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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)

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning Nov 1, 2008, and ending Oct 31, 2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization NEW HAMPSHIRE HUMANITIES COUNCIL Number and street (or P O box if mail is not delivered to street addr) Room/suite 19 PILLSBURY ST. City, town or country State ZIP code + 4 CONCORD NH 03301		D Employer Identification Number 02-0317350 E Telephone number (603) 224-4071 G Gross receipts \$ 1,222,509.	
F Name and address of principal officer WILLIAM CHAPMAN 12 WILDEMER TERRACE CONCORD NH 03301		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions) H(c) Group exemption number ▶			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.NHHC.ORG					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of Formation 1977 M State of legal domicile NH					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>The humanities help us understand our complex past through examinations of history and culture. They guide us in seeking understanding of ourselves and one another through meaningful dialogue about questions that count. The humanities open doors of knowledge and understanding that help us to become full members of society.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 21
Revenue	5 Total number of employees (Part V, line 2a)	5 9
	6 Total number of volunteers (estimate if necessary)	6 49
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year 895,308. Current Year 945,261.
	9 Program service revenue (Part VIII, line 2g)	27,861. 26,330.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,609. 42,593.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	-634,127. 208,325.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	344,651. 1,222,509.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	215,979. 214,154.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	507,804. 546,786.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,127.	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	241,538. 273,893.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	965,321. 1,034,833.
	19 Revenue less expenses Subtract line 18 from line 12	-620,670. 187,676.
	20 Total assets (Part X, line 16)	Beginning of Year 2,346,902. End of Year 2,573,533.
21 Total liabilities (Part X, line 26)	75,584. 114,539.	
22 Net assets or fund balances Subtract line 21 from line 20	2,271,318. 2,458,994.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	▶ <u>William L. Chapman, Treasurer</u> Signature of officer Date 7/13/2010	▶ WILLIAM CHAPMAN, TREASURER Type or print name and title
Paid Preparer's Use Only	Preparer's signature ▶ <u>Jefferson M. Chutez, CPA, MS</u> Firm's name (or yours if self-employed), address, and ZIP + 4 CHICKERING & COMPANY, PLLC 61 NORTH STREET MANCHESTER NH 03104	Date 7/13/10 Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no ▶

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

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 04/23/09 Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

The New Hampshire Humanities Council (NHHC) nurtures the joy of learning and inspires community engagement, offering essential

See Form 990, Page 2, Part III, Line 1 (continued)

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 215,720. including grants of \$ 105,063.) (Revenue \$ 18,430.)

Humanities To Go is a statewide speakers' bureau of more than 170 lectures and living history presentations. In 2009, the NHHC offered 418 Humanities To Go talks, a 44% increase over 2008. More than 20,000 people attended in 2009, a 60% increase over 2008. We partnered with more than 250 different hosting organizations in 205 NH communities to make these programs available to citizens free of charge.

4b (Code _____) (Expenses \$ 175,715. including grants of \$ 23,487.) (Revenue \$ 345.)

Fences & Neighbors: New Hampshire's Immigration Stories is a three-year statewide initiative of the NHHC, launched in 2009. Through this project, we will bring together NH residents - settled and newcomers alike - to hear each other's stories of migration, identity and survival. We will accomplish this through film discussions, lecture series and moderated panels; facilitated conversations; an oral history/documentary film project in collaboration with UNH Center for the Humanities; and grants for grassroots humanities projects.

4c (Code _____) (Expenses \$ 121,331. including grants of \$ 55,591.) (Revenue \$ 450.)

In 2009, the NHHC Board of Directors awarded 19 competitive grants. These grants were matched by \$132,513 in cash and in-kind community support. Community grants make possible local, innovative humanities programming including regional reading and discussion projects, documentary films, exhibits, lectures, and professional development workshops for teachers.

4d Other program services (Describe in Schedule O)

(Expenses \$ 315,119. including grants of \$ 30,413.) (Revenue \$ 110,690.)

4e Total program service expenses ▶ \$ 827,885. (Must equal Part IX, Line 25, column (B).)

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from other members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ New Hampshire

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

▶ NEW HAMPSHIRE HUMANITIES COUNCIL 19 PILLSBURY ST., CONCORD, NH 03301 (603) 224-4071

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)
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[illegible]

1 b Total

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	103,585.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	674,180.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	167,496.				
	g Noncash contribns included in lns 1a-1f	\$					
	h Total. Add lines 1a-1f		945,261.				
PROGRAM SERVICE REVENUE	2a <u>PROGRAM FEES</u>	Business Code 900099	26,330.	26,330.	0.	0.	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		26,330.				
	3 Investment income (including dividends, interest and other similar amounts)		42,593.	42,593.	0.	0.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross Rents	(i) Real	(ii) Personal					
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
OTHER REVENUE	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 103,585. of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a <u>Realized/Unrealized Gains - Mkt Sec.</u>	900099	206,884.	206,884.	0.	0.	
	b <u>INVESTMENT INCOME/(LOSS) FROM NH CHAR</u>	900099	1,441.	1,441.	0.	0.	
c							
d All other revenue							
e Total. Add lines 11a-11d		208,325.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,222,509.	277,248.	0.	0.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	181,182.	181,182.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	32,972.	32,972.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	406,386.	303,328.	35,676.	67,382.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	106,892.	81,437.	7,145.	18,310.
9 Other employee benefits				
10 Payroll taxes	33,508.	22,690.	5,778.	5,040.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,800.	0.	8,800.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	51,801.	36,252.	695.	14,854.
13 Office expenses	6,055.	2,394.	2,524.	1,137.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	13,975.	10,376.	2,273.	1,326.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,607.	41,979.	3,578.	50.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,935.	4,935.	0.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>EQUIPMENT RENTAL AND MAINTENANCE</u>	4,913.	1,890.	1,970.	1,053.
b <u>DUES</u>	12,187.	7,757.	2,411.	2,019.
c <u>MISCELLANEOUS</u>	416.	161.	255.	0.
d <u>TECHNOLOGY SUPPORT</u>	12,839.	7,303.	3,218.	2,318.
e <u>INSURANCE</u>	3,528.	1,399.	1,805.	324.
f All other expenses	108,837.	91,830.	6,693.	10,314.
25 Total functional expenses. Add lines 1 through 24f	1,034,833.	827,885.	82,821.	124,127.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2008)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	203,694.	2	178,267.
	3 Pledges and grants receivable, net	69,561.	3	73,172.
	4 Accounts receivable, net	5,162.	4	8,935.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,991.	9	13,276.
	10a Land, buildings, and equipment cost basis	10a 108,951.		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 104,145.	10c 9,741.	4,806.
	11 Investments — publicly-traded securities	2,046,753.	11	2,295,077.
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets Add lines 1 through 15 (must equal line 34)	2,346,902.	16	2,573,533.	
LIABILITIES	17 Accounts payable and accrued expenses	28,736.	17	21,311.
	18 Grants payable	43,866.	18	58,708.
	19 Deferred revenue	2,800.	19	18,945.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D	182.	21	15,575.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities Add lines 17 through 25	75,584.	26	114,539.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	516,223.	27	492,895.
	28 Temporarily restricted net assets	77,806.	28	96,988.
	29 Permanently restricted net assets	1,677,289.	29	1,869,111.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	2,271,318.	33	2,458,994.
	34 Total liabilities and net assets/fund balances	2,346,902.	34	2,573,533.

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2008)

Department of the Treasury
Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NEW HAMPSHIRE HUMANITIES COUNCIL

Employer identification number

02-0317350

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

The organization is not a private foundation because it is (Please check only **one** organization)

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

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports:

[illegible]**Total**

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	865,454.	769,056.	883,225.	895,308.	945,261.	4,358,304.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	6,800.	17,640.	17,640.	25,000.	25,000.	92,080.
4 Total. Add lines 1-3	872,254.	786,696.	900,865.	920,308.	970,261.	4,450,384.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,450,384.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	872,254.	786,696.	900,865.	920,308.	970,261.	4,450,384.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,492.	50,011.	49,340.	55,609.	42,593.	213,045.
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.)						
11 Total support. Add lines 7 through 10						4,663,429.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.43 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	96.36 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 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. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)
----------------	---

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

NEW HAMPSHIRE HUMANITIES COUNCIL

Employer identification number

02-0317350

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

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

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

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

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	182.
1d	21,893.
1e	6,500.
1f	15,575.

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

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,677,289.				
b Contributions	18,979.				
c Investment earnings or losses	208,614.				
d Grants or scholarships					
e Other expenditures for facilities and programs	19,095.				
f Administrative expenses	16,676.				
g End of year balance	1,869,111.				

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

- a Board designated or quasi-endowment ▶ 0.00 %
 b Permanent endowment ▶ 100.00 %
 c Term endowment ▶ 0.00 %

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

- (i) unrelated organizations
 (ii) related organizations

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

	Yes	No
3a(i)	X	
3a(ii)		
3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	108,951.		104,145.	4,806.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				4,806.

BAA

Schedule D (Form 990) 2008

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶		

Total. (Column (b) should equal Form 990 Part X, col (B) line 12) ▶

Part VIII Investments—Program Related (See Form 990, Part X, line 13)	
--	--

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total <i>Column (b) should equal Form 990, Part X, Col. (B) line 13.</i>		

Total *Column (b)(should equal Form 990, Part X, Col (B) line 13)*

Part IX	Other Assets (See Form 990, Part X, line 15)
----------------	---

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col (B), line 15)	▶

Total. Column (b) Total (should equal Form 990, Part X, col (B), line 15)

Part X	Other Liabilities (See Form 990, Part X, line 25)
---------------	--

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25) ▶	

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

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,222,509.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,034,833.
3	Excess or (deficit) for the year Subtract line 2 from line 1		187,676.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		187,676.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,324,764.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	102,255.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	102,255.
3	Subtract line 2e from line 1	3	1,222,509.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,222,509.

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

1	Total expenses and losses per audited financial statements	1	1,137,088.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	102,255.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	102,255.
3	Subtract line 2e from line 1	3	1,034,833.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,034,833.

Part XIV Supplemental Information

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

Pt V Line 4 SEE ATTACHED STATEMENT

Pt IV Line 1b SEE ATTACHED STATEMENT

Pt IV Line 2b SEE EXPLANATION FOR Pt IV Line 1b ON ATTACHED STATEMENT

Part XIV	Supplemental Information <i>(continued)</i>
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[illegible]

Department of the Treasury
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

**Open to Public
Inspection**

Name of the organization

Employer identification number

NEW HAMPSHIRE HUMANITIES COUNCIL

02-0317350

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

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

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>ANNUAL DINNER</u> (event type)	<u> </u> (event type)	<u>NONE</u> (total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	103,585.			103,585.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	103,585.			103,585.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	35,312.			35,312.
	7 Other direct expenses	41,824.			41,824.
	8 Direct expense summary Add lines 4- through 7 in column (d)				77,136.
	9 Net income summary Combine lines 3 and 8 in column (d)				26,449.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Name of the organization

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Open to Public Inspection

Name of the organization

NEW HAMPSHIRE HUMANITIES COUNCIL

Employer identification number

02-0317350

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

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

☒ Yes ☐ No

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

3 Enter total number of other organizations

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
FENCES AND NEIGHBORS	5	8,000.			
LITERATURE AND MEDICINE	15	7,500.			
CONNECTIONS	20	16,000.			
EDUCATION	6	1,472.			

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

Pt I Line 2 SEE ATTACHED STATEMENT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NEW HAMPSHIRE HUMANITIES COUNCIL

Employer identification number

02-0317350

Pt VI-A, Line 10 SEE ATTACHED STATEMENT

Pt VI-B, Line 15 SEE ATTACHED STATEMENT

Pt VI-C, Line 19 SEE ATTACHED STATEMENT

Pt VI-B, Line 12c SEE ATTACHED STATEMENT

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

opportunities for discovery, self reflection and lifelong learning
by fostering civil discourse and bringing life-enhancing ideas from
the humanities to the people of New Hampshire. We connect people with ideas.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

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

Code	Description	SEE ATTACHED STATEMENT
------	-------------	------------------------

Expenses	315,119.	
----------	----------	--

Grants Of	30,413.	
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Revenue	110,690.	

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
GIFTS - GENERAL OPERATING	98,746.
GIFTS - PROGRAM SPECIFIC	68,750.
Total	<u>167,496.</u>

Additional Information For Tax Return

NEW HAMPSHIRE HUMANITIES COUNCIL

02-0317350

Form 990 p 1: Pt I, Ln 1, Mission

The New Hampshire Humanities Council (NHHC) nurtures the joy of learning and inspires community engagement, offering essential opportunities for discovery, self reflection and lifelong learning by fostering civil discourse and bringing life-enhancing ideas from the humanities to the people of New Hampshire. We connect people with ideas. The NHHC fulfills its mission by developing its own statewide initiatives; by running a statewide speakers' bureau, Humanities to Go; and by awarding competitive grants for innovative public programming. Audiences served include newly literate adults, K-12 teachers, healthcare providers, and the general public. Almost all programs made possible by the NHHC are open to the public free of charge. In 2009, more than 26,000 people attended face-to-face discussions in more than 150 different cities and towns in partnership with more than 270 NH organizations. More than 100,000 viewers and listeners accessed humanities broadcasts on radio, television and the internet.

Form 990 p 2: Other Revenue-1

Note that other Program Service Revenue reported for purposes of Program Services Revenue includes Annual Dinner Revenue of \$103,585.

Form 990 p 2: Line 4d Description-1

Other programs include "Literature and Medicine: Humanities at the Heart of Healthcare," a national award-winning reading and discussion program for health care professionals; Connections: a series of facilitated book discussions for English language learners, adult new readers, GED students and the teachers and librarians who serve them; What is New Hampshire Reading: facilitated book discussions for libraries across the state. Teacher workshops: professional workshops for k -12 teachers.

Sch D, page 4: Description Smt Wks-1

Endowment Funds held by NHHC:

The Charles G. Bickford Fund for Innovation: Created in 2001 in honor of former Executive Director Charles G. Bickford, this Fund supports the development of new initiatives and the expansion of current projects in the following areas; diversity in New Hampshire, building and encouraging a civil society, literacy, and conversations in the humanities.

The Dorothy B. Osborne Fund for Education: Created in 2000 and named in honor of benefactor and educator Dorothy B. Osborne, this Fund provides support for creative and challenging professional development in the humanities for New Hampshire public school teachers of grades K through 12.

Funds held by the New Hampshire Charitable Foundation for the benefit of the New Hampshire Humanities Council:

Additional Information For Tax Return

NEW HAMPSHIRE HUMANITIES COUNCIL

02-0317350

Sch D, page 4: Description Smt Wks-1 (Continued)

The Education Fund: Created in 1993 by the New Hampshire Bicentennial Commission on the United States Constitution, this Fund supports education for Granite State citizens with particular emphasis on projects dealing with constitutional issues and New Hampshire history.

The Gilmore Fund: Created in 1994 by William E. Gilmore on the occasion of the Council's 20th anniversary, this Fund supports humanities programs with special emphasis on free programs of interest to senior citizens.

New Hampshire Legacy Fund: Created in 1990 by the Board and friends of the Humanities Council, this Fund provides general support to ensure a permanent Humanities Council in New Hampshire.

The William "Bud" Dunfey Fund for Excellence in the Humanities: Created in 1991 in memory of Bud Dunfey, this Fund honors the work of individuals who have made an outstanding contribution to the public understanding of the humanities.

New Hampshire Humanities Council Fund: This fund was created in 2005 through a legacy from the estate of founding board member Madie Barrett. Assets were added to this fund in 2006 through a legacy from the estate of former board member Ellis Phillips, Jr.

Sch D, page 4: Description Smt Wks-2

The NH Humanities Council serves as fiscal agent for two groups whose missions align with that of the NHHC.

Professional Renewal Resources: Conducts retreats designed to foster personal and professional renewal for educators, school administrators, clergy, and practitioners in healthcare and law using nationally-recognized curricula, including Courage to Teach, Courage to Lead, and Circles of Trust.

New Hampshire Abraham Lincoln Bicentennial Commission: Created by NH Governor John Lynch, this Commission was formed to commemorate the bicentennial of the birth of Abraham Lincoln through public educational programming on his life and legacy.

Sch I, page 2: Explanation Smt Wks-1

All grant applicants complete application forms certifying compliance with NHHC policies concerning use of grant funds. All competitive grant awardees sign contracts stipulating appropriate handling of grant funds and submit final financial statements at the conclusion of the grant period. Ten percent of grant funds are withheld until final reports are received and approved. Reports are reviewed by staff, and independent auditor reviews a percentage of all grant award files annually. NHHC grant recipients may be audited by NHHC or by the National Endowment for the Humanities.

Additional Information For Tax Return

NEW HAMPSHIRE HUMANITIES COUNCIL

02-0317350

Sch I, page 2: Explanation Smt Wks-1

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Schedule O: Explanation Smt Wks-1

New Hampshire Humanities Council
Annual Board Review of IRS Form 990

1. The Finance Committee of the Board and the Executive Director shall oversee the timely preparation of the Form 990.
2. The Finance Committee shall review the completed form 990 and address any questions or concerns with the preparer and resolve such questions and concerns in a timely manner to allow Form 990 to be circulated to the Board prior to filing with the IRS. Documentation of the committee review shall be included in its minutes.
3. ~~The Finance Committee shall cause Form 990 to be electronically transmitted to each member of the Board for his/her comments or questions by a date specified by the committee.~~
4. Each Board member may provide the Finance Committee with comments or questions by the specified response date. The Finance Committee shall address any comments and questions and take appropriate follow-up action. The committee's approval of Form 990 shall be memorialized in its minutes, which shall include a discussion of any action taken in response to Board member comments and questions.

Schedule O: Explanation Smt Wks-2

Board of Directors sets Executive Director compensation, consulting annual salary survey of the Federation of State Humanities Councils and salary data provided by NH Center for Non-Profits. Board conducts performance survey of Executive Director and meets in executive session annually to review performance and set compensation. Other staff compensation is determined by Executive Director using annual salary survey of the Federation of State Humanities Councils, salary data provided by NH Center for Non-Profits, and, where applicable, advertised compensation rates for comparable positions in NH.

Additional Information For Tax Return

NEW HAMPSHIRE HUMANITIES COUNCIL

02-0317350

Schedule O: Explanation Smt Wks-3

The NHHC publishes an Annual Report that includes financial statement and lists of donors, grants awarded, Board and staff, and significant activities. We submit all Board meeting minutes to the National Endowment for the Humanities and maintain copies of Board meeting minutes in perpetuity. The NHHC's audit, 990, and annual operating budget are available upon request, as are copies of grant applications of funded projects. Our bylaws, which contain our conflict of interest policy, are available upon request.

New Hampshire Humanities Council
Board of Directors
2009-2010

10/31/09 Form 990
Part VII, Section A.

Mrs. Roberta "Mitzi" Barrett
52 Wood Street
Nashua, NH 03064
883-4387

Mr. William L. Chapman, Esq.
Treasurer
Orr & Reno, P.A.
One Eagle Square
PO Box 3550
Concord, NH 03302-3550
224-2381

Ms. Sally Crawford
140 High Street
Exeter, NH 03833
778-0197

Mr. Lorne M. Fienberg, Esq.
Mintz, Levin, Cohn, Ferris, Glovsky &
Popeo, P.C.
22 Story Brook Lane
Amherst, NH 03031
672-5481

Mr. John D. Herney, *Chair*
Phillips Exeter Academy
60 Amesbury Road
Kensington, NH 03833
777-3783

Mr. Cleve Kapala
TransCanada
4 Park Street, Suite 402
Concord, NH 03301
225-5528

Ms. Candice J. Dale
St. Paul's School
325 Pleasant Street
Concord, NH 03301
229-4815

Mr. Dayton Duncan
Florentine Films
PO Box 835
Walpole, NH 03608
756-4568

Dr. Lisa MacFarlane, *Secretary*
Vice Provost for Academic Affairs
University of New Hampshire
Durham, NH 03824
862-3290

Mrs. Sylvia McBeth, *Vice-Chair*
527 Hurricane Road
Keene, NH 03431
352-8534

Ms. Selma Naccach-Hoff
English Department Chair
Manchester High School Central
207 Lowell Street
Manchester, NH 03104
624-6363 x 133

New Hampshire Humanities Council
Board of Directors
2009-2010

Mr. Daniel Mark Nelson
13 North Park Street
Hanover, NH 03755
643-0399

Dr. Bryant F. Tolles, Jr.
39 Dwinell Drive
Concord, NH 03301-2513
856-7128

Mr. Peter W. Powell
Peter W. Powell Real Estate
86 Main St.
Lancaster, NH 03584
788-4848

Dr. Paul Vincent, Coordinator
Holocaust & Genocide Studies Program
Keene State College
229 Main Street
Keene, NH 03435-1402
358-2722

Mr. Leonard Reed
P.O. Box 507
Bethlehem, NH 03574
869-2423

Mr. John F. Weeks III, *Immediate Past
Chair*
NH State President
Bank of America
NHDE01103D
1155 Elm Street, 3rd. Floor
Manchester, NH 03101
647-7687

Dr. Beth Salerno
Department of History
Saint Anselm College-1753
100 Saint Anselm Dr.
Manchester, NH 03102
641-7049

Ms. Anne Zachos
13 Sandstone Way
Exeter, NH 03833
669-2592

Dr. Tracy Schier
16 Tiger Road
Hudson, NH 03051
882-3060

Ms. Cathleen A. Schmidt
President
Citizens Bank NH & VT
875 Elm Street
Manchester, NH 03101
668-5000