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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2008**

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

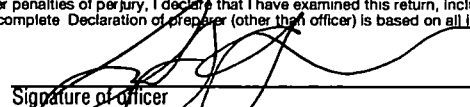
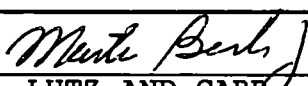
**A** For the **2008** calendar year, or tax year beginning **NOV 1, 2008** and ending **OCT 31, 2009**

<b>B</b> Check if applicable: <input 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	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>NEW YORK COUNCIL FOR THE HUMANITIES</b>		<b>D</b> Employer identification number <b>51-0152266</b>
		Doing Business As		<b>E</b> Telephone number <b>212-233-1131</b>  <b>G</b> Gross receipts \$ <b>2,231,586.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>150 BROADWAY, SUITE 1700</b>		
		City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10038</b>		
		<b>F</b> Name and address of principal officer: <b>SARA OGGER</b> <b>SAME AS C ABOVE</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.NYHUMANITIES.ORG</b> <b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile: <b>NY</b>				

**Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities. <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,945,384.</b>	<b>2,141,495.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>14,050.</b>	<b>12,967.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>&lt;70,349.&gt;</b>	<b>767.</b>
	<b>12</b> Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,893,039.</b>	<b>2,165,548.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>696,975.</b>	<b>787,449.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>569,021.</b>	<b>658,542.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>94,849.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>642,226.</b>	<b>827,364.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,908,222.</b>	<b>2,273,355.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>&lt;15,183.&gt;</b>	<b>&lt;107,807.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,453,124.</b>	<b>2,434,285.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>535,621.</b>	<b>577,487.</b>
		<b>1,917,503.</b>	<b>1,856,798.</b>

**Signature Block**

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.			
<b>Sign Here</b>		<b>9.10.10</b>	<b>Date</b>
	<b>SARA OGGER, EXECUTIVE DIRECTOR</b>		
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> ▶ 	<b>Date</b> ▶ <b>9/14/10</b>	<b>Check if self-employed</b> <input type="checkbox"/>
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b>	<b>Preparer's identifying number (see instructions)</b>	
	<b>LUTZ AND CARR CPAS LLP</b> <b>300 EAST 42ND STREET</b> <b>NEW YORK, NY 10017</b>	<b>EIN</b> ▶ <b>212-697-2299</b>	

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

☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF NEW YORK COUNCIL FOR THE HUMANITIES IS TO HELP ALL NEW YORKERS LEAD VIBRANT INTELLECTUAL LIVES BY STRENGTHENING TRADITIONS OF CULTURAL LITERACY, CRITICAL INQUIRY, AND CIVIC ENGAGEMENT.

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.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code. ) (Expenses \$ 1,015,272. including grants of \$ 787,449. ) (Revenue \$ 1,015,272. )  
THE GRANTS PROGRAM:

DURING FY09 THE COUNCIL AWARDED 125 GRANTS TOTALING \$787,449. BASED ON ATTENDANCE AT THE PUBLIC EVENTS THESE GRANTS HAVE SUPPORTED, THE COUNCIL'S GRANTS REACHED OVER A MILLION NEW YORKERS OF DIVERSE BACKGROUNDS DURING THE PERIOD.

THE GRANTS PROGRAM, WHICH IS OPEN TO THE STATE'S TAX-EXEMPT ORGANIZATIONS, IS COMPETITIVE AND APPLICATION-BASED. RIGOROUS REVIEW OF EACH PROPOSAL'S SCHOLARLY MERITS AND VALUE TO THE PUBLIC IS CONDUCTED BY HIGHLY QUALIFIED STAFF AND A PANEL OF OUTSIDE EXPERTS, AND DECISIONS ARE MADE BY A PANEL OF THE COUNCIL'S BOARD OF DIRECTORS. THE

4b (Code. ) (Expenses \$ 232,377. including grants of \$ ) (Revenue \$ 232,377. )  
SPEAKERS IN THE HUMANITIES:

FUNDS IN THE AMOUNT OF \$232,377 WERE EXPENDED ON THIS LECTURE BUREAU DURING FY09. IN THIS PERIOD, THE COUNCIL FUNDED 342 SPEAKERS EVENTS, WHICH WERE ATTENDED BY MORE THAN 16,600 NEW YORKERS IN 46 OF 62 COUNTIES IN NEW YORK STATE. MANY OF THE ORGANIZATIONS THAT BOOK SPEAKERS EVENTS SERVE AN ELDERLY AUDIENCE, THOUGH THE PROGRAM ALSO REACHES AUDIENCES WITH SPECIFIC INTERESTS, SUCH AS WOMEN, ETHNIC HERITAGE GROUPS, AND LABORERS.

ALL SPEAKERS PROGRAMS ARE OFFERED FREE TO THE GENERAL PUBLIC. IN ADDITION TO LECTURE-CONTENT, EACH OFFERING MUST ALLOW TIME FOR

4c (Code. ) (Expenses \$ 254,555. including grants of \$ ) (Revenue \$ 254,555. )  
TOGETHER-BOOK TALK FOR KIDS AND PARENTS:

FUNDS IN THE AMOUNT OF \$254,555 WERE EXPENDED ON THE PROGRAM IN FY09. THIS PROGRAM OFFERS A FORUM FOR PARENTS AND THEIR 9-TO-11 YEAR OLD CHILDREN TO COME TOGETHER TO TALK ABOUT BOOKS AND IDEAS AT THEIR LOCAL LIBRARY. THIS INTERGENERATIONAL PROGRAM DRAWS ON THE THEMES DEVELOPED FOR NEH'S 'WE THE PEOPLE' BOOKSHELF TO ENCOURAGE PARENTS AND THEIR UPPER ELEMENTARY SCHOOL CHILDREN TO ENGAGE WITH IMPORTANT ISSUES AND IDEAS ABOUT AMERICAN IDENTITY AND LIFE IN A LIBRARY SETTING. EACH OF THE SIX 90-MINUTE TOGETHER SESSIONS IS CO-FACILITATED BY A LIBRARIAN AND A HUMANITIES SCHOLAR FROM THE LOCAL COMMUNITY. THE SESSIONS ALTERNATE BETWEEN PICTURE BOOKS AND NOVELS ON THE 18-BOOK TOGETHER

4d Other program services. (Describe in Schedule O)

(Expenses \$ 324,094. including grants of \$ ) (Revenue \$ 324,094. )

4e Total program service expenses ► \$ 1,826,298. (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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 as 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, 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> 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>		X
<b>b</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>		X
<b>c</b> 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>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> 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>		X
<b>35</b> 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>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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>		X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. <span style="float: right;">113</span>		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float: right;">0</span>		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b> 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. <span style="float: right;">9</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>b</b> 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		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b> <span style="float: right;">12b</span>		

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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	1a	19
b Enter the number of voting members that are independent	1b	19
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?	2	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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	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?	9b	
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	10	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	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and 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?	15a	X
b Other officers or key employees of the organization?	15b	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?	16a	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?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **► NY**

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: **►**  
**SARA OGGER - 212-233-1131**  
**150 BROADWAY SUITE 1700 , NEW YORK, NY 10038**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW BENDER BOARD	1.00	X						0.	0.	0.
RICHARD BERNSTEIN BOARD	1.00	X						0.	0.	0.
DONALD BOSWELL BOARD	1.00	X						0.	0.	0.
LINDA COLLINS BOARD	1.00	X						0.	0.	0.
JONATHAN CULLER BOARD	1.00	X						0.	0.	0.
ANNIE FIORILLA BOARD	1.00	X						0.	0.	0.
MICHAEL FRISCH BOARD	1.00	X						0.	0.	0.
PAMELA GREEN BOARD	1.00	X						0.	0.	0.
MADHUR JAFFREY BOARD	1.00	X						0.	0.	0.
ELBRUN KIMMELMAN BOARD	1.00	X						0.	0.	0.
JOHN MCNIFF BOARD	1.00	X						0.	0.	0.
HUGO PEREZ BOARD	1.00	X						0.	0.	0.
JOANNA ROSE BOARD	1.00	X						0.	0.	0.
JOAN SHELLEY RUBIN BOARD	1.00	X						0.	0.	0.
NORM SILVERSTEIN BOARD	1.00	X						0.	0.	0.
MARION ROACH SMITH CHAIR, BOARD	1.00	X		X				0.	0.	0.
DOMNA STANTON BOARD	1.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EDMUND SUTTON TREASURER	1.00	X		X				0.	0.	0.
ANTHONY VISCUSI BOARD	1.00	X						0.	0.	0.
SARA OGGER EXECUTIVE DIRECTOR	40.00			X				113,400.	0.	31,331.
JAMES TAYLOR DIR. OF FINANCE & ADMIN	40.00			X				66,455.	0.	39,750.
<b>1b Total</b>								<b>179,855.</b>	<b>0.</b>	<b>71,081.</b>

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

- |   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| <b>4</b> 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 |     | X  |
| <b>5</b> 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                                     |     | 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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization <span style="float: right;"><b>0</b></span>		

**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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	189,543.6				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	246,059.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f		2,141,495.				
	Program Service Revenue	2 a	<b>SPEAKER INCOME</b>	Business Code 611600	12,967.	12,967.		
		b						
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		12,967.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		7,772.			7,772.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real (ii) Personal					
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	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)		<7,005.>		<7,005.>	
	8 a	Gross income from fundraising events (not including \$ _____ 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					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
	10 a	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					
11 a	<b>MISCELLANEOUS</b>	900099	10,319.	10,319.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		10,319.					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e		2,165,548.	23,286.	0.	767.		

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	787,449.	787,449.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	249,595.	156,844.	79,610.	13,141.
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	278,665.	212,813.	59,826.	6,026.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,930.	27,699.	9,849.	1,382.
9 Other employee benefits	53,571.	44,151.	7,849.	1,571.
10 Payroll taxes	37,781.	26,881.	9,559.	1,341.
11 Fees for services (non-employees):				
a Management				
b Legal	250.		250.	
c Accounting	21,657.		21,657.	
d Lobbying	63,930.		3,600.	60,330.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	300,482.	293,631.	5,399.	1,452.
12 Advertising and promotion				
13 Office expenses	269,609.	198,671.	62,329.	8,609.
14 Information technology	9,361.	1,750.	7,611.	
15 Royalties				
16 Occupancy	16,440.		16,440.	
17 Travel	111,044.	63,704.	47,037.	303.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,967.		5,967.	
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 MISCELLANEOUS	26,999.	12,705.	13,600.	694.
b STAFF RECRUITMENT	1,625.		1,625.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,273,355.	1,826,298.	352,208.	94,849.
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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	157,055.	1	229,378.
	2 Savings and temporary cash investments	159,026.	2	13,402.
	3 Pledges and grants receivable, net	1,936,761.	3	1,627,667.
	4 Accounts receivable, net		4	
	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	33,617.	9	24,976.
	10a Land, buildings, and equipment, cost basis	189,443.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	5,967.	0.	183,476.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	149,109.	12	337,830.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,556.	15	17,556.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,453,124.	16	2,434,285.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	34,669.	17	57,936.
	18 Grants payable	500,952.	18	519,551.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	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 <b>Total liabilities.</b> Add lines 17 through 25	535,621.	26	577,487.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	294,654.	27	352,053.
	28 Temporarily restricted net assets	1,622,849.	28	1,504,745.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	1,917,503.	33	1,856,798.
34 <b>Total liabilities and net assets/fund balances</b>	2,453,124.	34	2,434,285.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

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 YORK COUNCIL FOR THE HUMANITIES

Employer identification number

51-0152266

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 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)(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 the 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?

(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? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

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

[illegible]

**LHA 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 any "unusual grants.")	1126469.	1988959.	1847633.	1945384.	2141495.	9049940.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	1126469.	1988959.	1847633.	1945384.	2141495.	9049940.
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 <b>Public Support.</b> Subtract line 5 from line 4						9049940.

**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	1126469.	1988959.	1847633.	1945384.	2141495.	9049940.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,928.	14,480.	7,731.	24,670.	20,739.	80,548.
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)	392.	118.	562.	3,954.	10,319.	15,345.
11 <b>Total support.</b> Add lines 7 through 10						9145833.
12 Gross receipts from related activities, etc. (see instructions)					12	48,497.

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	98.95 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.09 %
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>		

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 year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%
<b>19a 33 1/3% support tests - 2008.</b> 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>b 33 1/3% support tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**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

Employer identification number

**NEW YORK COUNCIL FOR THE HUMANITIES**

**51-0152266**

**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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		63,930.													
c Total lobbying expenditures (add lines 1a and 1b)		63,930.													
d Other exempt purpose expenditures		2,209,425.													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,273,355.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		263,668.													
<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)		65,917.													
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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	208,612.	227,794.	245,433.	263,668.	945,507.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,418,261.
c Total lobbying expenditures	40,000.	58,000.	60,432.	63,930.	222,362.
d Grassroots non-taxable amount	52,153.	56,949.	61,358.	65,917.	236,377.
e Grassroots ceiling amount (150% of line 2d, column (e))					354,566.
f Grassroots lobbying expenditures	0.				

Schedule C (Form 990 or 990-EZ) 2008

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

	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?		

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	

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.

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**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, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NEW YORK COUNCIL FOR THE HUMANITIES

Employer identification number

51-0152266

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 easements 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 section 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, 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	
1d	
1e	
1f	

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

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

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

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

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		145,212.	2,212.	143,000.
d Equipment		44,231.	3,755.	40,476.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				183,476.

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		
<b>FIXED INCOME MUTUAL FUNDS</b>	<b>93,123.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>EQUITY MUTUAL FUNDS</b>	<b>244,707.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.)	<b>337,830.</b>	

**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
<b>Total.</b> (Col (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
<b>Total.</b> (Column (b) 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	
<b>Total.</b> (Column (b) 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	2,165,548.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,273,355.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<107,807.>
4	Net unrealized gains (losses) on investments	4	47,102.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	47,102.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<60,705.>

**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	2,212,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	47,102.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	47,102.
3	Subtract line 2e from line 1	3	2,165,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment 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	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,165,548.

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

1	Total expenses and losses per audited financial statements	1	2,273,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
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	0.
3	Subtract line 2e from line 1	3	2,273,355.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment 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	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,273,355.

**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.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number  
**51-0152266**

**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. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK HISTORICAL ASSOCIATION DBA THE ADIRONDACK MUSEUM - PO BOX 99 - BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801		20,000.	0.			SEE PART IV.
BARD GRADUATE CENTER FOR STUDIES IN THE DECORATIVE ARTS, DESIGN, & CULTURE - 18 W 86TH ST - NEW YORK, NY 10024-3602	14-1713034		20,000.	0.			SEE PART IV.
EPIC THEATRE ENSEMBLE DBA EPIC THEATRE CENTER - PO BOX 720 PLANETARIUM STATION - NEW YORK, NY 10024-0539	52-2303451		5,160.	0.			SEE PART IV.
FORT LA PRESENTATION COMPANY PO BOX 1749 OGDENSBURG, NY 13669-6749	16-1560736		5,900.	0.			SEE PART IV.
HYDE COLLECTION TRUST DBA THE HYDE COLLECTION - 161 WARREN ST - GLENS FALLS, NY 12801-4520	14-1401101		20,000.	0.			SEE PART IV.
MOLLOY COLLEGE 1000 HEMPSTEAD AVE ROCKVILLE CENTRE, NY 11570-1135	11-1797182		20,000.	0.			SEE PART IV.
<b>2</b> Enter total number of section 501(c)(3) and government organizations							125.
<b>3</b> Enter total number of other organizations							

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

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

Part IV

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

SCHEDULE I, PART I, LINE 2: ALL REGRANTEES ARE REQUIRED TO SIGN A GRANT AGREEMENT AT THE START OF THE GRANT PERIOD THAT OUTLINES THE COUNCIL'S TERMS AND CONDITIONS. AT THE END OF THE GRANT PERIOD, REGRANTEES ARE REQUIRED TO SUBMIT FINAL REPORTING, DETAILING HOW THE PROJECT PROCEEDED AND HOW PROJECT FUNDS WERE EXPENDED.

THE COUNCIL REVIEWS REGRANTEES' FINAL EXPENDITURE REPORTS AND SEEKS EXPLANATIONS FOR ANY DEVIATIONS FROM THE ORIGINAL BUDGETS. IN ADDITION, REGRANTEES ARE REQUIRED TO NOTIFY THE COUNCIL ABOUT ANY CHANGES TO THEIR BUDGETS DURING THE GRANT PERIOD.



**SCHEDULE I-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▲ Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number  
**51-0152266**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF THE CITY OF NEW YORK 1220 5TH AVE NEW YORK, NY 10029-5221	13-1624098		20,000.	0.			SEE PART IV.
STATUE OF LIBERTY-ELLIS ISLAND FOUNDATION, INC. - 17 BATTERY PL - NEW YORK, NY 10004-1207	13-3118415		20,000.	0.			SEE PART IV.
OYSTERPONDS HISTORICAL SOCIETY PO BOX 70 ORIENT, NY 11957-0070	11-1892401		19,666.	0.			SEE PART IV.
WORLD SOUND FOUNDATION PO BOX 919 STONE RIDGE, NY 12484-0919	13-3938254		20,000.	0.			SEE PART IV.
STATEN ISLAND INSTITUTE OF ARTS AND SCIENCES DBA STATEN ISLAND MUSEUM - 75 STUYVESANT PL - STATEN ISLAND, NY 10301-1912	13-5564127		15,000.	0.			SEE PART IV.
SCHENECTADY COUNTY HISTORICAL SOCIETY - 32 WASHINGTON AVE - SCHENECTADY, NY 12305-1601	14-1401793		12,500.	0.			SEE PART IV.
PERFORMA 100 W 23RD ST NEW YORK, NY 10011-2457	20-1286572		10,000.	0.			SEE PART IV.
CHILDREN'S MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12856-3202			20,000.	0.			SEE PART IV.

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
2008

Open to Public  
Inspection

Name of the organization

Employer identification number  
**51-0152266**

**NEW YORK COUNCIL FOR THE HUMANITIES**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEDIA PROJECT 20 ACADEMY ST POUGHKEEPSIE, NY 12601-3302	14-1775746		20,000.	0.			SEE PART IV.
HUDSON RIVER MUSEUM 511 WARBURTON AVE YONKERS, NY 10701-1801	13-2670081		20,000.	0.			SEE PART IV.
ARKELL MUSEUM AT CANAJOHARIE 2 ERIE BLVD CANAJOHARIE, NY 13317-1138	14-1398373		20,000.	0.			SEE PART IV.
NIAGARA UNIVERSITY, OFFICE OF ACADEMIC AFFAIRS - 5795 LEWISTON RD - NIAGARA UNIVERSITY, NY 14109	16-0755807		11,122.	0.			SEE PART IV.
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX, NY 10458-5126	13-1693134		20,000.	0.			SEE PART IV.
THE BAOBAB CULTURAL CENTER 728 UNIVERSITY AVE ROCHESTER, NY 14607-1259	20-4918167		19,926.	0.			SEE PART IV.
THE NEW-YORK HISTORICAL SOCIETY 170 CENTRAL PARK W NEW YORK, NY 10024-5152	13-1624124		20,000.	0.			SEE PART IV.
GREATER ASTORIA HISTORICAL SOCIETY 35-20 BROADWAY, 4TH FLOOR LONG ISLAND CITY, NY 11106-1114	11-2990504		5,150.	0.			SEE PART IV.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
2008

Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number  
**51-0152266**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICAN WRITERS' WORKSHOP 16 W 32ND STREET SUITE 10A NEW YORK, NY 10001-1093	13-3677911		20,000.	0.			SEE PART IV.
HIP-HOP THEATER FESTIVAL 442D LORIMER ST #195 BROOKLYN, NY 11206-1036	42-1642691		20,000.	0.			SEE PART IV.
POETS HOUSE 10 RIVER TERRACE NEW YORK, NY 10282-1240	13-3255098		20,000.	0.			SEE PART IV.
SHAKESPEARE SOCIETY 45 E 78TH ST., 5TH FLOOR NEW YORK, NY 10075-0204	13-3974836		18,023.	0.			SEE PART IV.
CUNY MEDGAR EVERS COLLEGE, CENTER FOR BLACK LITERATURE - 1650 BEDFORD AVE - BROOKLYN, NY 11225-2010	13-1988190		20,000.	0.			SEE PART IV.
ROCHESTER INSTITUTE OF TECHNOLOGY 1 LOMB MEMORIAL DR ROCHESTER, NY 14623-5603	16-0743140		15,843.	0.			SEE PART IV.
FORDHAM UNIVERSITY, THE BRONX AFRICAN-AMERICAN HISTORY PROJECT - 441 E FORDHAM RD DEALY HALL 637 - BRONX, NY	13-1740451		11,700.	0.			SEE PART IV.
THE UNIVERSITY AT ALBANY FOUNDATION - 1400 WASHINGTON AVE., UAB 226 - ALBANY, NY 12222-0100	14-1503972		19,600.	0.			SEE PART IV.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▲ Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
**2008**

**Open to Public**  
**Inspection**

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number  
**51-0152266**

<b>Part I</b> Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAMC NORTHEAST PUBLIC RADIO 318 CENTRAL AVE ALBANY, NY 12206-2522	22-2400593		20,000.	0.			SEE PART IV.
WORLD AWARENESS CHILDREN'S MUSEUM 89 WARREN ST GLENS FALLS, NY 12801-4509	14-1783303		11,000.	0.			SEE PART IV.
WXII PUBLIC BROADCASTING COUNCIL 280 STATE ST ROCHESTER, NY 14614-1033	16-0838086		17,500.	0.			SEE PART IV.
KATONAH MUSEUM OF ART 134 JAY ST KATONAH, NY 10536-3736	13-6161548		20,000.	0.			SEE PART IV.
SUNY BUFFALO, ART GALLERIES 1 MARTHA JACKSON PL BUFFALO, NY 14214-1211	14-1368361		20,000.	0.			SEE PART IV.

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK HISTORICAL ASSOCIATION DBA THE ADIRONDACK MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

AN EXHIBITION (JUNE-AUG 09) EXPLORING THE SOCIAL HISTORY OF THE  
ADIRONDACK REGION THROUGH THE LOCAL ART FORM OF QUILTING.

NAME OF ORGANIZATION OR GOVERNMENT:

BARD GRADUATE CENTER FOR STUDIES IN THE DECORATIVE ARTS, DESIGN, & CULTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

AN EXHIBITION (SEPT 09-JAN 10) AND CATALOGUE ON THE HISTORY OF DUTCH NEW  
YORK CITY TOLD THROUGH THE INVENTORY OF MARGRIETA VAN VARICK, A  
17TH-CENTURY DUTCH TRADESWOMAN.

NAME OF ORGANIZATION OR GOVERNMENT:

EPIC THEATRE ENSEMBLE DBA EPIC THEATRE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SERIES OF PRE- AND POST-PERFORMANCE THEATRE TALKS (APRIL -JUNE 09)  
DESIGNED TO EXPLORE THE SOCIAL AND POLITICAL ISSUES THAT SURROUND THE  
PLAY "MAHIDA."

NAME OF ORGANIZATION OR GOVERNMENT: FORT LA PRESENTATION COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A DAY-LONG (SATURDAY) PROGRAM FOCUSING ON THE HISTORY OF THE WAR OF 1812  
INVOLVING A MIX OF ACTIVITIES INCLUDING LECTURES, WALKING TOURS, AND  
MUSEUM VISITS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HYDE COLLECTION TRUST DBA THE HYDE COLLECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

AN EXHIBITION (JULY-OCT 09) ON THE INTERSECTION OF 19TH CENTURY MUSIC ON  
IMPRESSIONIST ARTIST EDGAR DEGAS' WORK.

NAME OF ORGANIZATION OR GOVERNMENT: MOLLOY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A FOUR-PART SERIES OF PROGRAMS IN MARCH 2009 DRAWING ON 16 IMPORTANT  
COURT CASES AS CATALYSTS FOR DISCUSSION ABOUT RELIGION, THE HISTORY OF  
LAW, PREJUDICE, COURAGE AND SOCIETAL CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: MUSEUM OF THE CITY OF NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SPRING 2009 EXHIBITION IN CONJUNCTION WITH THE HUDSON-FULTON-CHAMPLAIN  
QUADRICENTENNIAL THAT EXPLORES THE GLOBAL SIGNIFICANCE OF HENRY HUDSON'S  
VOYAGES AND THE DUTCH INFLUENCE ON THE CHARACTER OF NEW YORK AND THE  
COUNTRY.

NAME OF ORGANIZATION OR GOVERNMENT:

STATUE OF LIBERTY-ELLIS ISLAND FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

IN CELEBRATION OF NEW YORK'S QUADRICENTENNIAL THIS EXHIBITION (SEPT  
09-NOV 09) SURVEYED THE HISTORY OF THE LOCAL LENAPE INDIAN TRIBE.

NAME OF ORGANIZATION OR GOVERNMENT: OYSTERPONDS HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SUMMER 2009 EXHIBITION THAT DRAWS ON ONE PERSON'S EXPERIENCE TO EXPLORE

**Part IV** Supplemental Information

THE RELATIONSHIP BETWEEN NATIONAL EVENTS AND LOCAL EXPERIENCE ON LONG ISLAND IN THE LATE-18TH AND EARLY-19TH CENTURIES.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD SOUND FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A CELL-PHONE BASED HISTORICAL/CULTURAL TOUR OF THE NEWBURGH AND BEACON AREAS.

NAME OF ORGANIZATION OR GOVERNMENT:

STATEN ISLAND INSTITUTE OF ARTS AND SCIENCES DBA STATEN ISLAND MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SERIES OF PROGRAMS DESIGNED TO ANSWER THE QUESTION "WHAT HAPPENED TO THE LENAPE?" OFFERED IN CONJUNCTION WITH A CONTEMPORARY ART EXHIBITION IN SPRING 2009 EXPLORING THE SAME TOPIC.

NAME OF ORGANIZATION OR GOVERNMENT: SCHENECTADY COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SPRING 2009 EXHIBITION AND PROGRAM SERIES EXPLORING THE HISTORY OF SCHENECTADY COUNTY IN CONJUNCTION WITH THE COUNTY'S BICENTENNIAL.

NAME OF ORGANIZATION OR GOVERNMENT: PERFORMA

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A RANGE OF PROGRAMS (MARCH 09- NOV 09), EXPLORING THE INTERSECTION OF ART HISTORY, ITALIAN CULTURE, WOMEN'S HISTORY, URBAN PLANNING AND NYC ARCHITECTURE WITH THE FUTURIST MOVEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S MUSEUM AT SARATOGA

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

**Part IV** Supplemental Information

SARATOGA INTERACTIVE HUMANITIES TOUR FOR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S MEDIA PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A PROJECT (LAUNCHED IN OCT 09) DEVELOPED BY LOCAL YOUTH THAT USES  
PDA/GAMING TECHNOLOGIES TO TELL A COMMUNITY'S STORY.

NAME OF ORGANIZATION OR GOVERNMENT: HUDSON RIVER MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

AN EXHIBITION AND COMPANION PUBLICATION EXPLORING THE HUDSON VALLEY'S  
DUTCH HERITAGE AND ITS PLACE IN THE REGION'S EVOLVING IDENTITY.

NAME OF ORGANIZATION OR GOVERNMENT: ARKELL MUSEUM AT CANAJOHARIE

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

AN EXHIBITION AND PROGRAM ABOUT THE HISTORY OF TRANSPORTATION IN THE  
MOHAWK VALLEY.

NAME OF ORGANIZATION OR GOVERNMENT:

NIAGARA UNIVERSITY, OFFICE OF ACADEMIC AFFAIRS

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A RANGE OF PROGRAMS INCLUDING A KEYNOTE ADDRESS, TOURS, AND PANEL  
PRESENTATIONS FOCUSED ON OLD FORT NIAGARA'S ROLE IN THE SEVEN YEARS WAR.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK BOTANICAL GARDEN

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A GARDEN-WIDE INITIATIVE EXPLORING THE IMPORTANCE OF PLANTS AS A SOURCE  
OF INSPIRATION FOR EMILY DICKINSON AND OTHER POETS/WRITERS.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE BAOBAB CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A 12-MONTH SERIES (TWO PROGRAMS PER MONTH) OF FILMS AND TALKS ABOUT THE AFRICAN DIASPORA.

NAME OF ORGANIZATION OR GOVERNMENT: THE NEW-YORK HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

PUBLIC PROGRAMMING EXAMINING THE INFLUENCE OF NEW YORK ON ABRAHAM LINCOLN.

NAME OF ORGANIZATION OR GOVERNMENT: GREATER ASTORIA HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A COMMUNITY SYMPOSIUM INVESTIGATING THE HISTORY AND CONTINUED IMPORTANCE OF ETHNIC SOCIAL CLUBS IN ASTORIA, NY.

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN AMERICAN WRITERS' WORKSHOP

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A LECTURE SERIES FOCUSED ON CONTEMPORARY SOCIAL ISSUES OF RELEVANCE TO NYC COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: HIP-HOP THEATER FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SERIES OF FOUR PUBLIC CONVERSATIONS IN CONJUNCTION WITH THE HIP HOP THEATER FESTIVAL.

NAME OF ORGANIZATION OR GOVERNMENT: POETS HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

PUBLIC PROGRAMMING EXPLORING THE RELATIONSHIP BETWEEN POETRY AND ECOLOGY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SHAKESPEARE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A VARIETY OF PUBLIC PROGRAMMING TO COMPLEMENT THE 2009-2010 THEATRICAL SEASON.

NAME OF ORGANIZATION OR GOVERNMENT:

CUNY MEDGAR EVERS COLLEGE, CENTER FOR BLACK LITERATURE

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

THE TENTH ITERATION OF THIS ANNUAL WRITER'S CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: ROCHESTER INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SYMPOSIUM ON THE CHINESE SIXTH GENERATION CINEMA.

NAME OF ORGANIZATION OR GOVERNMENT:

FORDHAM UNIVERSITY, THE BRONX AFRICAN-AMERICAN HISTORY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SERIES OF SIX LECTURES ABOUT AFRICAN IMMIGRATION TO THE BRONX.

NAME OF ORGANIZATION OR GOVERNMENT: THE UNIVERSITY AT ALBANY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SERIES OF 15 PUBLIC PROGRAMS RELATED TO THE HUDSON-FULTON-CHAMPLAIN QUADRICENTENNIAL HELD IN PARTNERSHIP WITH A VARIETY OF VENUES IN THE CAPITAL DISTRICT.

NAME OF ORGANIZATION OR GOVERNMENT: WAMC NORTHEAST PUBLIC RADIO

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

**Part IV** Supplemental Information

NINE HOURS OF RADIO BROADCASTS CELEBRATING THE 400TH ANNIVERSARY OF HENRY HUDSON'S VOYAGE.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD AWARENESS CHILDREN'S MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

AN EXHIBITION, PANEL DISCUSSION AND LECTURE ABOUT UNFAMILIAR FOLKTALES FROM DIFFERENT CULTURES.

NAME OF ORGANIZATION OR GOVERNMENT: WXXI PUBLIC BROADCASTING COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

A SERIES OF 10, THREE-FIVE MINUTE RADIO ESSAYS ON THE CONNECTIONS BETWEEN THE CURRENT ECONOMY AND ITS ROOTS IN PHILOSOPHY, HISTORY, POLITICAL SCIENCE AND ANCIENT CULTURE.

NAME OF ORGANIZATION OR GOVERNMENT: KATONAH MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

TWO FAMILY WORKSHOPS FOR 8-12 YEAR OLDS AND THEIR PARENTS EXPLORING THE INFLUENCE OF DUTCH CULTURE ON AMERICAN FOOD.

NAME OF ORGANIZATION OR GOVERNMENT: SUNY BUFFALO, ART GALLERIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SEE PART IV.

AN EXHIBITION EXPLORING ARCHITECT FRANK LLOYD WRIGHT'S 32-YEAR RELATIONSHIP WITH THE EXECUTIVES OF BUFFALO'S LARKIN SOAP COMPANY.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number

**51-0152266**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

**a** Receive a severance payment or change of control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number

**51-0152266**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
<b>NORM SILVERSTEIN</b>	<b>BOARD MEMBER</b>	<b>17,500.</b>	<b>SCH. O</b>		<b>X</b>

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

Schedule L (Form 990 or 990-EZ) 2008

**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 YORK COUNCIL FOR THE HUMANITIES

Employer identification number

51-0152266

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF NEW YORK COUNCIL FOR THE HUMANITIES IS TO HELP ALL NEW  
YORKERS LEAD VIBRANT INTELLECTUAL LIVES BY STRENGTHENING TRADITIONS OF  
CULTURAL LITERACY, CRITICAL INQUIRY, AND CIVIC ENGAGEMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

COUNCIL HAS AN EXCELLENT REPUTATION AS A GRANT-MAKER AND ITS AWARDS  
CARRY AN IMPRIMATUR THAT OFTEN HELPS GRANTEEES LEVERAGE ADDITIONAL  
SOURCES OF FUNDING.

THE GRANTS PROGRAM MAKES AN IMPACT IN THE LIVES OF NEW YORKERS BY  
SUPPORTING THE STATE'S MANY CULTURAL INSTITUTIONS IN PUTTING ON PUBLIC  
PROGRAMS THAT ENHANCE THE LIFE OF THE MIND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

INTERACTION WITH THE AUDIENCE IN THE FORM OF Q&A.

THIS PROGRAM IMPACTS THE LIVES OF NEW YORKERS BY ALLOWING COMMUNITY  
AUDIENCES TO SHARE THE EXPERIENCE OF HIGH-QUALITY, THOUGHT-PROVOKING  
LECTURE PROGRAMS AT LOCAL CULTURAL ORGANIZATIONS. CULTURAL  
ORGANIZATIONS BENEFIT AS WELL BY BEING ABLE TO REACH NEW AUDIENCES,  
GROW THEIR MEMBERSHIP, AND RAISE THEIR PROFILE IN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

LIST, ALL OF WHICH EXPLORE KEY THEMES IN AMERICAN LIFE SUCH AS COURAGE,  
FREEDOM, AND BEING AMERICAN. THE TARGET AUDIENCE FOR THE PROGRAM ARE

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

Schedule O (Form 990) 2008

832211  
12-18-08

**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 YORK COUNCIL FOR THE HUMANITIES

Employer identification number

51-0152266

FAMILIES WITH CHILDREN WHO NEED AND WANT ADDITIONAL SUPPORT,  
EXPERIENCES, AND RESOURCES IN THE AREA OF READING. THE COUNCIL SUPPLIES  
ALL THE BOOKS, CONTRACTS DIRECTLY WITH A SCHOLAR CO-FACILITATOR, AND  
PROVIDES THE LIBRARY WITH A \$1,000 STIPEND TO COVER NECESSARY EXPENSES  
SUCH AS CHILDCARE AND MATERIALS. IN FALL 2008, TOGETHER TRANSITIONED  
FROM A PILOT PROGRAM TO AN APPLICATION-BASED MODEL. IN FY 09, THE  
PROGRAM WAS AWARDED TO 19 LIBRARIES ACROSS NEW YORK STATE IN 14  
COUNTIES AND ALL 7 REGIONS OF NEW YORK STATE, REACHING 331 NEW  
PARTICIPANTS. THE COUNCIL ALSO BEGAN PILOTING A BILINGUAL VERSION OF  
THE PROGRAM, DUAL LANGUAGE TOGETHER. THIS PROGRAM REACHES OUT TO NEW  
YORK STATE'S LARGE LATINO POPULATION BY OFFERING A VERSION OF THE  
PROGRAM FACILITATED BY BILINGUAL SCHOLARS AND LIBRARIANS, AND BY  
PROVIDING COPIES OF EACH BOOK IN SPANISH AND ENGLISH TO ALL  
PARTICIPANTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPEAKERS IN THE SCHOOLS

THE PROGRAM OFFERS FREE TOP-NOTCH LECTURES ON A WIDE VARIETY OF  
HUMANITIES SUBJECTS TO HIGH SCHOOL COMMUNITIES ACROSS NEW YORK STATE.  
THE COUNCIL OFFERS HUMANITIES LECTURES BY A RENOWNED AND DIVERSE GROUP  
OF SCHOLARS. THE PROGRAM SUPPORTS A NEW YORK STATE STANDARDS-BASED  
EDUCATION. TOTAL EXPENSES FOR THE FISCAL YEAR WERE \$77,745.

STATE HUMANITIES MONTH

OCTOBER IS STATE HUMANITIES MONTH, A MONTH-LONG CELEBRATION OF THE  
HUMANITIES IN NEW YORK STATE. IN ADDITION TO GRANTS AWARDED DURING THE

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

Schedule O (Form 990) 2008

832211  
12-18-08



**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 YORK COUNCIL FOR THE HUMANITIES

Employer identification number

51-0152266

PERIOD, THE COUNCIL PUBLISHES AND DISTRIBUTES A STATEWIDE CALENDAR OF  
EVENTS. IT LISTS A WIDE ARRAY OF COUNCIL-FUNDED PUBLIC PROGRAMS,  
INCLUDING LECTURES, EXHIBITIONS, WALKING TOURS, FILM SERIES, PUBLIC  
READINGS, DISCUSSION PROGRAMS, RADIO PRODUCTIONS, AND OTHER PROJECTS  
THAT CELEBRATE THE RICHNESS OF THE HUMANITIES AND DIVERSITY OF NEW  
YORK'S CULTURAL ORGANIZATIONS. TOTAL EXPENSES WERE \$36,968.

**MEANING OF SERVICE**

THIS IS A DISCUSSION AND READING PROGRAM OFFERED TO PARTICIPANTS IN  
SERVICE GROUPS SUCH AS AMERICORPS, AS A CHANCE TO REFLECT ON THE  
MEANING OF CIVIC ENGAGEMENT. TOTAL EXPENSES WERE \$60,448.

**READING BETWEEN THE LINES**

READING BETWEEN THE LINES (RBTL) IS A FACILITATED DISCUSSION AND  
READING SERIES FOR ADULTS, USING BOOKS TO SPARK CONVERSATION ON  
IMPORTANT HUMANITIES TOPICS AND ISSUES. THE PROGRAM IS AVAILABLE BY  
APPLICATION TO ALL NEW YORK STATE TAX-EXEMPT ORGANIZATIONS. THERE IS  
NO FEE TO THE HOST ORGANIZATION TO APPLY FOR OR HOST A READING BETWEEN  
THE LINES SERIES. EACH OF THE FOUR 90-MINUTE SESSIONS IN A SERIES  
FOCUSES ON A BOOK SELECTED FOR ITS RELATION TO THE SERIES THEME. A  
HUMANITIES SCHOLAR FACILITATES THE DISCUSSION SESSIONS AND ENCOURAGES  
PARTICIPANTS TO ENGAGE WITH THE TEXTS AND WITH THE SERIES THEME. TOTAL  
EXPENSES WERE \$90,294.

**HUMANITIES CONVENING**

THE COUNCIL PARTNERS WITH OTHER LEADERSHIP ORGANIZATIONS THAT SHARE ITS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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51-0152266

GOALS TO BROADEN ITS PRESENCE ACROSS NEW YORK STATE. TOTAL EXPENSES  
WERE \$47,329.

LITERATURE & MEDICINE

LITERATURE & MEDICINE ENCOURAGES PARTICIPANTS TO CONNECT THE WORLDS OF  
MEDICINE AND LIVED EXPERIENCE, GIVING THEM THE OPPORTUNITY TO REFLECT  
ON THEIR PROFESSIONAL ROLES AND RELATIONSHIPS THROUGH PLAYS, SHORT  
STORIES, POETRY, FICTION AND PERSONAL NARRATIVES IN A SETTING WHERE  
THEY CAN SHARE THEIR REFLECTIONS WITH COLLEAGUES. IT HAS A SIGNIFICANT  
EFFECT ON THE WAY PARTICIPANTS UNDERSTAND THEIR WORK, AND THEIR  
RELATIONSHIPS WITH PATIENTS AND WITH EACH OTHER. IT IS ALSO AN  
INNOVATIVE AND COST-EFFECTIVE WAY TO IMPROVE PATIENT CARE, AS OBSERVED  
BY A HOSPITAL ADMINISTRATOR: "THE REFLECTION AND CONVERSATION THAT  
TAKES PLACE IN THE PROCESS GREATLY ENHANCES THE LEVEL OF COOPERATION,  
COLLABORATION AND ESPRIT DE CORPS WITHIN OUR HOSPITAL FAMILY AND OUR  
COMMUNITY AT LARGE. THIS IMPETUS IN TURN GREATLY IMPROVES THE QUALITY  
OF CARE WE PROVIDE TO OUR PATIENTS AND THEIR FAMILIES." TOTAL EXPENSES  
WERE \$11,310.

EXPENSES \$ 324094. INCLUDING GRANTS OF \$ 0. REVENUE \$ 324094.

FORM 990, PART VI, SECTION A, LINE 8B: THERE EXIST NO COMMITTEE(S) WITH  
THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THE ACTIONS TAKEN BY  
ANY COMMITTEE ARE DOCUMENTED DURING THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE  
EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO BEING FILED.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

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Inspection

Name of the organization

NEW YORK COUNCIL FOR THE HUMANITIES

Employer identification number

51-0152266

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR:

2009 WAS THE LAST YEAR IN WHICH REVIEW OF EXECUTIVE DIRECTOR WAS UNDERTAKEN. THE FOLLOWING PROCESS WAS USED: THE EXECUTIVE DIRECTOR PREPARED A LIST OF GOALS ARRANGED BY AREA OF RESPONSIBILITY IN LATE 2008. BEFORE REVIEW, THE EXECUTIVE DIRECTOR PREPARED A SELF-ASSESSMENT BASED ON GOALS AND WHETHER THEY WERE ACCOMPLISHED. BOTH DOCUMENTS WERE REVIEWED BY THE FULL BOARD. THE CHAIR OF THE BOARD SURVEYED THE FULL BOARD WITH A QUESTIONNAIRE BASED ON THE STATEMENT OF GOALS. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED THE RESULTS OF THE SURVEY WITH THE EXECUTIVE DIRECTOR, THEN MADE A RECOMMENDATION FOR SALARY ADJUSTMENT BASED ON THE PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

THE PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A): NAME OF PERSON: NORM SILVERSTEIN

(D): DESCRIPTION OF TRANSACTION:

BOARD MEMBER AND WXXI PUBLIC BROADCASTING COUNCIL PRESIDENT AND CEO.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NEW YORK COUNCIL FOR THE HUMANITIES

Employer identification number

51-0152266

COUNCIL APPROVED GRANT TO WXXI PUBLIC BROADCASTING BUT NORM SILVERSTEIN

WAS NOT PERMITTED TO VOTE ON THIS GRANT.

## 2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	MACHINERY & EQUIPMENT											
	OFFICE EQUIPMENT	VARIES	SL	5.00	16	44,231.			44,231.			3,755.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT					44,231.		0.	44,231.	0.	0.	3,755.
	OTHER											
2	LEASEHOLD IMPROVEMENTS											
	* 990 PAGE 10 TOTAL	VARIES	SL	10.00	16	145,212.			145,212.			2,212.
	OTHER					145,212.		0.	145,212.	0.	0.	2,212.
	* GRAND TOTAL 990 PAGE 10 DEPR					189,443.		0.	189,443.	0.	0.	5,967.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization** 990  
(Including Information on Listed Property)

OMB No. 1545-0172

**2008**Attachment  
Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NEW YORK COUNCIL FOR THE HUMANITIES

FORM 990 PAGE 10

51-0152266

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,967.

**Part III** MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV** Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,967.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use.								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year:					
<b>43</b> Amortization of costs that began before your 2008 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	NEW YORK COUNCIL FOR THE HUMANITIES	51-0152266
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	150 BROADWAY, SUITE 1700	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	NEW YORK, NY 10038	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

SARA OGGER

- The books are in the care of ☒ **150 BROADWAY SUITE 1700 - NEW YORK, NY 10038**

Telephone No. ☒ **212-233-1131**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **SEPTEMBER 15, 2010**

5 For calendar year ☐ , or other tax year beginning **NOV 1, 2008** , and ending **OCT 31, 2009**

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 

Title ☒ **CPA**

Date ☒ **6/11/10**

Form 8868 (Rev. 4-2009)



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>NEW YORK COUNCIL FOR THE HUMANITIES</b>	<b>51-0152266</b>
	Number, street, and room or suite no. If a P.O. box, see instructions	
	<b>150 BROADWAY, SUITE 1700</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>NEW YORK, NY 10038</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**SARA OGER**

- The books are in the care of ▶
- 150 BROADWAY SUITE 1700 - NEW YORK, NY 10038**

Telephone No ▶ **212-233-1131**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JUNE 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year \_\_\_\_\_ or
- ▶ ☒ tax year beginning **NOV 1, 2008**, and ending **OCT 31, 2009**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)