

## 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



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)

Department of the Treasury Internal Revenue Service

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

OMP No 1545-0047
2907)
<b>2001</b>
Open to Public Inspection
Ilishection

A	For the 20	007 calendar year, or tax year beginning $1000000000000000000000000000000000000$	2008	
В	Check if applicable	Please Use IRS D Em	iployer ider	ntification number
[_	Address	51-021	2681	
	Name change	lephone nu		
	Initial return		(302)-	-657-0650
	Termin- ation	1	counting method	Cash X Accrual
Ļ	Amended	WILMINGTON, DE 19801	Other (specify)	
L	Applicati pending	must attach a completed Schedule & (Form 090 or 590).E7)		
c	Mahaltar I	n(a) is this a group return		
		► WWW . DHF . ORG    H(b) If "Yes," enter number		:
		(If "No," attach a list.)		
		re normally <b>not</b> more than \$25,000. A return is not required, but if the organization the organization ganization covered by	rn filed by a ' a group rul	n or- ling? Yes X No
		o file a return, be sure to file a complete return.  I Group Exemption Nur	nber 🕨	N/A
				is <b>not</b> required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 <b>667, 401.</b> Sch. B (Form 990, 99	0-EZ, or 990	)-PF).
LP:		Revenue, Expenses, and Changes in Net Assets or Fund Balances	<del> </del>	
	1	Contributions, gifts, grants, and similar amounts received		
	ł	Contributions to donor advised funds  Direct public support (not included on line 1a)  1b 35,375	-} }	
	1	Direct public support (not included on line 1a)  1b 35,375  Indirect public support (not included on line 1a)  1c	4	
	1	Government contributions (grants) (not included on line 1a)  10  10  10  10  10  10  10  10  10  1	1	
		Total (add lines 1a through 1d) (cash \$ 619,945. noncash \$	1 <sub>e</sub>	619,945.
	1	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
		Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	41,516.
	5	Dividends and interest from securities	5	
	6 a	Gross rents 6a	4	
æ.		Less; rental expenses 6b	4 .	
ine in		Net rental income or (loss). Subtract line 6b from line 6a	6c	
Revenue	1	Other investment income (describe )  Gross amount from sales of assets other (A) Securities (B) Other	7	
ı, e	° *	Gross amount from sales of assets other (A) Securities (B) Other than inventory 8a	-	
E.	b	Less: cost or other basis and sales expenses 8b	1	
ŧ		Gain or (loss) (attach schedule)	7	
<del>-</del>		Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	-, <u></u>
[]	9	Special events and activities (attach schedule), if any amount is from gaming, check here		
: ;	a	Gross revenue (not including \$ 0 • of contributions reported on line 1b) 9a 4,470	-	
		Less: direct expenses other than fundraising expenses	-	4 450
กึ่		Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1	9c	4,470.
		Gross sales of inventory, less returns and allowances  Less: cost of goods sold  10a  10b	-	
		Less: cost of goods sold  Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
		Other revenue (from Part VII, line 103)	11	1,470.
		<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	667,401.
_		Program services (from line 44, column (B))	13	500,024.
ses		Management and general (from line 44, column (C))	14	87,177.
Expenses	15	Fundraising (from line 44, column (D))	15	21,215.
Ň	16	Payments to affiliates (attach schedule)	16	
		Total expenses. Add lines 16 and 44, column (A)	17	608,416.
y	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	58,985.
Net	19 20	Net assets or fund balances at beginning of year (from line 73, column (A))  Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 2	19	691,304.
Ā		Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 2  Net assets or fund balances at end of year. Combine lines 18, 19, and 20	20	603,580.
7230	101	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2007)

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II | Statement of and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Functional Expenses Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I services 22a Grants paid from donor advised funds (attach schedule) 0. 0 • noncash \$ (cash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule 0 • noncash \$\_ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key 14,210. 3,553. 71,054 53,291 25a employees, etc. listed in Part V-A b Compensation of former officers, directors, key 0. 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 250 26 Salaries and wages of employees not 19,874 4,969. 99,369 74,526. 26 included on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 2,091. 41,828. 31,371 8,366 25a - 27 28 2,743 10,288. 686. 13,717. 29 29 Payroll taxes 30 Professional fundraising fees 30 31 31 Accounting fees 32 32 Legal fees 4,528. 4,528. 33 33 Supplies 4,772. 1,193. 5,965. 34 34 Telephone 745. 37. 37. 671 35 35 Postage and shipping 9,969. 2,658. 665. 13,292. 36 36 Occupancy 1,871. 9,355. 7,016. 468 37 37 Equipment rental and maintenance 18. 22. 38 40. Printing and publications 6,313.701 7,014. 39 40 40 Conferences, conventions, and meetings 41 7,440. 5,580. 1.860 42 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): 43a 43b 43c 43d 43e 43f 291,677 33,646 8,746. SEE STATEMENT 3 334,069. 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), 21,215. 87,177. carry these totals to lines 13-15) 608,416. 500,024. Joint Costs. Check If you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A N/A ; (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$ ; and (iv) the amount allocated to Fundraising \$ N/A (iii) the amount allocated to Management and general \$

723011 12-27-07

Part III | Statement of Program Service Accomplishments (See the instructions )

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

## PROMOTE THE HUMANITIES THROUGHOUT DELAWARE  ## All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt chaintable trusts must also enter the amount of grants and allocations to others.)  ### ARE REGRANTS - GRANTS TO NON-PROFIT ORGANIZATIONS WITHIN  ### DELAWARE TO CONDUCT PROGRAMS FOR THE HUMANITIES.  ### Grants and allocations \$   If this amount includes foreign grants, check here		at is the organization's primary exempt purpose?	Program Service
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) 947(a)(1) increase and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a REGRANTS - GRANTS TO NON-PROFIT ORGANIZATIONS WITHIN  DELAWARE TO CONDUCT PROGRAMS FOR THE HUMANITIES.  (Grants and allocations \$ ) If this amount includes foreign grants, check here	PF	COMOTE THE HUMANITIES THROUGHOUT DELAWARE	Expenses (Required for 501(c)(3)
organizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)  a REGRANTS - GRANTS TO NON-PROFIT ORGANIZATIONS WITHIN DELAWARE TO CONDUCT PROGRAMS FOR THE HUMANITIES.  (Grants and allocations \$ ) If this amount includes foreign grants, check here    B7,766.  B7,766.	All (	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of	
REGRANTS - GRANTS TO NON-PROFIT ORGANIZATIONS WITHIN  DELAWARE TO CONDUCT PROGRAMS FOR THE HUMANITIES.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  HONORARIA, ANNUAL LECTURE, DOVER LECTURE SERIES & CHAUTAUQUA  ARE PUBLIC PROGRAMS SUPPORTED BY THE AGENCY.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  SEEKS TO HONOR DISTINGUISHED PEOPLE IN THE HUMANITIES.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  Total of Program Service Expenses (should equal line 44, column (8), Program services) ▶ 500,024.			, , , , ,
DELAWARE TO CONDUCT PROGRAMS FOR THE HUMANITIES.  (Grants and allocations \$ ) If this amount includes foreign grants, check here	org	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	optional for others.)
Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ 87,766.  b HONORARIA, ANNUAL LECTURE, DOVER LECTURE SERIES & CHAUTAUQUA ARE PUBLIC PROGRAMS SUPPORTED BY THE AGENCY.  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ 136,045.  c DEL TUFO AWARDS PRESENTATION IS A SEPARATE PROGRAM THAT SEEKS TO HONOR DISTINGUISHED PEOPLE IN THE HUMANITIES.  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ 276,213.  d  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ 6. Other program services (attach schedule) Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ 1. Total of Program Service Expenses (should equal line 44, column (6), Program services) ▶ 500,024.	a	REGRANTS - GRANTS TO NON-PROFIT ORGANIZATIONS WITHIN	
b HONORARIA, ANNUAL LECTURE, DOVER LECTURE SERIES & CHAUTAUQUA  ARE PUBLIC PROGRAMS SUPPORTED BY THE AGENCY.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ 136,045.  c DEL TUFO AWARDS PRESENTATION IS A SEPARATE PROGRAM THAT  SEEKS TO HONOR DISTINGUISHED PEOPLE IN THE HUMANITIES.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ 276,213.  d  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  C Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  F Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 500,024.		DELAWARE TO CONDUCT PROGRAMS FOR THE HUMANITIES.	
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f Total of Program Service Expenses (should equal line 44, column (B), Program services) > 500,024.	ē		
	,		F00 024
	T	I otal of Program Service Expenses (should equal line 44, column (B), Program services)	

Form **990** (2007)

	n 990 (2007) DELAWARE HUMANITIES C	OUNCIL, INC.		51-	021	L26	81	Page <b>5</b>
Pa	rt IV-A Reconciliation of Revenue per Audited Final	ncial Statements Wi	ith Revenue p	er Re	eturi	n (See	e the	
	instructions.)						<del> </del>	404
а	Total revenue, gains, and other support per audited financial stateme	ents			a		667,	401.
b	Amounts included on line a but not on Part I, line 12.	t						
1	Net unrealized gains on investments	<b>⊢</b>	01					
2	Donated services and use of facilities	<u>  t</u>	2		1			
3	Recoveries of prior year grants	<u>  t</u>	3					
4	Other (specify)	<u>  t</u>	04					_
	Add lines <b>b1</b> through <b>b4</b>				Ь			0.
C	Subtract line <b>b</b> from line <b>a</b>				C		667,	<u>401</u> .
ď	Amounts included on Part I, line 12, but not on line a:				1			
1	Investment expenses not included on Part I, line 6b		11					
2	Other (specify):	{ c	12		}			
	Add lines d1 and d2				d			0.
е	Total revenue (Part I, line 12). Add lines c and d				e		667,	401.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements W	ith Expenses	per	Retu	ım		
a	Total expenses and losses per audited financial statements				a		755,	125
b	Amounts included on line a but not on Part I, line 17:				П			
1	Donated services and use of facilities	] :	1		1 1			
2	Prior year adjustments reported on Part I, line 20	/ [1	2		1 1			
	Losses reported on Part I, line 20	, <u>l</u> t	3		1 ]			
	Other (specify): UNREALIZED LOSS ON INVESTM	IENTS I	146,7	09.	1 1			
	Add lines b1 through b4				ь		146,	709
С	Subtract line <b>b</b> from line <b>a</b>	,			c		608,	
ď	Amounts included on Part I, line 17, but not on line a:	,			H		•	
1	Investment expenses not included on Part I, line 6b	· / /	11		11			
,	Other (specify):		12		1 1			
_	Add lines d1 and d2	L`	<u> </u>		d			0.
۵	Total expenses (Part I, line 17). Add lines c and d	•			l e		608,	416
	art V-A Current Officers, Directors, Trustees, and Ke	ev Employees (List ear	ch person who was	s an o				
	or key employee at any time during the year even if they we							,
	(A) Name and address	(B) Title and average hours		(D)Co	ntributi oyee b	ions to	(E) E>	pense
	(A) Name and address	per week devoted to	(If not paid, enter	pians	s & defe	errea	other all	int and lowance
	· · · · · · · · · · · · · · · · · · ·	<del> </del>						
ŜĒ	E STATEMENT 5	}	66,882.	4	1,1	72.		0
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Form **990** (2007)

b	Number of employees employed in the pay period that includes March 12, 2007	90b				3
91 a	The books are in care of <b>ZONY FOMA</b>	elephone no. 🕨	302-65	7-0	650	
	Located at ▶ 100 WEST TENTH STREET		ZIP + 4 ▶ 1			
b	At any time during the calendar year, did the organization have an interest in or a signature or other	authority over			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial account)?		91b		X
			1		_	

a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b If "Yes," enter the name of the foreign country N/ASee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Form **990** (2007)

	MANITIE	S COUNCIL, ]	INC.	51-0	0212681 Page <b>8</b>				
Part VI Other Information (continued)					Yes No				
c At any time during the calendar year, did the orga	ınızatıon maır	ntain an office outside o	f the Uni	ted States?	91c X				
If "Yes," enter the name of the foreign country		N/A			<u></u>				
92 Section 4947(a)(1) nonexempt charitable trusts fill	ng Form 990	ın lieu of Form 1041- C	heck he	re	▶ □				
and enter the amount of tax-exempt interest rece	ved or accru	ed during the tax year		▶ 92	N/A				
Part VII   Analysis of Income-Producing	Activities	(See the instructions )							
Note: Enter gross amounts unless otherwise Unrelated business income Excluded by section 512, 513, or 514 (E)									
indicated	(A)	(B)	(C) Exclu-	(D)	Related or exempt				
93 Program service revenue:	Business code	Amount	sion code	Amount	function income				
a			1						
			1 1						
D			1 1		<del></del>				
d			1 1						
<u> </u>			1 1						
f Medicare/Medicaid payments			++						
• •	<del></del>		++						
g Fees and contracts from government agencies			+ +		<del></del>				
94 Membership dues and assessments			14	41,516.					
95 Interest on savings and temporary cash investments			+ ==	±1,J1 <sub>0</sub> ,	<del></del>				
96 Dividends and interest from securities			+ +						
97 Net rental income or (loss) from real estate		<del> </del>	+						
a debt-financed property			++						
b not debt-financed property			+-+						
98 Net rental income or (loss) from personal property		,	+						
99 Other investment income			+-+						
100 Gain or (loss) from sales of assets		,							
other than inventory		, <u> </u>	-		4 470				
101 Net income or (loss) from special events			+		4,470.				
102 Gross profit or (loss) from sales of inventory		` _							
103 Other revenue:	İ .	`,							
a MISCELLANEOUS	``		01	1,470.					
b									
c					<u> </u>				
d									
е									
104 Subtotal (add columns (B), (D), and (E))		0	•	42,986.	4,470.				
105 Total (add line 104, columns (B), (D), and (E))		<u>_</u>		<b>•</b>	47,456.				
Note: Line 105 plus line 1e, Part I, should equal the am				•					
Part VIII Relationship of Activities to the	Accomp	lishment of Exem	pt Pun	poses (See the instruction	ons.)				
Line No. Explain how each activity for which income is rej	orted in colum	in (E) of Part VII contribute	d importa	intly to the accomplishment o	of the organization's				
exempt purposes (other than by providing funds	for such purpo	oses)							
103 OTHER GRANTS ENABLE DE			COUNC	CIL TO CONDUC	r programs				
IN THE HUMANITIES IN D				<del></del>					
				······	<del></del>				
				<del></del>	<del> </del>				
Part IX   Information Regarding Taxable	Subsidia	ries and Disregard	ded En	tities (See the Instruction	ns.)				
(A) (B)	- 1	(C)		(D)	(E)				
Name, address, and EIN of corporation, partnership, or disregarded entity ownership inter	f est	Nature of activities		Total income	End-of-year assets				
parametering, or energy and office	%		+		นองบิเง				
N/A	%								
11/11	%								
	-/°  -%								
Part X   Information Regarding Transfe		ated with Persons	l Bene	fit Contracts (See the	instructions )				
<u> </u>			-						
(a) Did the organization, during the year, receive any funds	-			iai peneni contract?					
(b) Did the organization, during the year, pay premiums, di	-	• • • • • • • • • • • • • • • • • • • •	COULLACE		YesX_ No				
Note: If "Yes" to (b), file Form 8870 and Form 4720 (s	ee iristructioi	19)			Form <b>990</b> (2007)				

Pa	rt XI	Information Regarding Transfers To and From C		ies. Complete only if the organiz	zation is a
		controlling organization as defined in section 512(b)(13)	N/A		Yes No
106	Did the	reporting organization make any transfers to a controlled entity a	as defined in section	512(b)(13) of the Code? If "Yes,	
	complet	te the schedule below for each controlled entity.			
		(A)	(B) Employer	(C)	(D)
ĺ		Name, address, of each controlled entity	Identification	Description of transfer	Amount of transfer
_		Conditioned entity	Number	ualisiei	u di isiei
					1
a					
b					
С					
		Totals		•	
_	·	Totals			Yes No
107	Did the	reporting organization receive any transfers from a controlled er	ntity as defined in se	ction 512(b)(13) of the Code? If '	<del></del>
	_complet	te the schedule below for each controlled entity.	```		
		(A)	- (B)	(C)	(D)
		Name, address, of each controlled entity	Employer ' Identification	Description of	Amount of
	_	controlled entity	Number	transfer	transfer
			,		
а			``		}
_		<del></del>			
ь		~			1
С					}
		<del></del>		<u> </u>	<u> </u>
		Totals	j		]
_		Totals	·		Yes No
108	Did the	organization have a binding written contract in effect on August	17, 2006, covering t	he interest, rents, royalties, and	
_		s described in question 107 above?			
		der penálties of perjury. I declare that i have examined this return, including accompany reomplete peclaration of preparer (etper than officer) is based on all information of whi			belief, it is true, correct,
Plea	ase .	Dhund There & mant		7-13/202	719
Sign	ր   <b>▶</b>	Signature of officer	nexure	Date Date	/ / /
Her	e	Marilla P. Williamitan Fren	wtile D.	section.	
		Type or printydame and title			
Daid	Pre	eparer's	Date	Check if Preparer's SSI	N or PTIN (See Gen Inst X)
Paid	Sig	nature ANTHONY R. D'AMATO, JR. CP	A 07/28/09	employed	
•	Only you	n's name (or BARBACANE THORNTON & COMP		EIN ►	
	self	remployed), 200 SPRINGER BLDG, 3411 S			450 0040
	ZIP		ь	Phone no. ► 302-	
					Form <b>990</b> (2007)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization			Employer identif	
DELAWARE HUMANITIES COUN			51 02126	
Part 1 Compensation of the Five Highest Paid Er (See page 1 of the instructions. List each one. If there are none,	, enter "None.")			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0		-	
Part II-A   Compensation of the Five Highest Paid In		ors for Profess	ional Servic	es
(See page 2 of the instructions. List each one (whether individu	als or firms). If there are none,	, enter "None.")	···	
(a) Name and address of each independent contractor paid more	than \$50,000	( <b>b</b> ) Type of	service	(c) Compensation
NONE				
NONE				
	/			
<del>-</del>				
Total number of others receiving over	·			
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid In				
(List each contractor who performed services other than profestirms. If there are none, enter "None." See page 2 of the instruct		Iduais_01		
(a) Name and address of each independent contractor paid more	than \$50,000	( <b>b</b> ) Type of	service	(c) Compensation
NONE				
				<u> </u>
Total number of other contractors receiving over \$50,000 for other services	0			

	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			(
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1_		X_
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			<u> </u>   
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,		}	
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through-4g. If "No," complete lines 4f			
	and 4g	4a	<u> </u>	X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	4c	·	
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	Α
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	Ά
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.
	, <del>, , -</del>			

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation	Status (See pages 4 t	hrough 8 of the instruction	ns.)							
	tify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the Support Schedule in Part IV-A.)											
11b		A community trust. Section 170(b)(1)(A)(vi). (Also con	mplete the Support Sche	duie in Part IV-A.)								
12	X	An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., full its support from gross investment income and unrelated by the organization after June 30, 1975. See section 5	nctions - subject to certai ed business taxable incor	n exceptions, and (2) no in the control of the cont	m <mark>ore than 33</mark> from busines	3 1/3% of						
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  Type II Type III-Functionally Integrated Type III-Other											
		Provide the following information a	<del></del>				<del></del>					
	(a)  Name(s) of supported organization(s)  Employer identification number (EIN)  Type of organization (described in lines 5 through 12 above or IRC section)  (ds)  Is the supported organization listed in the supporting organization's governing documents?											
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	is the su organizated the sup organiz	ipported on listed in iporting zation's	(e) Amount of support					
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	is the su organizated the sup organiz	ipported on listed in iporting zation's	Amount of					
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizate the sup organiz governing	opported in listed in porting zation's documents?	Amount of					
		• •	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organizate the sup organiz governing	opported in listed in porting zation's documents?	Amount of					
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above	Is the su organizate the sup organiz governing	opported in listed in porting zation's documents?	Amount of					
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above	Is the su organizate the sup organiz governing	opported in listed in porting zation's documents?	Amount of					
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above	Is the su organizate the sup organiz governing	opported in listed in porting zation's documents?	Amount of					
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above	Is the su organizate the sup organiz governing	opported in listed in porting zation's documents?	Amount of					
Total		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above	Is the su organizate the sup organiz governing	opported in listed in porting zation's documents?	Amount of					

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV-A Support Schedule (Co	omplete only if you che e worksheet in the insti	ecked a box on line 10 ructions for converting	), 11, or 12 ) <b>Use cash</b> I from the accrual to the	method of acce cash method of	ounting of acco	g. untina
	dar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	607,737.	597,012.	585,866.	543,4	32.	2,334,047.
16	Membership fees received						
17	Gross receipts from admissions,					- 1	
	merchandise sold or services performed, or furnishing of						
	facilities in any activity that is						
	related to the organization's						
18	Crass income from interest, divid			-		$\dashv$	
10	Gross income from interest, dividends, amounts received from pay-						
	ments on securities loans (section 512(a)(5)), rents, royalties, income						
	from similar sources, and unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired by the organization after June 30, 1975	26,976.	43,502.	15,383.	10,5	07.	96,368.
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either						
	organization's benefit and either paid to it or expended on its behalf					<b>—</b> ∔	
21	The value of services or facilities furnished to the organization by a			İ			
	governmental unit without charge.		,	_		1	
	Do not include the value of services		,	,			
	or facilities generally furnished to the public without charge		,				
22	Other income. Attach a schedule.			SEE STATEME	NT 6	-+	
	Do not include gain or (loss) from sale of capital assets	4,377.	1,853.			31.	8,286.
23	Total of lines 15 through 22	639,090.			554,6		2,438,701.
24	Line 23 minus line 17	639,090.			554,6		2,438,701.
25	Enter 1% of line 23	6,391.	6,424.	6,026.	5,5	47.	
26	Organizations described on lines 1	0 or 11: a Enter 2% of	amount ın column (e), lır	ne 24	<b>&gt;</b>	26a	N/A
b	Prepare a list for your records to she						
	unit or publicly supported organizati	•		eded the amount shown in	line 26a.	1	37 / 3
	Do not file this list with your return					26b	N/A N/A
	Total support for section 509(a)(1) t	•	` '		_	26c	N/A
a	Add: Amounts from column (e) for I	ines: 18 22	19 26b			26d	N/A
е	Public support (line 26c minus line 2				_ `	26e	N/A
f	Public support percentage (line 26	•	/ line 26c (denominator)	)		261	N/A %
27	Organizations described on line 12			<del></del>	disqualified persoi	n," prep	are a list for your
	records to show the name of, and to						
	such amounts for each year:						
	(2006) 0	• (2005)	0. (2	2004)	0 • (200	13)	0.
b	For any amount included in line 17 t						
	and amount received for each year,						
	described in lines 5 through 11b, as	•				een the	amount received and
	the larger amount described in (1) o				_	<b>10</b> 1	0.
_	` '	(2005)	0. (2 2,334,047.		0 • (200	13)	0.
С	Add: Amounts from column (e) for I	ines: 15 20	2,334,047.	21		27c	2,334,047.
d	Add: Line 27a total		nd line 27b total		<del></del> →	27d	0.
e	Public support (line 27c total minus		id iiile 275 total			27e	2,334,047.
1	Total support for section 509(a)(2) t	•	23, column (e)	<b>▶</b>   271 2,	438,701.		, , - = -
g	Public support percentage (line 27				<b>•</b>	27g	95.7086%
h						27h	3.9516%
28 L	Inusual Grants: For an organization d	lescribed in line 10, 11, or	12 that received any uni	usual grants during 2003 t	hrough 2006, pre	pare a li	st for your records to
S	how, for each year, the name of the ceturn. Do not include these grants in	line 15.		a priet description of the na	ature of the grant.	DO NOT	ille this list with your
	1 12-27-07	N	ONE			Schedu	ile A (Form 990 or 990-EZ) 2007

34 a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

b Has the organization's right to such aid ever been revoked or suspended?

51-0212681 Schedule A (Form 990 or 990-EZ) 2007 DELAWARE HUMANITIES COUNCIL, INC. Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 29 instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known 31 to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? 32b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student 32c admissions, programs, and scholarships? 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a a Students' rights or privileges? 33b b Admissions policies? c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? e Educational policies? 33e 33f f Use of facilities? Athletic programs? 33g 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

Schedule A (Form 990 or 990-EZ) 2007

34a

34b

P		Expenditures by Ele			ge 11 o	f the instructions.)		N/A
Che	<del></del>	ation belongs to an affiliated			you che	cked "a" and "limited co	ntroi"	provisions apply.
			<del></del>	•		(a)	$\neg \neg$	(b)
		mits on Lobbying E	•			Affiliated group totals	ĺ	To be completed for all electing organizations
	(The terr	m "expenditures" means amo	ounts paid or incurred.)	·				
	<b>-</b>				ا 🚛 ا	N/A		
	Total lobbying expenditures to				36	<del></del>		
	Total lobbying expenditures to	•	(alrect loodying)		37		$\dashv$	
38	Total lobbying expenditures (a	· ·			39		-+	
39 40	Other exempt purpose expend Total exempt purpose expend				40			
	Lobbying nontaxable amount.	•						
71	If the amount on line 40 is -		ig nontaxable amount is -				ŀ	
	Not over \$500,000	•	nount on line 40					
	Over \$500,000 but not over \$1,000		15% of the excess over \$500,0	00			l	
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus	10% of the excess over \$1,000	,000	41			
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus	5% of the excess over \$1,500,0	000				
	Over \$17,000,000	\$1,000,000					İ	
42	Grassroots nontaxable amour	nt (enter 25% of line 41)		*	42			
43	Subtract line 42 from line 36.	Enter -0- if line 42 is more t	han line 36		43			
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more t	han line 38	`	44			
	Caution: If there is an amo			<i>(</i> .				
		(Some organizations that ma below. See the ins	structions for lines 45 throu	gh 50 on page	13 of th		ns	N/A
Ca	lendar year (or	(a)	(b)	(c)		(d)		(e)
fise	cal year beginning in)	2007	2006	2005	5	2004		Total
45	Lobbying nontaxable							0.
46	amount							0.
_	Lobbying ceiling amount (150% of line 45(e))							0.
47	Total lobbying							0.
40	expenditures							- 0.
48	Grassroots nontaxable							0.•.
40	amount Grassroots ceiling amount	, , , , , , , , , , , , , , , , , , , ,						
	(150% of line 48(e))							0.
50	Grassroots lobbying		-				_	
-	expenditures							0.
<u>P</u>	Part VI-B Lobbying /	Activity by Nonelections that did			he instr	uctions.)		N/A
Du	ring the year, did the organizati	<del></del>				ot to		
	luence public opinion on a legis	•	· ·	, ,		Yes	No	Amount
	Volunteers							
b	Paid staff or management (In	iclude compensation in expe	nses reported on lines <b>c</b> th	rough h.)				
C	Media advertisements							
d	Mailings to members, legislat	tors, or the public						
е	Publications, or published or	broadcast statements						
f	Grants to other organizations					ļ		
g	Direct contact with legislators							
h			s, lectures, or any other me	ans				0.
İ	Total lobbying expenditures ( If "Yes" to any of the above, a		g a detailed description of ti	he lobbying acti	vities.	L		· · · · ·

Par	Exempt Organizations (Se			neiationships with Nonchantai	JI <del>C</del>		
51	Did the reporting organization directly or indire			organization described in section			
J 1	501(c) of the Code (other than section 501(c)(		-				
а	Transfers from the reporting organization to a			inical organizations.	Γ	Yes	No
•	(i) Cash		51a(i)		X		
	(ii) Other assets				a(ii)		X
b	Other transactions:				-\/		
U	(i) Sales or exchanges of assets with a noncl	aritable evemnt organ	חחולבדור		b(i)		х
	•	, -	nzation		b(ii)	_	X
	(ii) Purchases of assets from a noncharitable	· -			b(iii)		X
	(iii) Rental of facilities, equipment, or other as:	2612			b(iv)		X
	(iv) Reimbursement arrangements				b(v)		$\frac{x}{x}$
	(v) Loans or loan guarantees	fd			b(vi)		X
_	(vi) Performance of services or membership of	<del>-</del>			C		X
	Sharing of facilities, equipment, mailing lists, o			liveries above the face morelest value of the			
d	If the answer to any of the above is "Yes," com						
	goods, other assets, or services given by the r				,	N/A	
	transaction or sharing arrangement, show in c		tile goods, other assets, or	· · · · · · · · · · · · · · · · · · ·		N/A	-
(a) Line i		(c) ne of noncharitable exe	emnt organization	(d) Description of transfers, transactions, and sha	ırına arr	anden	nents
	THIODIN INVOICE INC.	o or monorium abio ox		Booking and or administry and one			
			<del></del>				
		<del>"</del> .	<del>`</del>				
		<del> </del>	<u> </u>				
			<del> </del>				
				<u> </u>			
			<u> </u>				
			<del></del>				
			· · · · · · · · · · · · · · · · · · ·				
		<del></del>					
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		<u> </u>				•	
				504(2) (5)			
52 a	is the organization directly or indirectly affiliate Code (other than section 501(c)(3)) or in section 501(c)(3)).	on 527?	one or more tax-exempt org	• • • • • • • • • • • • • • • • • • • •	Yes	X	] No
b	If "Yes," complete the following schedule:	N/A		<u></u>		·	
	(a) Name of organization		(b) Type of organization	(c) Description of relationship			
	Name of organization		Typo or organization	Door plant of Foundations			
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723152 12-27-07

FORM 990	SPECIAL EVE	NTS AND ACTIV	VITIES	ST.	ATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSES	NET INCO	
DEL TUFO CHAUTAUQUA	4,110.		4,110.		4,11	10.
TO FM 990, PART I, LINE	9 4,470.		4,470.		4,47	70.
FORM 990 OTHER C	HANGES IN NET	ASSETS OR FO	UND BALANCE	S ST	ATEMENT	2
DESCRIPTION					AMOUNT	
 UNREALIZED LOSS ON INVE	STMENTS				-146,70	09.
TOTAL TO FORM 990, PART	I, LINE 20				-146,70	)9. —
FORM 990 OTH		ER EXPENSES	<del>- "</del> ":.	ST	ATEMENT	3
DESCRIPTION	(A)	(B) PROGRAM SERVICES	(C) MANAGEM AND GEN		(D) UNDRAISIL	NG
REGRANTS-MINI ANNUAL LECTURE SPEAKERS/VISITING	22,151. 22,046.				5,51	11.
SCHOLARS OPPORTUNITY GRANTS INSURANCE DUES & MEMBERSHIPS	130,254. 2,440. 1,386. 10,025.	130,25 2,44 1,04 7,51	0. 0. 9. 2	277. 2,005.	50	69. 01. 50.
WEBSITE PROFESSIONAL FEES CONSULTANTS SEMINARS & MEETINGS BANK CHARGES MISCELLANEOUS REGRANTS-REGULAR TRAINING	3,018. 7,928. 42,593. 13,429. 7,537. 2,001. 65,615. 3,646.	2,11 5,94 21,29 10,74 37 2,00 65,61 3,64	6. 1 7. 19 3. 2 7. 7 1.	755. ,586. ,177. 2,686.		96.
TOTAL TO FM 990, LN 43	334,069.	291,67	<del></del>	3,646.	8,74	46.

FORM 990 · · · · · · · · · · · · · · · · · ·	OTHER INVESTMENTS		STATI	EMENT	4
DESCRIPTION	RIPTION			AMOUNT	
SECURITIES AND OTHER INVESTMENT	TS	MARKET VALU	E	446,814.	
TOTAL TO FORM 990, PART IV, LI	NE 56, COLUMN B			446,81	L <b>4.</b>
	F CURRENT OFFICERS ES AND KEY EMPLOYE		STAT	EMENT	<u></u> 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
MARILYN P. WITTINGTON 100 WEST 10TH STREET WILMINGTON, DE 19801	EXECUTIVE DIRI	ECTOR 66,882.	4,172.		0.
KIM R. BURDICK 100 WEST 10TH STREET WILMINGTON, DE 19801	CHAIRPERSON 0.00	0.	0.		0.
LINDA BECK 100 WEST 10TH STREET WILMINGTON, DE 19801	TREASURER 0.00	0.	0.		0.
CHAN A LEE-POW 100 WEST 10TH STREET WILMINGTON, DE 19801	TREASURER 0.00	0.	0.		0.
JEFFREY GUDZUNE 100 WEST 10TH STREET WILMINGTON, DE 19801	SECRETARY 0.00	0.	0.		0.
WILEY BLEVINS 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.		0.
KIMBERLY GRIMES 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.		0.
ELIZABETH HIGGINBOTHAM 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.		0.

DELAWARE HUMANITIES COUNCIL	, INC.		51-	-0212681
C. TERRY JACKSON 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
LARRY JOSEFOWSKI 100 WEST 10TH STREET WILMINGTON, DE 19801	VICE CHAIR 0.00	0.	0.	0.
MEGAN MANTZAVINOS 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
ERIK RAU 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
ALICE SAWYER 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
CATHERINE SHUFELT 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
PATRICIA SLOAN-WHITE 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
CLINTON TYMES 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
JAMES VILLAREAL 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
DONNA HENDERSON 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
ELDON HOMSEY 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
SUZANNE TUTHILL 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
CURTIS BOUNDS 100 WEST 10TH STREET WILMINGTON, DE 19801	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A	66,882.	4,172.	0.

SCHEDULE A	OTHER INCOME			STATEMENT	
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCELLANEOUS	4,377.	1,853.	1,325.	73	1.
TOTAL TO SCHEDULE A, LINE 22	4,377.	1,853.	1,325.	73	1.