, MD 20912	52-1076232	501 (C)(3)	116,033,	0			SERVICES
							FOR THE RESOURCES NEEDED
THE JAZZ ACADEMY OF MUSIC INC.							TO PROVIDE ARTS AND
13721 MIDDLEVALE LN							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20906	51-0431430	501 (C)(3)	20,000.	0			SERVICES
							FOR THE RESOURCES NEEDED
THE PUPPET CO.							TO PROVIDE ARTS AND
7300 MACARTHUR BLVD.							HUMANITIES PROGRAMS AND
GLEN ECHO, MD 20812-1200	52-1320986	501 (C)(3)	28,100.	0.			SERVICES
							FOR THE RESOURCES NEEDED
THE SELMA M. LEVINE SCHOOL OF							TO PROVIDE ARTS AND
MUSIC - 2801 UPTON ST, NW -							HUMANITIES PROGRAMS AND
WASHINGTON, DC 20008	52-1063325	501 (C)(3)	101,033.	0.			SERVICES
							FOR THE RESOURCES NEEDED
THE WASHINGTON CONSERVATORY							TO PROVIDE ARTS AND
1 WESTMORELAND CIRCLE							HUMANITIES PROGRAMS AND
BETHESDA, MD 20816	52-1351503	501 (C)(3)	43,675.	0			SERVICES
							FOR THE RESOURCES NEEDED
WASHINGTON REVELS, INC.							TO PROVIDE ARTS AND
531 DALE DRIVE							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20910	52-2296036	501 (C)(3)	24,000.	0			SERVICES
							FOR THE RESOURCES NEEDED
WASHINGTON SCHOOL OF PHOTOGRAPHY							TO PROVIDE ARTS AND
4850 RUGBY AVENUE							HUMANITIES PROGRAMS AND
BETHESDA, MD 20814	52-2231679	501 (C)(3)	17,033.	0			SERVICES
LHA							Schedule I (Form 990)

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Page 1 FOR THE RESOURCES NEEDED HUMANITIES PROGRAMS AND (h) Purpose of grant or assistance O PROVIDE ARTS AND 52-1086825 SERVICES (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 43,427, (c) IRC section if applicable 52-1079969 501 (C)(3) OF MONTGOMERY COUNTY (b) EIN (a) Name and address of organization or government WRITERS CENTER, INC BETHESDA MD 20815 Schedule I (Form 990) 4508 WALSH ST

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Schedule I (Form 990)

032241 12-21-10

LHA

52-1086825

OF MONTGOMERY COUNTY

Schedule | (Form 990) (2010) OF MONTGOMERY COUNTY

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

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		1 000	0		•
INDIVIDUAL ARTISTS & SCHOLARS	20	92	0		
ARTIST IN RESIDENCY GRANTS		32.	0		
ARTISTS IN THE COMMUNITY  ARTISTS IN THE COMMUNITY  Part IV Supplemental Information. Complete this part to provide the information required in Part IV ine 2, and any other additional information	de the informatio	15,610, n required in Part I,	0   line 2, and any other	additional information	
	REQUIRES	THAT GRAN	GRANTEES SIGN	A GRANT	
AGREEMENT BEFORE FUNDS ARE RELEASED		AGREEMENTS STATE	THAT	FUNDS MUST BE	
USED IN ACCORDANCE WITH THE PROGRAM DES	M DESCRI	CRIPTION IN T	THE AGREEMENT	NT OR, IF	
CHANGES ARE REQUIRED, THESE MUST B	BE REQUESTED	AND	APPROVED IN	IN ADVANCE OF	
THE CHANGE TAKING PLACE. GRANT GU	GUIDELINES	PROVIDE	THAT FUNDS	FUNDS NOT USED IN	
ACCORDANCE WITH THE APPROVED PROGRAM DESCRIPTION	AM DESCR	IPTION MUST	BE	RETURNED TO AHCMC.	
SIMILARLY, FUNDS NOT USED BY THE E	END OF THE	GRANT	PERIOD AND NOT	OT APPROVED	
TO BE CARRIED FORWARD AND MUST BE	RETURNED.	AT THE	END OF THE	GRANT	
PERIOD, EACH GRANTEE MUST SUBMIT A	FINAL	REPORT DESC	DESCRIBING THE	USE OF THE	(And the state of
032 102 01-13-11		ו			ociledule i (norili 990) (2010)

## ARTS AND HUMANITIES COUNCIL 52-1086825 Page 2 Schedule I (Form 990) 2010 OF Part IV Supplemental Information OF MONTGOMERY COUNTY GRANT FUNDS AND HOW THE FUNDS WERE SPENT.

Schedule I (Form 990) 2010

### **SCHEDULE 0**

(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
WOILD BE ACKED TO DECLICE HIM/HEDGELE EDOM ANY DELATED MOTE/DISCION

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

Schedule O (Form 990 or 990-EZ) (2010)