



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



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 11/01, 2008, and ending 10/31, 20 09														
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization NORTH DAKOTA HUMANITIES COUNCIL</td> <td>D Employer identification number 45 0318487</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 2191</td> <td>E Telephone number (701) 255-3360</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Bismarck, ND 58502-2191</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td colspan="3"></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH DAKOTA HUMANITIES COUNCIL		D Employer identification number 45 0318487	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 2191		E Telephone number (701) 255-3360	City or town, state or country, and ZIP + 4 Bismarck, ND 58502-2191		F Group Exemption Number ▶			
Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTH DAKOTA HUMANITIES COUNCIL		D Employer identification number 45 0318487											
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 2191		E Telephone number (701) 255-3360											
	City or town, state or country, and ZIP + 4 Bismarck, ND 58502-2191		F Group Exemption Number ▶											

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ www.ndhumanities.org

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

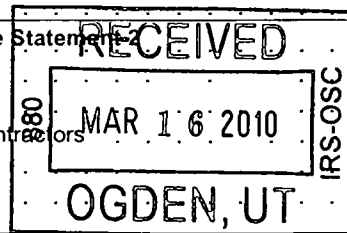
J Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **687,622**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	684,232
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	1,669
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	1,721	
b Less: cost of goods sold	7b	1,367	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	354	
8 Other revenue (describe ▶)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	686,255	
Expenses	10 Grants and similar amounts paid (attach schedule) See Statement 2	10	136,303
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	201,763
	13 Professional fees and other payments to independent contractors	13	120,305
	14 Occupancy, rent, utilities, and maintenance	14	22,366
	15 Printing, publications, postage, and shipping	15	32,508
	16 Other expenses (describe ▶ See Statement 3)	16	167,376
	17 Total expenses. Add lines 10 through 16	17	680,621
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,634
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,946
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	49,580



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	124,423	85,727
23 Land and buildings	0	0
24 Other assets (describe ▶ See Statement 4)	296,828	425,635
25 Total assets	421,251	511,362
26 Total liabilities (describe ▶ See Statement 5)	377,305	461,782
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,946	49,580

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

Cat No 106421

Form **990-EZ** (2008)

SCANNED APR 05 2010

69

22

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

Expenses

What is the organization's primary exempt purpose? Education - Humanities

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 See Statement 6

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

497.440

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d Enter amount of tax on line 40c reimbursed by the organization 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41 List the states with which a copy of this return is filed		
42a The books are in care of ND Humanities Council Telephone no. (701) 255-3360 Located at 418 Broadway Avenue E Suite 8, Bismarck, ND 58501-4086 ZIP + 4 58501-4086		
b 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.	Yes	No
42b		✓
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		✓
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

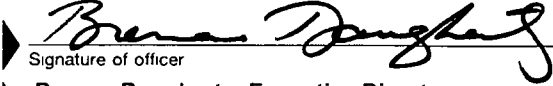
- | | Yes | No |
|--|------------|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ▶				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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

Sign Here ▶  **March 10, 2010**
 Signature of officer Date
 ▶ **Brenna Daugherty, Executive Director**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address and ZIP + 4 ▶	EIN ▶	Phone no ▶ ()	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NORTH DAKOTA HUMANITIES COUNCIL

Employer identification number

45 : 0318487

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 a 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)(vii).** (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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the organizations the organization supports.

[illegible]

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 any "unusual grants")	505,403	546,318	549,769	616,732	684,232	2,902,454
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	505,403	546,318	549,769	616,732	684,232	2,902,454
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)						0
6 Public support. Subtract line 5 from line 4						2,902,454

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	505,403	546,318	549,769	616,732	684,232	2,902,454
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	569	1,022	2,689	3,523	1,669	9,472
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						2,911,926
12 Gross receipts from related activities, etc. (see instructions)					12	30,805
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	99.68 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.82 %
16a 33⅓% support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33⅓% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
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 ☐		
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 ☐		
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 ☐		

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 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 any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 year 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 ☐						

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 33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- **To be completed by organizations described below.**
► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

NORTH DAKOTA HUMANITIES COUNCIL

Employer identification number

45 0318487

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**A** Check ☐ if the filing organization belongs to an affiliated group**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		3,411													
c Total lobbying expenditures (add lines 1a and 1b)		3,411													
d Other exempt purpose expenditures		677,210													
e Total exempt purpose expenditures (add lines 1c and 1d)		680,621													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		127,093													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		31,773													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0													
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	107,515	106,420	119,637	127,093	460,665
b Lobbying ceiling amount (150% of line 2a, column(e))					690,998
c Total lobbying expenditures	3,065	3,911	3,704	3,411	14,091
d Grassroots non-taxable amount	26,879	26,605	29,909	31,773	115,166
e Grassroots ceiling amount (150% of line 2d, column (e))					172,749
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

[illegible]

Statement 1 : General Explanations
Statement 2 : Grants and Similar Amounts Paid
Statement 3 : Other Expenses Schedule
Statement 4 : Other Assets
Statement 5 : Liabilities Schedule
Statement 6 : Program Service Accomplishments
Statement 7 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1

Form 990-EZ

Page 1

Line Number

General Explanation Attachment

NORTH DAKOTA HUMANITIES COUNCIL

45-0318487

General Explanations

Reference: Form 990-EZ, Part V, Line 35

Identifier: F99Z_P05_S00_L35

Explanation:

Statement 2

Form 990-EZ

Page 1

Line Number Part I Line 10

GrantsAndSimilarAmountsPaidSchedule

NORTH DAKOTA HUMANITIES COUNCIL

45-0318487

Grants and Similar Amounts Paid

	BookValue	FMV Amount
Type of Activity: Project Grant Donee's name and address: Institute of American Indian Arts 83 Avan Nu Po Road Santa Fe, NM 87508 Purpose of payment to affiliate: Relationship: Description: How Book Value Determined: How FMV Determined: Date of Gift:		\$38,000
Type of Activity: Project Grant Donee's name and address: Prairie Public Broadcasting 207 North 5th Street Fargo, ND 58102 Purpose of payment to affiliate: Relationship: Description: How Book Value Determined: How FMV Determined: Date of Gift:		\$30,000
Type of Activity: Project Grant Donee's name and address: Dickinson State University 291 Campus Drive Dickinson, ND 58601 Purpose of payment to affiliate: Relationship: Description: How Book Value Determined: How FMV Determined: Date of Gift:		\$14,700
Type of Activity: Project Grant Donee's name and address: Bismarck State College 1500 Edwards Avenue Bismarck, ND 58503 Purpose of payment to affiliate: Relationship: Description: How Book Value		\$13,500

Statement 2**NORTH DAKOTA HUMANITIES COUNCIL****Determined:****How FMV****Determined:****Date of Gift:**

Type of Activity:	Project Grant	\$10,000
--------------------------	---------------	----------

Donee's name and	University of North Dakota
-------------------------	----------------------------

address:	PO Box 8193
-----------------	-------------

	Grand Forks, ND 58202
--	-----------------------

Purpose of**payment to****affiliate:****Relationship:****Description:****How Book Value****Determined:****How FMV****Determined:****Date of Gift:**

Total:

\$0

\$106,200

Statement 3

Form 990-EZ

Page 1

Line Number Part I Line 16

Other Expenses Schedule 2

NORTH DAKOTA HUMANITIES COUNCIL**45-0318487****Other Expenses Schedule**

Description	Amount
Office Expenses	\$65,572
Information Technology	\$5,679
Advertising & Promotion	\$12,483
Travel	\$63,131
Conferences, Conventions & Meetings	\$3,310
Payments to Affiliates	\$8,962
Depreciation, Depletion & Amortization	\$3,101
Insurance	\$1,613
Miscellaneous	\$3,525
Total:	\$167,376

Statement 4

Form 990-EZ

Page 1

Line Number Part II Line 24

OtherAssetsSchedule3

NORTH DAKOTA HUMANITIES COUNCIL**45-0318487****Other Assets**

Description	BOY	EOY
	Amount	Amount
Grants Receivable	\$272,960	\$397,940
Accounts Receivable (net)	\$72	\$0
Interfund Receivable	\$3,000	\$4,804
Inventory	\$2,929	\$1,948
Prepaid Expenses	\$5,111	\$3,542
Equipment (net)	\$7,196	\$12,424
Amount to be Provided for Accrued Vacation Pay	\$5,560	\$4,977
Total:	\$296,828	\$425,635

Statement 5

Form 990-EZ

Page 1

Line Number Part II Line 26

OtherLiabilitiesSchedule3

NORTH DAKOTA HUMANITIES COUNCIL**45-0318487****Liabilities Schedule**

Description	BOY	EOY
	Amount	Amount
Accounts Payable & Accrued Expenses	\$10,964	\$18,758
Interfund Payable	\$3,000	\$4,804
Grants Payable	\$121,410	\$153,941
Deferred Revenue	\$241,931	\$284,279
Total:	\$377,305	\$461,782

Statement 6

Form 990-EZ

Page 2

Line Number Part III Line 28

ProgramServiceAccomplishmentStatement

NORTH DAKOTA HUMANITIES COUNCIL

45-0318487

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
HUMANITIES PROJECT GRANTS Grants were awarded to non-profit organizations for the purpose of supporting projects designed to bring the humanities to the general public The NDHC awarded 4 quick grants, 12 small grants and 8 large grants (24 grants total)	\$136,303		\$143,729
DAKOTA DISCUSSIONS Scholars and participants met to discuss the history, values and ideas presented in great literature At total of 34 programs were presented in communities accross North Dakota, the total attendance for all programs was 685 people	\$0		\$68,241
NORTH DAKOTA CHAUTAUQUA Scholars presented programs using first-person, historical characterizations of influential people in United States history The theme of the 2009 program, "Lincoln, Land and Liberty," focused on President Abraham Lincoln, the Civil War and the Homestead Act of 1862 and its role in developing settlements in Dakota Territory Three communities in North Dakota hosted the 3-day programs, a total of 21 programs were presented and had a combined attendance of 1,343 people	\$0		\$48,050
JOURNEY STORIES EXHIBIT	\$0		\$46,086
NORTH DAKOTA NEWSPAPER PROJECT	\$0		\$39,854
INSTITUTE FOR PHILOSOPHY IN PUBLIC LIFE	\$0		\$36,155
ON SECOND THOUGHT MAGAZINE	\$0		\$33,835
READ NORTH DAKOTA PARTNERSHIP	\$0		\$29,736
ND CENTER FOR THE BOOK	\$0		\$22,648
SPEAKERS PROGRAM	\$0		\$17,246
ABRAHAM LINCOLN BICENTENNIAL	\$0		\$6,353
KEY INGREDIENTS EXHIBIT	\$0		\$4,055
PICTURING AMERICA	\$0		\$1,452
Total:			\$497,440

Statement 7

Form 990-EZ

Page 2

Line Number Part IV

OfficersDirectorsEtcStatement

NORTH DAKOTA HUMANITIES COUNCIL**45-0318487****Officers, Directors, Trustees and Key Employees Compensation**

Name	Title and Hrs	Compensation	Benefits	Expense
Brenna Daugherty 1012 1st Street N Bismarck, ND 58501-3518	Executive Director 45	\$73,800	\$1,200	\$0
Najla Amundson 126 Prairiewood Drive Fargo, ND 58103	Board Member 0	\$0	\$0	\$0
June L Anderson PO Box 576 Towner, ND 58788	Board Member 0	\$0	\$0	\$0
Barbara Andrist PO Box E Crosby, ND 58730	Board Member 0	\$0	\$0	\$0
Fredenck Baker Apt 323 1600 Mapleton Avenue Bismarck, ND 58503	Board Member 0	\$0	\$0	\$0
Jay Basquiat 805 1st Avenue NW Mandan, ND 58554	Board Member 0	\$0	\$0	\$0
Tami S Carmichael 5404 Belmont Road Grand Forks, ND 58201	Board Member 0	\$0	\$0	\$0
Virgnia C Dambach 806 S 9th Street Suite Q Fargo, ND 58103	Board Member 0	\$0	\$0	\$0
Enc Furuseth 908 7th Avenue NE Minot, ND 58703	Board Member 0	\$0	\$0	\$0
Kara Geiger Apt 3 1501 3rd Avenue NE Mandan, ND 58554	Board Member 0	\$0	\$0	\$0
Eliot Glassheim 619 N 3rd Street Grand Forks, ND 58203	Board Member 0	\$0	\$0	\$0
Kate Haugen 4410 Timberlake Drive Fargo, ND 58104	Board Member 0	\$0	\$0	\$0
Joseph Jastrzembski 500 University Avenue West Minot, ND 58707	Board Member 0	\$0	\$0	\$0
Anne Kelsch PO Box 7104 Grand Forks, ND 58202-7104	Board Member 0	\$0	\$0	\$0
Carole L Kline 2325 S 6th Street Fargo, ND 58103	Board Member 0	\$0	\$0	\$0

Statement 7**NORTH DAKOTA HUMANITIES COUNCIL**

Janelle Masters 3741 Ankara Avenue N Mandan, ND 58554	Board Member 0	\$0	\$0	\$0
Jim Norris PO Box 5075 Fargo, ND 58105	Board Member 0	\$0	\$0	\$0
Christopher Rausch 1620 S Reno Drive Bismarck, ND 58504	Board Member 0	\$0	\$0	\$0
Janet E Rowse 10775 96th Street NW Noonan, ND 58765	Board Member 0	\$0	\$0	\$0
Melanie Thomberg 701 Central Avenue Walhalla, ND 58282	Board Member 0	\$0	\$0	\$0
Total:		\$73,800	\$1,200	\$0