

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www irs.gov/form990.

Open to Public Inspection

A I	For the	2013 calendar year, or tax year beginning JUL 1, 2013 and en	iding ၂	UN 30, 2014						
В	Check if	C Name of organization		D Employer identific	cation number					
4	applicabl	ARTS AND HUMANITIES COUNCIL								
	Addre:	SS OF MONTH CONTROL								
F	Name chang	David Burney	_	52-1	086825					
F	Initial		om/suite	E Telephone number						
F	Termir	· · · · · · · · · · · · · · · · · · ·		301-565-3805						
F	lated ∏Amend			G Gross receipts \$ 4,266,228						
늗	lreturn ∏Applic			H(a) Is this a group return						
L	tion pendir									
				for subordinates						
		SAME AS C ABOVE	507	H(b) Are all subordinates in						
		empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527		list (see instructions)					
		e: WWW.CREATIVEMOCO.COM	1	H(c) Group exemption						
		organization: X Corporation Trust Association Other ►	_ L Year o	of formation: 1976 N	State of legal domicile: MD					
P	_	Summary								
0 3 2015 Governance	1	Briefly describe the organization's mission or most significant activities SEE PA	ART I	II, LINE 1.						
<u> </u>	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets					
ۿؚڞ	_	Number of voting members of the governing body (Part VI, line 1a)	u 01 111010	3	8					
⊃ ც	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	8					
Ω _e χ	t			5	13					
Ξë		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		6	25					
FI) FEB Activities &		Total number of volunteers (estimate if necessary)		 	0.					
∏ 8	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a						
Revenue SCANN	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
		Contributions and grants (Part VIII, line 1h)	¬ ⊢	Prior Year	Current Year					
S	1		-	3,562,447.	4,190,206.					
e.	1	Program service revenue (Part VIII, line 2g)	있	67,217.	72,746.					
ě	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d) JAN 23 2015)SO-S	2,909.	3,276.					
	1	5 I	<u>دا اي</u>	0.	0.					
		Total Total and all of the age of	<u>~ </u>	3,632,573.	4,266,228.					
	13	Grants and similar amounts paid (Part IX, column (A), lines もうりとれ、UT	_	3,041,367.	3,458,481.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		305,142.	324,267.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 26,209	<u>9.</u>	<u>-</u>						
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		374,526.	397,755.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,721,035.	4,180,503.					
	19	Revenue less expenses Subtract line 18 from line 12		-88,462.	85,725.					
O.S.			Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		547,303.	702,562.					
AB	21	Total liabilities (Part X, line 26)		179,516.	249,050.					
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		367,787.	453,512.					
	art II	Signature Block								
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules at	ind statem	ents, and to the best of m	y knowledge and belief, it is					
true	, correc	t, and compl ete. <u>Des</u>laration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.						
		N Ray ()		1/16	115					
Sig	ın	Signature of officer		Date						
Hei		SUZAN E JENKINS, CEO								
	-	Type or print name and title								
		Print/Type preparer's name Preparer's Monature		ate Check	PIN					
Pan	d	DAVID F GRALING CPA Dand F. And CI	PA I.	1-15-15 If self-employ	<u> </u>					
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008					
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		7 0						
J 3 6		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090					
N40	v tha II	RS discuss this return with the preparer shown above? (see instructions)		[i none no. ()	X Yes No					
ivia	y 111 2 11	o to LLMA. For Panerwork Reduction Act Notice, see the separate instructions			Form 990 (2013)					

	990 (2013) OF MONTGOMERY COUNTY	52-1086825	5 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	THE ARTS AND HUMANITIES COUNCIL MISSION IS TO PROMOTE,	SUPPORT, A	ND
	EXPAND A VIBRANT ARTS AND HUMANITIES PRESENCE AND ENSUR		IS
	WOVEN INTO THE FABRIC OF OUR DIVERSE AND INCLUSIVE COMM		
	SCHEDULE O CONTINUED)		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Y	'es X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es X No
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expen	ises
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported		,
4a	(Code) (Expenses \$ 3,579,977. including grants of \$ 3,409,993.) (Reven	ue \$	
	GRANTS PROGRAM: ADMINISTERED AND PROVIDED GRANTS TO IND		TISTS.
	SCHOLARS, AND ARTS AND HUMANITIES ORGANIZATIONS TO SUPP		
	MANAGEMENT, PERFORMANCES AND PROGRAMS IN MONTGOMERY COU		
	·		
			·
	· · · · · · · · · · · · · · · · · · ·		
			
4b	(Code) (Expenses \$	7.	2,746.
	MARKETING, COMMUNICATIONS AND OUTREACH: AHCMC'S INTEGRA		
		IDES SUBSCI	
	WITH PRINT AND DIGITAL COOPERATIVE ADVERTISING OPPORTUN		
	PROFESSIONAL DEVELOPMENT PROGRAMS, AND A COUNTY-WIDE CU		ENDAR
	(CULTURESPOTMC.COM) THAT AUTOPOPULATES 4 OTHER ONLINE C	····	
	MARKETPOWER CURRENTLY SERVES 75 SUBSCRIBING ORGANIZATION		R F.
	THAN 200 INDIVIDUALS PARTICIPATING IN MARKETPOWER EVENT		
	PROGRAMMING. ALONG WITH THESE SERVICES, AHCMC ENGAGES A		
	HUMANITIES CONSTITUENTS AND INDIVIDUAL ARTISTS AND SCHO		GH 5
	DIFFERENT TARGETED NEWSLETTERS, OUR BLOG, AND SOCIAL ME		
4c	(Code) (Expenses \$ 141,749 . including grants of \$) (Reven	ue \$	
	KRAMER GALLERY: 4 PROFESSIONAL EXHIBITIONS AND 1 EXHIBIT		UDENT
	WORK, FUNDED THROUGH A GENEROUS GIFT FROM THE FAMILY OF		
			<u></u>
	PUBLIC ART: THE PUBLIC ART TRUST STEERING COMMITTEE APP	ROVED ALL	
	CONSERVATION AND MAINTENANCE PROJECTS FOR FY14. IN FY14		IC ART
	TRUST COMPLETED EIGHT CONSERVATION PROJECTS. WE ALSO WO		
	LOCAL DEVELOPER TO CREATE A WINDOW DISPLAY OF REPRODUCT		· -
	PAINTINGS INCLUDED IN CULTURAL EXCHANGES AT THE KRAMER		
	BEGAN DEVELOPMENT OF PUBLIC ART ROAD MAP WHICH WILL SHO		_
	OF EXITING PUBLIC ART IN MONTGOMERY COUNTY AND CONNECT		
	OTHER COUNTY MASTER PLANS, SUCH AS BIKE PLANS, AS WELL		
	PROJECTS AND COUNTY INFRASTRUCTURE PROJECTS.	LO HUN CAF.	<u> </u>
	Other program services (Describe in Schedule O.)		
TU	(Expenses \$ 101,187. including grants of \$ 48,488.) (Revenue \$	١	
4 -	Texted seasons 101, 107 • including grants of \$ 40, 400 •) [Hevenue \$		

332002 10-29-13

ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY

Form 990 (2013) OF MONTGOMER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes;" complete Schedule A	_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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u>X</u>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			İ
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			3.5
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- T	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII	12a	X	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		v
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a b	Did the organization maintain an onice, employees, or agents outside or the oritine states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	 	<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		
	or for foreign individuals? 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,			
	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	- ' '-		<u> </u>
	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,"	- 	<u> </u>	<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<u></u>
	The state of the s		000	(2012)

Form 990 (2013) OF MONTGOMERY COUNTY Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
2 5a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
		25a		
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	056		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3,7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			7.7
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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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			
	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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2013)

Form 990 (2013) OF MONTGOMERY COUNTY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 19									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0]								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	Х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 13									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		Х						
b	If "Yes," has it filed a Form 990.T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с								
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 as charitable contributions?	_6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		_X_						
	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A									
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	_								
a	Did the organization make any taxable distributions under section 4966? N/A	9a								
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter									
''a	Gross income from members or shareholders N/A 11a									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
~	amounts due or received from them)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a								
	Note. See the instructions for additional information the organization must report on Schedule O									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14 <u>b</u>								
		Form	990	(2013)						

332005 10-29-13

Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					IX					
Sec	tion A. Governing Body and Management				1						
		ı	I		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>8</u>							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X_					
6	Did the organization have members or stockholders?										
7a											
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	ŀ							
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ie following:	-							
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,	ł							
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	iflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *	Yes," d	escribe								
	ın Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	_X_						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approve	al by II	ndependent								
	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					
	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 arrange	ement v	vith a			<u></u>					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		· ·								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to the organical statements and statements are safeguard to the organical statements are safeguard to the organical statements and statements are safeguard to the organical statements are safeg	anızatıc	n's								
	exempt status with respect to such arrangements?			16b	_						
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed MD										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	· I (Sec	tion 501(c)(3)s only) availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	_	:								
	Own website Another's website X Upon request Other (explain		•								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, a	nd fina	ncıal						
	statements available to the public during the tax year										
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiz	ation	-						
	SUZAN E. JENKINS - 301-565-3805			_							
	801 ELLSWORTH DRIVE, SILVER SPRING, MD 20910			r	. 000	(0010					

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	on nor any related	orga	nıza	tion	cor	nper	nsat	ted any current officer, o	director, or trustee			
(A)	(B)							(D)	(F)			
Name and Title	Average	Position (do not check more than one				than		Reportable	Reportable	Estimated		
	hours per	box,	box, unless person is both officer and a director/truste				h an	compensation	compensation	amount of		
	week	-	-1 1 1 1					from the	from related	other		
	(list any hours for	Individual trustee or director				Į_		organization	organizations (W-2/1099-MISC)	compensation from the		
	related	e or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization		
	organizations	trust	Institutional trustee		oyee	ad mo		`		and related		
	below	vidual	tution	18:	empk	esto	ner			organizations		
	line)	ıpu	Insti	Officer	Key	Highest compensated employee	Former					
(1) ERICA A. LEATHAM	2.00									_		
CHAIR		Х		X	_			0.	0.	0.		
(2) RON WOLFSHELMER	2.00									•		
TREASURER	1 2 2 2	Х		X		-	ļ	0.	0.	0.		
(3) JOAN KREJCI GRIGGS	1.00	<u> </u>							_	_		
SECRETARY		X		X		<u> </u>		0.	0.	0.		
(4) MICHELLE GRAHAM-HICKS	0.50						•			•		
DIRECTOR	0.50	Х				-	<u> </u>	0.	0.	0.		
(5) MARA MAYOR	0.50	,,			!					^		
DIRECTOR	0.50	Х		_	ļ <u>.</u>	-	-	0.	0.	0.		
(6) ERIC SIEGEL	0.50	- I			ŀ				ا ۾ ا	_		
DIRECTOR	1.00	Х			\vdash	-	\vdash	0.	0.	0.		
(7) ROBERTA F. SHULMAN	1.00	x			l	ĺ		0.	0.	0.		
DIRECTOR	0.50	^			\vdash		\vdash	1	0.	U •		
(8) XLMENA VARELA	0.50	х						0.	0.	0.		
DIRECTOR (9) KIM BALCH	0.50	^				 		<u> </u>	<u> </u>	<u>U.</u>		
	0.50	\mathbf{x}						0.	0.	0.		
DIRECTOR (THROUGH 12/13) (10) STERLING CROCKETT	0.50	<u>-,</u>			-	 		<u> </u>	- 0.	<u> </u>		
DIRECTOR (THROUGH 05/14)	0.50	x						0.	0.	0.		
(11) PHIL PENG	0.50				_	T		<u> </u>				
DIRECTOR (THROUGH 12/13)	0.00	x			1			0.	0.	0.		
(12) SUZAN JENKINS	40.00						_					
CEO		1		х				94,540.	0.	12,250.		
					L		L					
										-		
						$oldsymbol{ol}}}}}}}}}}}}}}}}}}$						
					<u> </u>	$oxed{oxed}$						
						<u> </u>						
			L		L			<u> </u>		<u></u>		
										Form 990 (2012)		

	ARTS AND					iUC	1C]	L		E2 1096	025	П	aaa Q
-orm Par	t VII Section A. Officers, Directors, Trus			_		<u>ч</u>	abor		Componented Employe	52-1086	825	Р.	age 8
<u> </u>	(A) Name and title	(B) Average hours per week	(B) (C) (D) verage urs per (do not check more than one box, unless person is both an officer and a discrete flytished)						(D)	(E) Reportable compensation from related	l	ed of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	other pensa om th anizat d relat anizat	e non ed
		- "											
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	94,540. 0. 94,540.	0. 0. 0.		2,2	50. 0. 50.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d al	oove	e) wh	o re	eceived more than \$100	,000 of reportable			1
3	Did the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	orl	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportabl								the organization	4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr unr			dual for services	5_		x
	tion B. Independent Contractors				-4 -					\$100,000 of			
1	Complete this table for your five highest co the organization Report compensation for									·	allon	irom	
	(A) Name and business			ONE					(B) Description of s	-		C) nsatio	n
-													
								1	.			•	
								\dashv					

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

OF MONTGOMERY COUNTY

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d 1e 3,794,600. e Government grants (contributions) f All other contributions, gifts, grants, and 395,606 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 4,190,206 Total, Add lines 1a-1f Business Code 69,105 2 a COOPERATIVE ADVER. 900099 69,105 Program Service Revenue 900099 3,641. 3,641 WORKSHOPS f All other program service revenue 72,746 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 3,276. 3,276. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses 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 and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 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 Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue Total, Add lines 11a-11d 266,228. 72,746 0. 3,276. Total revenue See instructions.

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	3,378,302.	3,378,302.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	80,179.	80,179.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	109,160.	82,960.	17,356.	8,844
_	trustees, and key employees	109,100.	02,900.	17,330.	0,044
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	174,764.	141,021.	17,773.	15,970
8	Pension plan accruals and contributions (include	1/4//04.	141,021.	11,113.	13,570
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,418.	6,455.	9,963.	
10	Payroll taxes	23,925.	19,663.	3,115.	1,147
11	Fees for services (non-employees)	23/3231	25,003.		
	Management				
b	Legal				
	Accounting	51,980.	35,500.	16,480.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	142,237.	139,587.	2,650.	
12	Advertising and promotion	61,443.	61,443.		
13	Office expenses	18,670.	4,306.	14,364.	
14	Information technology	61,907.	34,242.	27,455.	210
15	Royalties				
16	Occupancy				
17	Travel	3,122.	2,280.	842.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,585.	8,652.	1,895.	38
20	Interest				
21	Payments to affiliates			2 7 4 2	
22	Depreciation, depletion, and amortization	2,749.		2,749.	
23	Insurance	3,901.		3,901.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
2	amount, list line 24e expenses on Schedule 0.) OFFICE HELP/INTERNS	9,590.	9,590.		
a b	STAFF DEVELOPMENT	6,675.	3,487.	3,188.	
c	PARKING & MILEAGE	5,975.	3,649.	2,326.	
d	MOVING & STORAGE	4,755.	3,759.	996.	
_	All other expenses	14,166.	2,921.	11,245.	
25	Total functional expenses Add lines 1 through 24e	4,180,503.	4,017,996.	136,298.	26,209
26	Joint costs. Complete this line only if the organization		_,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		т	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,200.	1	50,438.
	2	Savings and temporary cash investments	366,267.	2	513,514.
	3	Pledges and grants receivable, net	161,000.	3	130,052.
	4	Accounts receivable, net		4	·
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
ľ		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
ĺ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<u> </u>		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
۱ ۲	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges		9	6,471.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 22,399			
	b	Less accumulated depreciation 10b 20,312	4,836.	10c	2,087.
	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	
l	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)	547,303.	16	702,562.
	17	Accounts payable and accrued expenses	172,605.	17	245,935.
	18	Grants payable	·	18	
	19	Deferred revenue	6,911.	19	3,115.
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ß	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
۱	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
l		Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	179,516.	26	249,050.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
ဖွဲ့		complete lines 27 through 29, and lines 33 and 34.			
a 	27	Unrestricted net assets	300,541.	27	301,380.
ř	28	Temporarily restricted net assets	67,246.	28	152,132.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
2		and complete lines 30 through 34.			
5				30	
D - 10 6120	30	Capital stock or trust principal, or current funds			
Hasels Of Fu	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let Assets of Fu				31 32	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	367,787. 547,303.	1	453,512. 702,562.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2013) OF MONTGOMERY COUNTY	<u>52-108</u>	<u>86825 </u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				
	•			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,266		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,180	0,5	03.
3	Revenue less expenses Subtract line 2 from line 1	3	8.5	5,7	<u> 25.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36	7,7	87.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	450	3, <u>5</u>	<u> 12.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, , , , , , , , , , , , , , , , , , ,		2b	<u>X</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	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	ired audit			1

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ARTS AND HUMANITIES COUNCIL

Employer identification number 52-1086825

			IGOMERI COONI							<u> 2-1000</u>	043		
Part I	Reason	for Public Cha	arity Status (All organiz	ations mu	st complet	e this part) See inst	ructions					
The orgai	nization is not a	private foundatio	n because it is (For lines 1	through ⁻	11, check (only one b	ox)						
1 🗀	A church, coi	nvention of church	nes, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2 🗀	A school des	cribed in section	170(b)(1)(A)(ii). (Attach Sch	hedule E)									
з 🔲	A hospital or	a cooperative hos	pital service organization o	described	in section	170(b)(1)((A)(iiı).						
4 🔲	A medical res	search organizatioi	n operated in conjunction	with a hos	pıtal desci	ibed in se	ction 170	(b)(1)(A)(iı	i). Enter	the hospital	's nam	ıe,	
	city, and stat	e·											
5 🔲	An organizati	on operated for th	e benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental uni	t describ	ed in	-		
	section 170	(b)(1)(A)(iv). (Com	plete Part II)										
6	A federal, sta	te, or local govern	ment or governmental unit	described	d in sectio	n 170(b)(1	I)(A)(v).						
7 X	An organizati	on that normally re	eceives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	rıbed ı	n	
	section 170(b)(1)(A)(vi). (Comp	olete Part II)										
8 🗌			section 170(b)(1)(A)(vi). ((Complete	Part II)								
9 🗌	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
	activities rela	ted to its exempt f	functions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment	
			s taxable income (less sect										
	See section	509(a)(2) . (Comple	ete Part III)										
10 🔲	An organizati	on organized and	operated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	I).					
11 🔲	An organizati	on organized and	operated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	of one	or	
	more publicly	supported organi	izations described in section	on 509(a)(⁻	1) or section	n 509(a)(2) See sec	tion 509(a)(3). Ch	eck the box	that		
	describes the	e type of supportin	ng organization and comple	ete lines 1	1e through	11h							
	a Type I	ь <u> </u>	Type II c Ty	ype III - Fu	nctionally	ntegrated	c	і 🔙 Тур	e III - No	n-functional	ly integ	grated	
е 🔙	By checking	this box, I certify t	hat the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified	persons oth	ner tha	ın	
	foundation m	anagers and othe	r than one or more publicly	, supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)		
f	If the organiz	ation received a w	ritten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting o	rganization, check	this box										
g	Since August	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No											
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below											No	
	the governing body of the supported organization?											<u></u>	
	(ii) A family	member of a pers	son described in (i) above?	e ⁷ 11g(ii)									
	(iii) A 35% d	controlled entity of	f a person described in (i) o	or (II) above	e?					11g(iii)			
h	Provide the f	ollowing information	on about the supported or	ganızatıon	(s)								
				· ·		1		1		T			
(ı) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization (v) Did you notify the organization in col.							t of mo	netary	
org	janization		(400011200011111100110		sted in your document?	-	on in col.	I (II) Ornaniz	ea in the i	sup	port		
			above or IRC section (see instructions))		1	• • •		Ü.S	· · · · · · · · · · · · · · · · · · ·				
			(000	Yes	No	Yes	No	Yes	No				
									1				
					-		<u> </u>						
		-											
									i				
·													
												•	
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 OF MONTGOMERY COUNTY

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	5,122,043.	4.957.160.	3,674,789.	3,562,447.	4,190,206.	21,506,645.
2	Tax revenues levied for the organ-					, ,	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	60,000.	60,000.	60,000.	60,000.	60,000.	300,000.
4	Total. Add lines 1 through 3	5,182,043.	5,017,160.	3,734,789.	3,622,447.	4,250,206.	21,806,645.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						21 806 645.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	5,182,043.	5,017,160.	3,734,789.	3,622,447.	4,250,206.	21 806 645.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	788.	268.	424.	2,909.	3,276.	7,665.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				•		_
	or loss from the sale of capital						
	assets (Explain in Part IV)	625.	4,137.				4,762.
11	Total support. Add lines 7 through 10						21,819,072.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	271,731.
	First five years. If the Form 990 is for			l, fourth, or fifth tax	, x year as a sectioi	n 501(c)(3)	
	organization, check this box and stop	-					
Sec	ction C. Computation of Publ		centage		· -		
14	Public support percentage for 2013 (I	ine 6, column (f) div	rided by line 11, co	olumn (f))		14	99.94 %
15	Public support percentage from 2012	Schedule A, Part I	I, line 14			15	99.94 %
16a	33 1/3% support test - 2013. If the c	organization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				$\triangleright X$
b	33 1/3% support test - 2012. If the o	organization did not	check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly si	upported organiza	tion			
17a	10% -facts-and-circumstances test	t - 2013. If the orga	ınızatıon dıd not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	is box and stop he	ere. Explain in Par	t IV how the organ	nization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2012. If the orga	ınızatıon dıd not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circun	nstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	•
	organization meets the "facts-and-circ	cumstances" test T	The organization q	ualifies as a public	ly supported orga	ınızatıon	ightharpoons
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instruction	s >
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 (OF MONTGOM	ERY COUNT	Y	\ <u>(a)</u>	52-108	6825 Page 3
Part III Support Schedule for	Organizations	Described in	Section 509(a)(2)		
(Complete only if you checke	d the box on line 9	of Part I or if the o	rganization failed t	to qualify under Pa	rt II If the organiza	ation fails to
qualify under the tests listed	below, please com	plete Part II)				
Section A. Public Support			·			
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that			•			
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				-		
furnished by a governmental unit to		1				
the organization without charge						
6 Total. Add lines 1 through 5					· · -	
7a Amounts included on lines 1, 2, and				1.3		_
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		\		1=7.	(4)	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	L	<u> </u>	
14 First five years. If the Form 990 is for	or the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organız	ation,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	rcentage				

	check this box and stop here				ĺ
Sec	tion C. Computation of Public Support Percentage		_		
15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15		·	

			•		-
16	Public support	nercentage fr	om 2012 Schedul	e A Part III	line 15

Section D. Computation of Investment Income Percentage		
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%

17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))
18	Investment income percentage from 2012 Schedule A. Part III, line 17

17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17		
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	_	
19a	33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17	is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20	_Private foundation	, it the organization	did not check a box on line	14, 19a, or	19b, cneck this box	and see instructions

Schedule A (Form 990 or 990-EZ) 2013

ARTS AND HUMANITIES COUNCIL Schedule A (Form 990 or 990-EZ) 2013 OF MONTGOMERY COUNTY 52-1086825 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ARTS AND HUMANITIES COUNCIL

OF MONTICOMERY COINTY

Employer identification number E2 100602E

Pai	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, lin		P
		,	(b) Funds and other accounts
1	Total number at end of year	2	· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)	86,210.	
3	Aggregate grants from (during year)	49,412.	
4	Aggregate value at end of year	50,285.	
5	Did the organization inform all donors and donor advisors in		nde
3	are the organization's property, subject to the organization's	_	X Yes No
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or donor advisor, or for any other purpose come	X Yes No
Pai		ganization answered "Ves" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat		, mie /
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	Freservation of a certified r	istoric structure
2	Complete lines 2a through 2d if the organization held a quali	find consequence contribution in the form of a	panagration agreement on the last
2	day of the tax year	med conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	20
ď	listed in the National Register	and for on a historic structure	2d
3	Number of conservation easements modified, transferred, re		
Ū	year >	weadou, extinguioriou, or terminated by the orga	anzation during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	<u>"</u>	
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) about		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items	·	•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	-	
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2013

ARTS AND HUMANITIES COUNCIL

0-1		COMEDA COM		OUNCIL	l			E2 10	06015		- 2
	dule D (Form 990) 2013 OF MONTO † III Organizations Maintaining C	GOMERY COU		torical Tr	00011100	or Oth	or Cimil	52-10			ge ∠
3	Using the organization's acquisition, accessing	on, and other record	is, cnec	k any of the	tollowing the	at are a s	ignificant	use of its	collection	items	,
	(check all that apply)										
а	Public exhibition	c			hange progr	ams					
b	Scholarly research	€	•	Other							
С	Preservation for future generations							_			
4	Provide a description of the organization's co				-			ose in Pan	t XIII		
5	During the year, did the organization solicit o					ier similai	r assets		٦.,		1
Par	to be sold to raise funds rather than to be ma					WX U + -	F 00/		_ Yes	ــــــــــــــــــــــــــــــــــــــ	No
Га	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete ii the	e organizatio	n answered	Yes to	Form 990), Paπ IV, I	ine 9, or		
			d								
та	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	is or other a	ssets not	included		٦.,		١
	on Form 990, Part X?		0	4 - 1 - 1 -				•	」 Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the ic	llowing	table				Ι			—
	Decimans halanes								Amount		
С.	Beginning balance						1c				
a	Additions during the year						1d				
e	Distributions during the year						1e	-			
T 0-	Ending balance	aura 000 Davit V Iva	010				1f	l	1,,		<u> </u>
	Did the organization include an amount on Formatter and the arrangement in Part XIII			b b		Daw VIII			Yes		No 1
Pai									<u> </u>		
<u> </u>	Endownient Fands. Complete				(c) Two year			voore book	(a) Four	vooro k	
4	Regioning of year balance	(a) Current year	(D) F	Prior year	(C) I WU yea	IS DACK	(a) Hille	years back	(e) Four	years t	Jack
1a	Beginning of year balance					_					
D	Contributions										
C	Net investment earnings, gains, and losses			-							
	Grants or scholarships			··							
е	Other expenditures for facilities					l					
	and programs			.							
'	Administrative expenses										
g	End of year balance	ront year and balance	l	a solumn (
2	Provide the estimated percentage of the curi Board designated or quasi-endowment	ent year end balanc		g, column (a	a)) Held as						
a	Permanent endowment	%	_%								
D	Temporarily restricted endowment	^ %									
C	The percentages in lines 2a, 2b, and 2c shou										
2-	Are there endowment funds not in the posse		ation th	at are hold a	nd administr	arad far t	ha araan	zation			
Ja		ssion of the organiz	anon m	at are rielu a	ina auministi	ereu ioi t	ne organi	Zation	F.	V	
	by									Yes	No
	(i) unrelated organizations (ii) related organizations								3a(i)	\dashv	
h	If "Yes" to 3a(ii), are the related organizations	e lietad as required a	n Scho	dula B2					3a(ii) 3b	\dashv	—
4	Describe in Part XIII the intended uses of the								_30		
	t VI Land, Buildings, and Equipm		WITICITE	idilds			.	· · · · · · · · · · · · · · · · · · ·			—
<u> </u>	Complete if the organization answere). Part IV	/. line 11a S	ee Form 990) Part X	line 10				
	Description of property	(a) Cost or o			or other	r	ccumulat	ed	(d) Book	value	
	becomplied of property	basis (investi		, , ,	(other)	, , <i>,</i>	preciation		(u) Dook	value	
1a	Land		<u>'</u>								
	Buildings				-						
c	Leasehold improvements										
d	Equipment			1	8,302.		16,2	15.		2,08	37.

Schedule D (Form 990) 2013

Schedule D	(Form 990) 2013 OF MONTGOME	RY COUNTY		52-	1086825 Page 3
Part VII					
	Complete if the organization answered "Yes"				
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valu	uation Cost or end-	of-year market value
(1) Financia	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)				· · · · · · · · · · · · · · · · · · ·	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c See Form 990, Pa	rt X, line 13	
•	(a) Description of investment	(b) Book value			of-year market value
(1)					
(2)					·
(3)					
(4)					
(5)					 -
(6)	·				
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	<u> </u>			
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990, Pa	rt X, line 15	
		Description			(b) Book value
(1)				•	·· ·-
(2)					
(3)	~				
(4)					-
(5)					
(6)					
(7)			, ,, , _,		
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) lin	e 15)		•	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990. Part IV. line	11e or 11f See Form 9	90. Part X. line 25	
1.	(a) Description of liability	1	(b) Book value	,	
	leral income taxes		. ,		
(2)	eral income taxes				
(3)	-				
(4)		· · · · · ·			
(5)					
(6)	 				
(7)					
(/)					

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

X

Schedule D (Form 990) 2013

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

0-b-data D/F 000\ 0040	ARTS AND HUMANITIES COUNCIL	E2 100602E
Part XIII Supplemental Info	OF MONTGOMERY COUNTY ormation (continued)	52-1086825 Page 5
/ Ouppiemental IIII	ormanon (continuea)	-
•	_	
•		
·		,
	<u> </u>	
	•	
<u> </u>		
		Schedule D (Form 990) 20

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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.

2013

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

Open to Public Inspection

2 52-1086825 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ARTS AND HUMANITIES COUNCIL OF MONTGOMERY COUNTY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part I

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 2 Des Part II

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (a) EIN (b) EIN (c) IRC section (d) Amount of cash grant	(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
ADVENTURE THEATRE, INC.							TO PROVIDE ARTS AND
7300 MACARTHUR BLVD							HUMANITIES PROGRAMS AND
GLEN ECHO, MD 20812	52-6054621	501(C)(3)	103,960.	0			SERVICES
9 9 9 9 9 9 9 9 9			,				FOR THE RESOURCES NEEDED
AMERICAN DANCE INSTITUTE, INC.							TO PROVIDE ARTS AND
1570 E. JEFFERSON STREET							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20852	52-2158599	501(C)(3)	89,091,	0			SERVICES
			,				FOR THE RESOURCES NEEDED
ART AND REMEMBRANCE, INC.							TO PROVIDE ARTS AND
7725 ROCTON AVENUE							HUMANITIES PROGRAMS AND
CHEVY CHASE MD 20814-2457	20-0467888	501(C)(3)	6.689.	0			SERVICES
							FOR THE RESOURCES NEEDED
ARTPRENEURS, INC., DBA ARTS ON THE							TO PROVIDE ARTS AND
BLOCK - 4218 HOWARD AVE., SUITE 3A			-				HUMANITIES PROGRAMS AND
- KENSINGTON, MD 20895	64-0958139	501(C)(3)	25,000.	0			SERVICES
							FOR THE RESOURCES NEEDED
ARTS FOR THE AGING, INC. (AFTA)							TO PROVIDE ARTS AND
12320 PARKLAWN DRIVE							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20854-1726	52-1978088	501(C)(3)	26,141.	0	ļ		SERVICES
							FOR THE RESOURCES NEEDED
ARTSTREAM, INC.				-			TO PROVIDE ARTS AND
620 PERSHING DRIVE							HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20910	37-1516235 501(C)(3)	501(C)(3)	26,441,	0			SERVICES
2 Enter total number of section 501(c)(3) and government organizations	nd government or	_	sted in the line 1 table				▶
S Enter total number of other organizations listed in the line 1 table	e lieted in the line						•
- 1	מיייים וויו חבונון פ	Lable					

332101 10-29-13

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

Schedule I (Form 990) (2013)

TECTATION	コープスロロン
DITMANTAGE	
CTX (2
S E D E	37.44

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

Page 1

52-1086825

OR THE RESOURCES NEEDED OR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED OR THE RESOURCES NEEDED OR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED OR THE RESOURCES NEEDED OR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED IUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND IUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND (h) Purpose of grant O PROVIDE ARTS AND O PROVIDE ARTS AND TO PROVIDE ARTS AND or assistance ERVICES SERVICES SERVICES SERVICES SERVICES ERVICES ERVICES ERVICES SERVICES (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö 0 Ö ં Ö Ö Ö Ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 14,516 68, 214, 26,341 283,956 53,975 13,591 6 793 24,641 42,165 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 52-2010744 | 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 71-0966118 52-1447309 52-0629696 52-1279019 52-2165072 52-2203133 52-2103816 52-2333581 (p) EIN BALTIMORE SYMPHONY ORCHESTRA, INC. THE ARTS - 12901 TOWN COMMONS DR. GERMANTOWN CULTURAL ARTS CENTER, INC. D.B.A BLACKROCK CENTER FOR CHEVY CHASE HISTORICAL SOCIETY (a) Name and address of organization or government 8720 GEORGIA AVE, SUITE 303 BEL CANTANTI OPERA COMPANY CLANCYWORKS DANCE COMPANY NORTH BETHESDA, MD 20852 THE BACH SINFONIA, INC., CITYDANCE ENSEMBLE, INC. SILVER SPRING, MD 20918 CANTATE CHAMBER SINGERS BETHESDA, MD 20824-1012 SILVER SPRING, MD 20918 SILVER SPRING, MD 20910 MD 20907 - GERMANTOWN, MD 20874 CHEVY CHASE, MD 20825 N. BETHESDA, MD 20852 CLASS ACTS ARTS, INC. 5301 TUCKERMAN LANE 5301 TUCKERMAN LANE P. O. BOX 41012 SILVER SPRING P.O. BOX 3111 PO BOX 15145 PO BOX 8704 PO BOX 3232

ر بر	7
α	0
V)
α)
\subset	>
-	4
1	
C	1
Ľ	7

Page 1

Schedule I (Form 990)

Schedule I (Form 990)

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

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of non-cash valuation nor assistance (book, FMV, appraisal, other)	(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
rIGAS							FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND
ROCKVILLE, MD 2084/ CREATE CO (CREATE ARTS CENTER)	52-1916239	501(C)(3)	, 30¢, 12	Ď.			SERVICES FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND
816 THAYER AVENUE SILVER SPRING, MD 20910	52-1489164	501(C)(3)	22,391,	0			HUMANITIES PROGRAMS AND SERVICES
DAMASCUS THEATRE COMPANY C/O ELLI SWINK, 25904 WOODFIELD ROA DAMASCUS MD 20872	52-1967747	501(C)(3)	20 141.	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
DANCE EXCHANGE INC., THE 7117 MAPLE AVENUE		001/07/03/	E 1 A E A	c			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND
TAKOMA PARK, MD 20912-4412 DOCS IN PROGRESS, INC. 8700 FIRST AVE. SILVER SPRING, MD 20910-3356	52-1076232	501(C)(3) 501(C)(3)	51,454,24,24,566,	0 0			SERVICES FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
FRIENDS OF THE LIBRARY, MONTGOMERY COUNTY, INC 21 MARYLAND AVENUE, SUITE 310 - ROCKVILLE, MD 20850-2389	52-1283371	501(C)(3)	40,384.	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
GANDHI BRIGADE INCORPORATED PO BOX 7381 SILVER SPRING, MD 20907	26-1880111	501(C)(3)	18,316,	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
GLEN ECHO PARK PARTNERSHIP FOR ARTS AND CULTURE - 7300 MACARTHUR BLVD, - GLEN ECHO, MD 20812	38-3650339	501(C)(3)	93,562,	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
GLEN ECHO POTTERY, INC. 7300 MACARTHUR BOULEVARD GLEN ECHO, MD 20812	37-1468690	501(C)(3)	6,891,	0,			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES

28

52-1086825

Page 1

ARTS AND HUMANITIES COUNCIL

OF MONTGOMERY COUNTY

Schedule I (Form 990)

FOR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED FOR THE RESOURCES NEEDED OR THE RESOURCES NEEDED OR THE RESOURCES NEEDED IUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND IUMANITIES PROGRAMS AND HUMANITIES PROGRAMS AND (h) Purpose of grant or assistance TO PROVIDE ARTS AND O PROVIDE ARTS AND SERVICES SERVICES ERVICES SERVICES SERVICES ERVICES ERVICES (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) appraisal, other) (f) Method of valuation (book, FMV, 0. (e) Amount of non-cash assistance 0 o. Ö 0 o Ö (d) Amount of cash grant 5,100 18,120, 12,366 11,676 136,698 81, 731 204,981 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 52-1063325 52-1982929 52-1164889 51-0431430 53-0205921 52-2274879 32-0129151 (b) EIN JEWISH COMMUNITY CENTER OF GREATER MILESTONE MANOR LANE - GERMANTOWN WASHINGTON - 6125 MONTROSE ROAD -CULTURAL FOUNDATION - 11834 WOOD THE SELMA M. LEVINE SCHOOL OF GLORYSTAR MUSIC EDUCATION AND HERITAGE TOURISM ALLIANCE OF (a) Name and address of organization or government LUMINA STUDIO THEATRE, INC. JAZZ ACADEMY OF MUSIC, INC. MUSIC - 2801 UPTON ST. NW THRUSH LANE - POTOMAC, MD MONTGOMERY COUNTY - 12535 # B, 620 PERSHING DRIVE SILVER SPRING, MD 20910 SILVER SPRING, MD 20906 IMAGINATION STAGE, INC. 13721 MIDDLEVALE LANE WASHINGTON, DC 20008 MD 20852 4908 AUBURN AVENUE BETHESDA, MD 20814 20854-1444 ROCKVILLE MD 20876

Schedule I (Form 990)

FOR THE RESOURCES NEEDED

SERVICES

o

27,177

501(C)(3)

52-6055802

MARYLAND CLASSIC YOUTH ORCHESTRAS, INC. - 5301 TUCKERMAN LANE - NORTH

BETHESDA MD 20852

HUMANITIES PROGRAMS AND

O PROVIDE ARTS AND

HUMANITIES PROGRAMS AND

SERVICES

TO PROVIDE ARTS AND

74,329

501(C)(3)

SILVER SPRING, MD 20910

MARYLAND YOUTH BALLET

926 ELLSWORTH DRIVE

COUNCIL
HUMANITIES
AND
ARTS

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) OF MONTGOMERY COUNTY

Page 1

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	Izations in the Ur	ited States (Sche	dule I (ruilli 990), rai	(11)	
(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
METROPOLITAN BALLET THEATRE, INC. 10076 DARNESTOWN ROAD, #202	7.2.1665.360	501(2)(3)	7, 08,7	c			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND
FOR 1		10 (2) (3)					FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND
ARTS - 155 GIBBS STREET, SUITE 300 - ROCKVILLE, MD 20850	52-1549839	501(c)(3)	42,226,	0			HUMANITIES PROGRAMS AND SERVICES
MONTGOMERY COMMUNITY TELEVISION, INC 7548 STANDISH PLACE -							FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20855	52-1372897	501(C)(3)	123,186,	0			SERVICES
MONTGOMERY COUNTY HISTORICAL SOCIETY - 111 W, MONTGOMERY AVENUE - ROCKVILLE, MD 20850	52-0795346	501(C)(3)	17,282,	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
							FOR THE RESOURCES NEEDED
MOVEIUS CONTEMPORARY BALLET PO BOX 7206 STIVER SPRING MD 20907	46-2580700	501(0)(3)	7 439	C			TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
1		721721-22					dadaaw babancaa ann aca
NATIONAL CAPITAL TROLLEY MUSEUM 1313 BONIFANT RD							FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND
SILVER SPRING, MD 20905	52-6054669	501(C)(3)	9,641.	0			SERVICES
NATIONAL PHILHARMONIC							FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND
5301 TUCKERMAN LANE ROCKVILLE, MD 20852	52-1361650	501(C)(3)	204,936,	0			HUMANITIES PROGRAMS AND SERVICES
							FOR THE RESOURCES NEEDED
FAX							TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND
BETHESDA, MD 20814	52-1805556	501(C)(3)	5,689.	0			SERVICES
OLNEY THEATRE CORP.							FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND
2001 OLNEY-SANDY SPRING ROAD	52-1149571	501(C)(3)	215 677	c			HUMANITIES PROGRAMS AND SERVICES
ברססם חנו ידוווס	1100811 00	75/75/	10,70,042	,			1000

Schedule I (Form 990)

COUNCIL
HUMANITIES
AND
ARTS

	ments and Organizations in the United States (Schedule I (Form 990) Part II.)
NULX	o Government
OF MONTGOMERY COUNTY	of Grants and Other Assistance t
Q	Grant
Schedule I (Form 990)	Part II Continuation of

Page 1

52-1086825

ratin Communication of drafts and Other Assistance to dovernments and Organizations in the Online States (Schedule 1 (1011) 990), Fathir	Assistance to do	vernments and Organ	izations in the Or	nted States (Source	uule I (rullii sau), rai	[]	
(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
PYRAMID ATLANTIC							TO PROVIDE ARTS AND
8230 GEORGIA AVENUE STIVER SPRING MD 20910	52-1233802	501(C)(3)	23 256	C			HUMANITIES PROGRAMS AND SERVICES
							FOR THE RESOURCES NEEDED
CENTER - MONTGOMERY COLLEGE - 51				,			TO PROVIDE ARTS AND
MANNAKEE STREET - ROCKVILLE, MD							HUMANITIES PROGRAMS AND
20850	52-0891845	GOVERNMENT	63,945.	0.			SERVICES
							FOR THE RESOURCES NEEDED
ROCKVILLE MUSICAL THEATRE							TO PROVIDE ARTS AND
PO BOX 1248							HUMANITIES PROGRAMS AND
ROCKVILLE, MD 20849	52-1055828	501(c)(3)	7,268.	0			SERVICES
		•					FOR THE RESOURCES NEEDED
ROUND HOUSE THEATRE, INC.							TO PROVIDE ARTS AND
4545 EAST-WEST HIGHWAY							HUMANITIES PROGRAMS AND
BETHESDA, MD 20814	52-1289737	501(c)(3)	251,404,	0			SERVICES
							FOR THE RESOURCES NEEDED
SANDY SPRING MUSEUM							TO PROVIDE ARTS AND
17901 BENTLEY ROAD							HUMANITIES PROGRAMS AND
SANDY SPRING, MD 20860	52-1224038	501(C)(3)	21,466,	0			SERVICES
							FOR THE RESOURCES NEEDED
STRATHMORE HALL FOUNDATION, INC.							TO PROVIDE ARTS AND
5301 TUCKERMAN LANE							HUMANITIES PROGRAMS AND
NORTH BETHESDA, MD 20852	52-1233092	501(C)(3)	346,422.	0.			SERVICES
							FOR THE RESOURCES NEEDED
SYMPHONY OF THE POTOMAC, INC.							TO PROVIDE ARTS AND
P.O. BOX 717							HUMANITIES PROGRAMS AND
GLEN ECHO, MD 20812	26-0385674	501(c)(3)	9,649,	0			SERVICES
THE FORGOTTEN OPERA COMPANY, DBA			•				FOR THE RESOURCES NEEDED
THE VICTORIAN LYRIC OPERA COMPANY							TO PROVIDE ARTS AND
- P.O. BOX 10391 - ROCKVILLE, MD							HUMANITIES PROGRAMS AND
20849-0391	20-1241410	501(c)(3)	6,141,	0.			SERVICES
							FOR THE RESOURCES NEEDED
PUPPET CO.							TO PROVIDE ARTS AND
7300 MACARTHUR BLVD.							HUMANITIES PROGRAMS AND
GLEN ECHO, MD 20812	52-1320986	501(C)(3)	27,686.	0.			SERVICES
							Schedule I (Form 990)

L	
(
C	X
Ĺ	٥
c	Ÿ
č	
7	9
۲	ı
_	
C	`

Page 1

ARTS AND HUMANITIES COUNCIL

COUNTY	ce to Governn
MONTGOMERY COUNTY	s and Other Assistan
(Form 990) OF	art II Continuation of Grants and Other Assistance to Governi
Schedule I	Part II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orgar	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose-of grant or assistance
UPROOTED DANCE 9833 DARCY FOREST DR. SILVER SPRING MD 20910	57-6412700		6.139	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
4 CON CIF		501(C)(3)	50,351,	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
WASHINGTON REVELS, INC. 531 DALE DRIVE SILVER SPRING, MD 20910	52-2296036	501(C)(3)	37,435,	0,0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
WASHINGTON SCHOOL OF PHOTOGRAPHY 4850 RUGBY AVENUE BETHESDA, MD 20814	52-2231679	501(C)(3)	. 25,785,	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
WRITERS CENTER, INC. 4508 WALSH STREET BETHESDA, MD 20815	52-1079969	501(C)(3)	38,946,	0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES
	45-0643746	501(C)(3)	19,169,	0,0			FOR THE RESOURCES NEEDED TO PROVIDE ARTS AND HUMANITIES PROGRAMS AND SERVICES

ARTS AND HUMANITIES COUNCIL

OF MONTGOMERY COUNTY

Schedule I (Form 990) (2013)

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.

Page 2

52-1086825

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) AGREEMENTS STATE THAT FUNDS MUST BE USED IN ACCORDANCE THESE MUST BE REQUESTED AND APPROVED IN ADVANCE OF THE CHANGE TAKING PLACE. IF CHANGES ARE REQUIRED Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information FUNDS EXPLANATION: AHCMC REQUIRES THAT GRANTEES SIGN A GRANT AGREEMENT BEFORE END OF THE GRANT PERIOD ARE NOT APPROVED TO BE CARRIED GRANT GUIDELINES PROVIDE THAT FUNDS NOT USED IN ACCORDANCE WITH THE SIMILARLY, (d) Amount of non-cash assistance o. ٥. ା Ö APPROVED PROGRAM DESCRIPTION MUST BE RETURNED TO AHCMC. 1.000 14,921 20.016 3,000 (c) Amount of cash grant WITH THE PROGRAM DESCRIPTION IN THE AGREEMENT OR, 11 (b) Number of recipients (a) Type of grant or assistance ARTS INTEGRATION RESIDENCE AWARDS INDIVIDUAL ARTISTS & SCHOLARS FUNDS ARE RELEASED. THE .. ?: LINE ARTISTS & SCHOLARS ΒY HAIMOVICZ AWARDS NOT USED ABRAMS AWARD PART I,

Schedule I (Form 990) (2013)

EACH GRANTEE

FORWARD AND MUST BE RETURNED. AT THE END OF THE GRANT PERIOD,

332102 10-29-13

332291 05-01-13

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2013
Open to Public

OMB No 1545-0047

Open to Public Inspection

Name of the organization

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

ARTS AND HUMANITIES COUNCIL

OF MONTGOMERY COUNTY

52-

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: POWER2GIVE: THE ORGANIZATION PARTICIPATES IN A DONOR ADVISED FUND PROGRAM, POWER2GIVE, IN WHICH 501(C)(3) ORGANIZATIONS LOCATED IN MONTGOMERY COUNTY POST PROJECTS TO POWER2GIVE. INDIVIDUALS VISIT THE SITE AND MAKE DONATIONS DIRECTED TO PROJECTS ABOUT WHICH THEY ARE PASSIONATE. THE DONATIONS ARE MADE TO AHCMC, WHICH IS A 501(C)(3) ORGANIZATION. AHCMC HAS THE ULTIMATE AUTHORITY TO USE THE CONTRIBUTIONS AT AHCMC'S DISCRETION FOR PURPOSES CONSISTENT WITH THE EXEMPT PURPOSES OF AHCMC. THAT SAID, IT IS AHCMC'S EXPRESSED INTENTION TO DISTRIBUTE GIFTED DONATIONS TO THOSE CHARITIES THAT ARE CHOSEN BY THE DONOR. AHCMC MANAGES THE OPERATIONS OF THE WEBSITE. AHCMC TAKES ABOUT 12 CENTS OF EVERY DOLLAR TO COVER ADMINISTRATIVE COSTS, WHICH IS BELOW THE NATIONAL FUNDRAISING STANDARDS OF 20%. OVER 24 ORGANIZATIONS HAVE RAISED OVER \$70,000 THRU PEER-TO-PEER CROWDSOURING. EXPENSES \$ 71,822. INCLUDING GRANTS OF \$ 48,488. REVENUE \$ 0. EVENT: THE COUNTY EXECUTIVE'S AWARDS FOR EXCELLENCE IN THE ARTS AND HUMANITIES. EXPENSES \$ 23,383. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ARTS IN EDUCATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization ARTS AND HUMANITIES COUNCIL Employer identification number OF MONTGOMERY COUNTY 52-1086825 EXPENSES \$ 5,982. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: 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: EXPLANATION: 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 RECUSES HIM/HERSELF FROM ANY RELATED VOTE/DISCUSSION. FORM 990, PART VI, SECTION B, LINE 15A: EXPLANATION: THE BOARD REVIEWED GENERALLY ACCEPTED COMPENSATION PRACTICES FOR CEO COMPENSATION, REVIEWED DATA FROM COMPARABLE ORGANIZATIONS, AND DETERMINED COMPENSATION WITHIN THE PARAMETERS OF THE AHCMC BUDGET. THE PROCESS AND RESULTS ARE DOCUMENTED. THIS PROCESS WAS LAST DONE IN JUNE 2014. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST.