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DLN: 93493208008131

 $_{\text{Form}}990$ 

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)

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

OMB No 1545-0047

Open to Public

A Fo	rthe 2	2009 ca <u>lendar</u>	year	, or tax year beginn	ing 11-01-2009	and ending 10-31-20	10			
<b>B</b> Ch	eck ıf a <sub>l</sub>	pplicable <b>Please</b>	2	C Name of organization OHIO HUMANITIES CO				D Employer id	dentification number	
☐ Add	iress ch	nange use IR label o						31-09015		
┌ Nai	me chai		or	Doing Business As				E Telephone r	number	
┌ Init	ıal retui	rn <b>Specif</b>	fic	Number and street (o	or P O box ıf maıl	is not delivered to street add	ress) Room/su	(614) 461		
┌ Ter	mınated	Instru tions.		471 E BROAD STREET	No 1620			<b>G</b> Gross receipt	s \$ 1,326,262	
┌ Am	ended i	return	ŀ	City or town, state or		+ 4				
┌ App	olication	n pending		COLUMBUS, OH 4321	15					
		F	Nam	e and address of pr	incipal officer		H(a) Is	this a group retu	rn for	
				N Williamsen				iliates?	⊤Yes <b>∀</b> No	
		I		ROAD STREET No BUS,OH 43215	1620		H/h) A	!! -ff!:-+ :!.	dada Eva Ena	
				,			1 ' '	e all affiliates inclu "No." attach a lic	ded? Yes No t (see instructions)	
<b>I</b> Ta	x-exem	npt status 🔽 5	01(c)	(3) <b>◄</b> (insert no ) 「	4947(a)(1) or	<b>□</b> 527		roup exemption n		
J W	ebsit e	e: ► WWW OHI	они	MANITIES ORG			7			
			rporati	on Trust Associati	ion 🗌 Other ►		<b>L</b> Year o	f formation 1976	<b>M</b> State of legal domicile OH	
Pa	rt I			organization's miss						
Activities & Governance	2 3 4 5	STATE-BASED PROGRAM OF THE NATIONAL ENDOWMENT FOR THE HUNSUPPORTED BY ANNUAL GRANTS FROM NEH AND BY CONTRIBUTIONS FUNIQUE FEDERAL PROGRAM, ESTABLISHED BY CONGRESS, WHICH AWAPROGRAMS  Check this box If the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of volunteers (estimate if necessary)						of more than 25% of its net assets		
		_	et unrelated business revenue from Part VIII, column (C), line 12.  et unrelated business taxable income from Form 990-T, line 34						<b>7a</b> 0	
	ь	Net unrelated	busir	iess taxable income	e from Form 99	0-1, line 34		-	<b>7b</b> 0	
							_			
	Ω	Contributions	e and	grapts (Part VIII	lina 1 h)			Prior Year	Current Year	
ē	8							1,126,078	1,199,355	
yenue	8 9 10	Program serv	ıce r	evenue (Part VIII,	line 2g)			1,126,078 153,848	1,199,355 125,865	
Rayenue	9	Program serv Investment i	ice r	evenue (Part VIII, e (Part VIII, colum	line 2g) nn (A), lines 3,			1,126,078	1,199,355	
Revenue	9 10	Program serv Investment i Other revenu Total revenue	/ice r ncom ie (Pa e—ad	evenue (Part VIII, e (Part VIII, colum irt VIII, column (A) d lines 8 through 1:	line 2g) nn (A), lines 3, ), lines 5, 6d, 8 1 (must equal			1,126,078 153,848 5,931 0	1,199,355 125,865 1,042 0	
Revenue	9 10 11 12	Program serv Investment i Other revenu Total revenue 12)	/ice r ncom ie (Pa e—ad	evenue (Part VIII, e (Part VIII, colum art VIII, column (A) d lines 8 through 1	line 2g) nn (A), lines 3, ), lines 5, 6d, 8 1 (must equal		ne	1,126,078 153,848 5,931 0 1,285,857	1,199,355 125,865 1,042 0 1,326,262	
Revenue	9 10 11 12	Program serv Investment I Other revenue Total revenue 12)	rice r ncom ie (Pa e—ad 	evenue (Part VIII, e (Part VIII, colum irt VIII, column (A) d lines 8 through 1	line 2g) nn (A), lines 3, ), lines 5, 6d, 8 1 (must equal t IX, column (A	4, and 7d)	ne	1,126,078 153,848 5,931 0	1,199,355 125,865 1,042 0	
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	9 10 11 12	Program serv Investment I Other revenue Total revenue 12) Grants and s Benefits paid	ncom ncom ie (Pa e—ad imilai to or	evenue (Part VIII, le (Part VIII, colum lirt VIII, column (A) d lines 8 through 1 	line 2g)  nn (A), lines 3, ), lines 5, 6d, 8  1 (must equal  t IX, column (A	4, and 7d)	ne	1,126,078 153,848 5,931 0 1,285,857	1,199,355 125,865 1,042 0 1,326,262	
	9 10 11 12 13 14	Program serv Investment I Other revenue Total revenue 12) Grants and s Benefits paid Salaries, othe	ncom ncom ie (Pa e—ad imilai to or er coi	evenue (Part VIII, e (Part VIII, column ort VIII, column (A) d lines 8 through 1 framounts paid (Part for members (Part mpensation, employ	line 2g)	4, and 7d)	ne	1,126,078 153,848 5,931 0 1,285,857 227,995	1,199,355 125,865 1,042 0 1,326,262 257,999 0	
Expenses Revenue	9 10 11 12 13 14 15	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional	ncom ncom le (Pa e—ad limilar to or er cor	evenue (Part VIII, e (Part VIII, column ort VIII, column (A) d lines 8 through 1 framounts paid (Part for members (Part mpensation, employ	line 2g)  nn (A), lines 3, ), lines 5, 6d, 8 1 (must equal  t IX, column (A IX, column (A yee benefits (P	4, and 7d)	ne	1,126,078 153,848 5,931 0 1,285,857 227,995	1,199,355 125,865 1,042 0 1,326,262 257,999 0 593,952	
	9 10 11 12 13 14 15	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional Total fundraising Other expens	rice r ncom le (Pa e — ad imilar to or er cor fundr g expe ses (F	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1 d lines 1 d	line 2g)	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265	1,199,355 125,865 1,042 0 1,326,262 257,999 0 593,952 0	
	9 10 11 12 13 14 15 16a b 17	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional Total fundraising Other expens	rice r ncom ie (Pa e — ad imilai to or er coi fundr g expe ses (F	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 11X, column (A)  IX, column (A)  IX, column (A), I  IX, colu	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265	1,199,355 125,865 1,042 0 1,326,262 257,999 0 593,952 0 448,921 1,300,872	
Expenses	9 10 11 12 13 14 15 16a b	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional Total fundraising Other expens	rice r ncom ie (Pa e — ad imilai to or er coi fundr g expe ses (F	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 11X, column (A)  IX, column (A)  IX, column (A), I  IX, colu	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411	1,199,355 125,865 1,042 0 1,326,262 257,999 0 593,952 0	
Expenses	9 10 11 12 13 14 15 16a b 17	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional Total fundraising Other expens	rice r ncom ie (Pa e — ad imilai to or er coi fundr g expe ses (F	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 11X, column (A)  IX, column (A)  IX, column (A), I  IX, colu	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265	1,199,355 125,865 1,042 0 1,326,262 257,999 0 593,952 0 448,921 1,300,872	
Expenses	9 10 11 12 13 14 15 16a b 17	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional Total fundraising Other expens Total expens Revenue less	rice r ncom ie (Pa e — ad imilai to or er coi fundr g expe ses (F es A	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1 decembers (Part of members (Part of members (Part IX) enses (Part IX, column (A)) dd lines 13–17 (mit enses Subtract lines	Inne 2g)  Inn (A), lines 3, Innes 5, 6d, 8 I (must equal IX, column (A IX, column (A IX) INNES Exercise (P INNES Exercis	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390	
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, other 10) Professional Total fundraising Other expens Total expens Revenue less	rice r ncom ie (Pa e—ad imilai to or er coi fundr g expe ses (F es A	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1 decembers (Part of members (Part of members (Part IX) enses (Part IX, column (A)) dd lines 13–17 (mit enses Subtract lines	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 1 IX, column (A), IX, colum	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 hing of Current Year	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year	
	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional Total fundraising Other expens Total expens Revenue less Total assets Total liabilitie	rice r ncom ie (Pa e—ad imilai to or er con fundr g expe ses (F es (P	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1 for members (Part mpensation, employ aising fees (Part IX, column (A) dd lines 13–17 (members Subtract lines (X, line 16)	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  I (must equal  IX, column (A)  Yee benefits (P)  IX, column (A), I  D), line 25)  Innes 11a-11  ust equal Part  18 from line 1	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current Year 422,921	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065	
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, othe 10) Professional Total fundraising Other expens Total expens Revenue less Total assets Total liabilitie	rfuncer  (Parture of the content of	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1 decreased amounts paid (Part for members (Part Mart X, column (A) dd lines 13-17 (mart X, line 16) decreased art X, line 26) decreased art X, line 26 decreased art X,	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  I (must equal  IX, column (A)  Yee benefits (P)  IX, column (A), I  D), line 25)  Innes 11a-11  ust equal Part  18 from line 1	4, and 7d)		1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 hing of Current Year 422,921 170,192	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743	
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program serve Investment in Other revenue 12) Grants and senefits paid Salaries, other 10) Professional Total fundraising Other expense Total expense Revenue less Total liabilities Net assets of Signature Under penalties	rice r ncom ie (Pa e—ad to or er col fundr g expe ses (F es A s expe (Part es (P r func of per	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 1X, column (A)  IX, column (A), Innes 11a-11  Innes 11a-11  Inst equal Part  In 18 from line 1  In 19 to examined this	4, and 7d)	Begini	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 hing of Current Year 422,921 170,192 252,729	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322	
Met Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program serve Investment in Other revenue 12) Grants and senefits paid Salaries, other 10) Professional Total fundraising Other expense Total expense Revenue less Total liabilities Net assets of Signature Under penalties	rice r ncom ie (Pa e—ad to or er col fundr g expe ses (F es A s expe (Part es (P r func of per	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 1X, column (A)  IX, column (A), Innes 11a-11  Innes 11a-11  Inst equal Part  In 18 from line 1  In 19 to examined this	4, and 7d)	Begini	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current Year 422,921 170,192 252,729 dd statements, and to nation of which prepare	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322	
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, other 10) Professional Total fundraising Other expens Total expens Revenue less Total liabilities Net assets o  Signature Under penalties and belief, it is to	rice r ncom ie (Pa e—ad to or er cor fundr g expe ses (F es A s expe (Part es (P r func er func func, co	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1 for members (Part mpensation, employ aising fees (Part IX, column (A) dd lines 13-17 (mines Subtract lines X, line 16)	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 1X, column (A)  IX, column (A), Innes 11a-11  Innes 11a-11  Inst equal Part  In 18 from line 1  In 19 to examined this	4, and 7d)	Begini	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 hing of Current Year 422,921 170,192 252,729	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322	
S Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue Total revenue 12) Grants and s Benefits paid Salaries, other 10) Professional Total fundraising Other expens Total expens Revenue less Total liabilities Net assets o  Signature Under penalties and belief, it is to  ****** Signature of Patricia N Wi	rice r ncom ie (Pa e—ad imilai to or er cor fundr g expe ses (F es (P r func er func of per true, cor officer illiamse	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1:	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 1X, column (A)  IX, column (A), Innes 11a-11  Innes 11a-11  Inst equal Part  In 18 from line 1  In 19 to examined this	4, and 7d)	Begini	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current Year 422,921 170,192 252,729 dd statements, and to nation of which prepares	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322	
S Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, other 10) Professional Total fundraising Other expens Total expens Revenue less Total liabilities Net assets o  Signature Under penalties and belief, it is to	rice r ncom ie (Pa e—ad imilai to or er cor fundr g expe ses (F es (P r func er func of per true, cor officer illiamse	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1:	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  Innes 5, 6d, 8  Innes 1X, column (A)  IX, column (A), Innes 11a-11  Innes 11a-11  Inst equal Part  In 18 from line 1  In 19 to examined this	4, and 7d)	Begini	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current Year 422,921 170,192 252,729 dd statements, and to nation of which prepares	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322	
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Net Assets or Land Balances Expenses Land Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, other 10) Professional Total fundraising Other expens Total expens Revenue less  Total liabilities Net assets o  Signature Under penalties and belief, it is t  ***** Signature of  Patricia N Wi Type or print  Preparer's signature  Firm's name (or	rice r ncom ie (Pa e—ad imilai to or er cor fundr gexpe ses (F es A s expo (Part es (P r func e Blo of per true, cor officer name Greta R	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1:	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  I (must equal  IX, column (A),  IX, column (A)	4, and 7d)	Begini  Begini  Check if self-	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current Year 422,921 170,192 252,729 dd statements, and tonation of which prepared the control of the	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322  o the best of my knowledge arer has any knowledge	
He Paid Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program servine Investment Invest	rice r ncom ie (Pa e—ad imilai to or er cor fundr g expe ses (F es A s expo (Part es (P r func er func of per true, cor officer iname Greta R yours ),	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1:	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  I (must equal  IX, column (A), I  IX, column	4, and 7d)	Begini  Begini  Check if self-	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current Year 422,921 170,192 252,729 dd statements, and to nation of which prepared to the statements of the	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322  o the best of my knowledge arer has any knowledge	
Net Assets or Land Balances Expenses Land Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program serv Investment I Other revenue 12) Grants and s Benefits paid Salaries, other 10) Professional Total fundraising Other expens Total expens Revenue less  Total liabilities Net assets o  Signature Under penalties and belief, it is t  ***** Signature of  Patricia N Wi Type or print  Preparer's signature  Firm's name (or if self-employed)	rice r ncom ie (Pa e—ad imilai to or er cor fundr g expe ses (F es A s expo (Part es (P r func er func of per true, cor officer iname Greta R yours ),	evenue (Part VIII, e (Part VIII, column (A) d lines 8 through 1 for members (Part mpensation, employ aising fees (Part IX, column (I) Part IX, column (I) Part IX, column (I) Part IX, column (I) dd lines 13–17 (miness Subtract lines IX, line 16)	Inne 2g)  Inn (A), lines 3,  Innes 5, 6d, 8  I (must equal  IX, column (A), I  Yee benefits (P  IX, column (A), I  IND), line 25)  Innes 11a-11  Inust equal Part  In 18 from line 1  In 19 eclaration of preparation preparation of preparation	4, and 7d)	Begini  Begini  Check if self-	1,126,078 153,848 5,931 0 1,285,857 227,995 567,265 487,186 1,282,446 3,411 ning of Current Year 422,921 170,192 252,729 dd statements, and to nation of which prepared to the statement of the s	1,199,355  125,865  1,042  0  1,326,262  257,999  0  593,952  0  448,921  1,300,872  25,390  End of Year  546,065  247,743  298,322  o the best of my knowledge arer has any knowledge	

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE OHIO HUMANITIES COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION WHO SE PRINCIPAL BUSINESS ACTIVITY IS TO SUPPORT HUMANITIES PROGRAMS, WHICH INCREASE THE PUBLIC'S AWARENESS OF THE IMPORTANT CONTRIBUTION OF THE HUMANITIES TO UNDERSTANDING PUBLIC ISSUES, OR IMPROVE THE PUBLIC'S KNOWLEDGE AND APPRECIATION OF THE HUMANITIES

						Form <b>990</b> (2009)
4e	Total program serv	/ice expenses <b>►</b> \$	841,907			
	(Expenses \$	305,734 inclu	ding grants of \$		) (Revenue \$	57,700)
4d	Other program ser	vices (Describe in Sched	ule O ) <b>See also</b>	Additional Data fo	or Description	
	NEW DEAL PROJECTS	- THE NEW DEAL PROJECT IS A	MULTI-YEAR RESEA	ARCH AND OUTREACH A	ACTIVITY EXPLORING THE LEGACY	OF FDR'S NEW DEAL INITIATIVES
4c	(Code	) (Expenses \$	68,281 inc	cluding grants of \$	) (Revenue \$	5,000 )
		TAUQUA IS A PROGRAM WHERE SENTING HISTORICAL CHARACT		TENTS AND TRAVEL AR	OUND OHIO TO PROMOTE AWARE	NESS IN REGIONS OF THE STATE
4b	(Code	) (Expenses \$	•	cluding grants of \$	) (Revenue \$	63,165 )
	GRANT MONIES IN CO THAT APPLY AND ARE	NJUNCTION WITH THE "WE THE APPROVED THIS PROGRAM ALS	PEOPLE" INITIATIVE OF INCLUDES THE T	'E, AND REDISTRIBUTE! EACHERS' INSTITUTE R	IS A PROGRAM WHERE THE ORGA S THE GRANTS AMONGST PROGRA E-GRANTS PROGRAM IN WHICH T ON TO ALLOW THEM TO SHARE ID	MS PROMOTING THE HUMANITIES EACHER INSTITUTES ARE
4a	(Code	) (Expenses \$	327,459 inc	cluding grants of \$	256,999 ) (Revenue \$	)
4	Section 501(c)(3) a		ns and section 4	947(a)(1) trusts a	largest program services by re required to report the am service reported	
	If "Yes," describe th	nese changes on Schedule	0			
3	Did the organization services?	n cease conducting, or ma	ke sıgnıfıcant ch	nanges in how it coi	nducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese new services on Sch	edule O			
2	=	n undertake any significan or 990-EZ?	t program servic	es during the year	which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

orm	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
ь	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
h	If "Voc " enter the amount of tay, exempt interest received or accrued during the			

year

12b

471 E BROAD STREET COLUMBUS, OH 43215 (614) 461-7802

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

Se	ection A. Governing Body and Management			
			Yes	No
1a -	Enter the number of voting members of the governing body 1a 21	-		
b	Enter the number of voting members that are independent 1b 21	-		
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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь		8b	Yes	
9	Is there any officer, director, 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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	. 0.5	No
	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?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		Νo
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►OH			
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	ınızatıor	n 🕨
	patricia N Williamsen			

# Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 i	ffice	r, dırector, trustee	or key employee							
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

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1b	Total	0		17,522
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•		
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm <b>99</b>	<b>0</b> (2009)

Form 99	•	<u> </u>						Page <b>9</b>
Part \	<b>/1111</b>	Statement o	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
\$ \$	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
S, G	с	Fundraising eve	ents <b>1c</b>					
<u>#</u>	d	Related organiz	ations <b>1d</b>					
E, E	e	Government grants	s (contributions) <b>1e</b>	1,178,484				
tiot sr s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	20,871				İ
ê¥	g		butions included in					
E G								
<u>ة ٽ</u>	h	Total. Add lines	s 1a-1f		1,199,355			
<u> </u>				Business Code				
Program Serwce Revenue	2a	Chautauqua		900,099	63,165	63,165		
	Ь	Other Council Proje		900,099	45,236	45,236		
	C	Oral History Institut	te	900,099	8,039	8,039		
	d	New Deal Project		900,099	5,000	5,000		
Ē	e	Speakers' Bureau		900,099	4,425	4,425		
Ď	f	All other progra	ım service revenue					
<u>~</u>	g	Total. Add lines	s 2a – 2f		125,865			
	3		ome (including dividend					
			ar amounts)	<b>⊢</b>	1,042			1,042
	4 5		tment of tax-exempt bond p	· · · · · · F				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Kedi	(II) I CISONAI				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	▶				
	<del>-</del>		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	   c	sales expenses Gain or (loss)						
	d	· · ·	s)	▶				
	8a	Gross income fi						
Ē		events (not incl	luding					
Other Revenue			reported on line 1c)					
Ř		See Part IV, lin	e 18 a					
ē	ь	less directevi	penses b					
₹	_ c		loss) from fundraising (	events 📂				
	9a	Gross income fi	rom gaming activities					
		See Part IV, lin	e 19 <b>a</b> l					
	Ь	less directevi	penses b					
	_ c		loss) from gaming activ	vities				
	10a	Gross sales of i	inventory, less					
			а					
	Ь		oods sold <b>b</b>	<u>.</u>				
	С		loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	ь							
			<del></del>					
	C	Δ II other revers						
	d e	All other revenu	ue					
		rocan Add filles	,	· · · · •				
	12	Total revenue.	See Instructions	▶↑	1,326,262	125,865	0	1,042

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Part	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	other organizations must complete commit (A) but are not required to bt include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	256,999		general expenses	САРСПЭСЭ
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,000	1,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	106,734		106,734	
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	376,727	232,049	108,757	35,921
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,704	21,917	9,394	3,393
9	Other employee benefits	40,483	· ·	12,475	3,754
10	Payroll taxes	35,304	17,582	15,000	2,722
11	Fees for services (non-employees)	33,304	17,502	13,000	
a	Management				
b	Legal	12.400		12.400	
c	Accounting	13,400		13,400	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	78,341	66,898	11,040	403
12	Advertising and promotion	3,615	1,575	2,040	
13	Office expenses	93,923	58,091	22,170	13,662
14	Information technology				
15	Royalties				
16	Occupancy	46,711		46,711	
17	Travel	83,889	71,635	11,822	432
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,625		1,625	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,583		12,583	
23	Insurance	3,721	114	3,607	
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)				
а	Sponsorships	78,796	78,796		
b	Dues	17,696			17,696
С	Fees	6,814	3,765	3,049	
d	Layout and Design	5,545	5,224	140	181
e	Photography	1,878	1,878		
f	All other expenses	384	130	254	
25	Total functional expenses. Add lines 1 through 24f	1,300,872	841,907	380,801	78,164
26	Joint costs. Check here ► ✓ 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			-	<u> </u>
	campaign and iditions by solicitation		<u> </u>	<u> </u>	

Form 990 (2009) Page 11 Part X Balance Sheet (A) (B) Beainning of vear End of year 185.624 302.794 1 Cash—non-interest-bearing . . . . . . . . . 1 2 2 3 3 4 7.734 4 8.066 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 Notes and loans receivable, net . . . . Inventories for sale or use . . . . . 8 Prepaid expenses and deferred charges . . . . 3.349 4,218 9 9 105.742 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 97.878 7.864 b Less accumulated depreciation . . . . 20.448 10c 20.987 11 24.435 11 184.779 198.688 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 422,921 16 546,065 Total assets. Add lines 1 through 15 (must equal line 34) . . . 51.864 17 61.834 17 Accounts payable and accrued expenses 57,567 65,667 18 18 60,761 120,242 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 Total liabilities. Add lines 17 through 25 . . . . . 170,192 26 247,743 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 246,801 291.871 27 27 Unrestricted net assets . . . . 28 5.928 28 6.451 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . .

Organizations that do not follow SFAS 117, check here 📂 🥅 and complete

Paid-in or capital surplus, or land, building or equipment fund . . . . .

Capital stock or trust principal, or current funds . . .

Total net assets or fund balances . . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances . . . . .

lines 30 through 34.

ö

Assets

¥

30

31

32

33

34

30

31

32

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A church, convention of churches, or association of churches section 170(b)(1)(A)(i).

### OMB No 1545-0047

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization OHIO HUMANITIES COUNCIL

**Employer identification number** 

31-0901572

2							470(1)(4)	/ A \/ iii\				
з Г	A hospı	hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4		cal research l's name, cıt	organization operate y, and state	d in conjund	ction with a	hospital desc	ribed in <b>sec</b>	tion 170(b)(1	L)(A)(iii	i). Ente	the	
5	An orga	nızatıon ope	rated for the benefit	of a college	or universi	ty owned or o	perated by a	ı governmenta	al unit d	escribe	- d ın	
	section	170(b)(1)(	<b>A)(iv).</b> (Complete Pa	rt II )								
6 F	A federa	al, state, or	local government or g	governmenta	al unıt desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).				
7 🔽	describ	ed in	t normally receives a		l part of its	support from	a governme	ntal unit or fro	om the o	general	public	
		section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi)(Complete Part II)										
8										f	. حدد الد	
9		An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
									a x ) 11 U 11	ıı DuSIIIE	3363	
.о Г		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).										
.1 F	one or r	nore publicly	anized and operated v supported organizat pes the type of suppo b Type II	tions descri rting organi	bed in sect zation and o	ion 509(a)(1) complete lines	or section ! 11e throug	509(a)(2) Se gh 11h	e <b>sectio</b>		a)(3).	Check
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualific other than foundation managers and other than one or more publicly supported organizations described in section 5 section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting check this box												
	If the oi check t Since A	509(a)(2) rganızatıon r hıs box ugust 17, 2	eceived a written det	ermination	from the IR	S that it is a 1	Гуре I, Туре	e II or Type Il				
	If the or check t Since A following	509(a)(2) rganization r his box ugust 17, 2 g persons?	eceived a written det	ermination	from the IR ted any gıft	S that it is a l	Type I, Type	e II or Type II of the				
	If the or check t Since A followin (i) a pe	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir	eceived a written det	ermination accep	from the IR ted any gift er alone or t	S that it is a l or contribution	Type I, Type	e II or Type II of the	II suppo		rganız	ation,
	If the or check t Since A followin (i) a pe and (III)	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the q	eceived a written det 006, has the organiz ectly or indirectly co	ermination ation accep ntrols, eithe the support	from the IR ted any gift er alone or t ted organiza	S that it is a l or contribution	Type I, Type	e II or Type II of the	II suppo	orting o	rganız	ation,
	If the or check t Since A followin (i) a pe and (III) (ii) a fa	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the q mily membe	eceived a written det 006, has the organiz ectly or indirectly co joverning body of the	ermination ation ation accep ntrols, eithe the supported in (i) abo	from the IR ted any gift r alone or t ted organiza	S that it is a T or contribution ogether with pation?	Type I, Type	e II or Type II of the	II suppo	orting o	rganız	ation,
f g h	If the or check t Since A followin (i) a pe and (iii) (iii) a fa (iii) a 3	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the g mily membe 5% controll	eceived a written det 006, has the organiz ectly or indirectly co joverning body of the r of a person describe	ermination ation accep ntrols, eithe the support ed in (i) abo described ii	from the IR ted any gift ralone or t ted organiza ve? n (i) or (ii) a	S that it is a long contribution ogether with pation?	Type I, Type	e II or Type II of the	II suppo	orting o 11g(i) 11g(ii)	rganız	ation,
<b>h</b> (i	If the or check t Since A followin (i) a pe and (iii) (iii) a fa (iii) a 3	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the g mily membe 5% controll	eceived a written det 006, has the organiz ectly or indirectly co poverning body of the r of a person describe ed entity of a person g information about t  (iii) Type of organization (described on lines 1- 9 above or IRC section	ermination ation accep ntrols, eithe the support ed in (i) abo described ii	from the IR ted any gift er alone or t ted organizat or (ii) or (ii) a d organizat e tion in ted in erning	S that it is a long contribution ogether with pation?	Type I, Type on from any persons des otify the tion in f your	e II or Type II of the	II supposed in the supposed in	11g(i) 11g(ii) 11g(iii)	Yes (	ation,
<b>h</b> (i Nam supp	If the or check to Since A following (i) a period (iii) a far (iii) a 3 Provide (ii) me of corted	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the g mily membe 5% controll the followin	eceived a written det 006, has the organiz ectly or indirectly co poverning body of the r of a person describe ed entity of a person g information about t (iii) Type of organization (described on lines 1-9 above	ermination ation acceptor the supported in (i) about described in the supported in the supported (iv)  Is the organization of (i) listical (i) listical vour governing in the supported in the su	from the IR ted any gift er alone or t ted organizat or (ii) or (ii) a d organizat e tion in ted in erning	S that it is a Tor contribution ogether with pation?  Shove? Shove? Son(s)  (v)  Did you not organization (i) organization (ii) organization (ii) organization (ii) organization (iii) o	Type I, Type on from any persons des otify the tion in f your	e II or Type II of the cribed in (ii)  (vi Is the organiza col (i) org	II supposed in the supposed in	11g(i) 11g(ii) 11g(iii)	Yes (	No vii)
<b>h</b> (i Nam supp	If the or check to Since A following (i) a period (iii) a far (iii) a 3 Provide (ii) me of corted	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the g mily membe 5% controll the followin	eceived a written det 006, has the organiz ectly or indirectly co poverning body of the r of a person describe ed entity of a person g information about t  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	ermination ation accep ntrols, eithe the support ed in (i) abo described ii he supporte  (iv) Is th organizat col (i) lis your gove docume	from the IR  ted any gift  er alone or t  ted organizat  organizat  e  cion in  ted in  erning  ent?	S that it is a Tor contribution ogether with pation?  Sibove? Sibove? Sibove (v) Did you not organizated (i) of suppose	Type I, Type on from any persons des otify the tion in f your	e II or Type II of the cribed in (ii)  (vi Is the organization col (i) organization the left)	II supposed in the street of t	11g(i) 11g(ii) 11g(iii)	Yes (	No vii)
<b>d</b> (i Nam supp	If the or check to Since A following (i) a period (iii) a far (iii) a 3 Provide (ii) me of corted	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the g mily membe 5% controll the followin	eceived a written det 006, has the organiz ectly or indirectly co poverning body of the r of a person describe ed entity of a person g information about t  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	ermination ation accep ntrols, eithe the support ed in (i) abo described ii he supporte  (iv) Is th organizat col (i) lis your gove docume	from the IR  ted any gift  er alone or t  ted organizat  organizat  e  cion in  ted in  erning  ent?	S that it is a Tor contribution ogether with pation?  Sibove? Sibove? Sibove (v) Did you not organizated (i) of suppose	Type I, Type on from any persons des otify the tion in f your	e II or Type II of the cribed in (ii)  (vi Is the organization col (i) organization the left)	II supposed in the street of t	11g(i) 11g(ii) 11g(iii)	Yes (	No Vii)
<b>h</b> (i	If the or check to Since A following (i) a period (iii) a far (iii) a 3 Provide (ii) me of corted	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the g mily membe 5% controll the followin	eceived a written det 006, has the organiz ectly or indirectly co poverning body of the r of a person describe ed entity of a person g information about t  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	ermination ation accep ntrols, eithe the support ed in (i) abo described ii he supporte  (iv) Is th organizat col (i) lis your gove docume	from the IR  ted any gift  er alone or t  ted organizat  organizat  e  cion in  ted in  erning  ent?	S that it is a Tor contribution ogether with pation?  Sibove? Sibove? Sibove (v) Did you not organizated (i) of suppose	Type I, Type on from any persons des otify the tion in f your	e II or Type II of the cribed in (ii)  (vi Is the organization col (i) organization the left)	II supposed in the street of t	11g(i) 11g(ii) 11g(iii)	Yes (	No vii)
<b>h</b> (i	If the or check to Since A following (i) a period (iii) a far (iii) a 3 Provide (ii) me of corted	509(a)(2) rganization r his box ugust 17, 2 g persons? rson who dir below, the g mily membe 5% controll the followin	eceived a written det 006, has the organiz ectly or indirectly co poverning body of the r of a person describe ed entity of a person g information about t  (iii) Type of organization (described on lines 1- 9 above or IRC section (see	ermination ation accep ntrols, eithe the support ed in (i) abo described ii he supporte  (iv) Is th organizat col (i) lis your gove docume	from the IR  ted any gift  er alone or t  ted organizat  organizat  e  cion in  ted in  erning  ent?	S that it is a Tor contribution ogether with pation?  Sibove? Sibove? Sibove (v) Did you not organizated (i) of suppose	Type I, Type on from any persons des otify the tion in f your	e II or Type II of the cribed in (ii)  (vi Is the organization col (i) organization the left)	II supposed in the street of t	11g(i) 11g(ii) 11g(iii)	Yes (	No vii)

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	u checked the	box on line 5, i	7, or 8 of Part I.	.)			
	ection A. Public Support			,				
Cale	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2	009	<b>(f)</b> Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	931,53	4 1,003,530	1,044,260	1,126,078	1	.,199,355	5,304,757
	grants ") 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 5	Total. Add lines 1 through 3 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	931,53	4 1,003,530	1,044,260	1,126,078	1	,199,355	5,304,757
6	amount shown on line 11, column (f) <b>Public Support.</b> Subtract line 5 from line 4	1						5,304,757
5	ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d</b> ) 2008	(e) 20	009	<b>(f)</b> Total
7	A mounts from line 4	931,534	8,778	1,044,260	1,126,078	1	,199,355	5,304,757
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	6,220	8,778	8,346	5,931		1,042	30,317
9 10	sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							5,335,074
12	Gross receipts from related activiti	es, etc (See inst	ructions )	•		12	•	604,019
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fi	fth tax year as a !	501(c)(3	3) organız	ation,
14	Public Support Percentage for 2009			11 column (f))		14		99 430 %
15	Public Support Percentage for 2008	•				15		99 300 %
L6a	33 1/3% support test—2009. If the and stop here. The organization qua	-		•	ne 14 is 33 1/3%	or more	, check tl	his box
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization meanization meanization	organization did n qualifies as a pi — <b>2009.</b> If the org tion meets the "f	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16a organization :heck a box on line :ances" test, chec	e 13, 16a, or 16b k this box and <b>st</b> o	and line	14 Explain	check this
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat instructions	nization meets th tion meets the "f	e "facts and cırcu acts and cırcumst	mstances" test, c ances" test The	heck this box and organization quali	l <b>stop he</b> ifies as a	e <b>re.</b> n publicly	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

### **Additional Data**

Software ID: Software Version:

**EIN:** 31-0901572

Name: OHIO HUMANITIES COUNCIL

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

				<del>-</del>	
4d. Other program ser	vices				
(Code	) (Expenses \$	30,734 ı	ncluding grants of \$	) (Revenue \$	4,425 )
AWARENESS OF HIS		HESE SPEAKI		AL, HISTORICAL SPEAKERS TO RAIS SS OTHER HUMANITIES TOPICS SUC	
(Code	) (Expenses \$	27,269	including grants of \$	) (Revenue \$	)
	TTER - THE PATHWAYS NE AND PROGRAMS AROUND			THE GENERAL PUBLIC WITH A SCHE F THE HUMANITIES	DULE OF
(Code	) (Expenses \$	28,024	including grants of \$	) (Revenue \$	)
CIVIC TOURISM - CI TOURISM	VIC TOURISM INCLUDES	PROJECTS TH	HAT HELP COMMUNITI	ES EXPLORE AND PLANE FOR HERIT	AGE
(Code	) (Expenses \$	28,032	including grants of \$	) (Revenue \$	)
COMPELLING WORKS SEMINARS GIVE PRO PEERS IN A CANDID SHORT LITERARY RE SPONSORED READIN	S OF LITERATURE TO ENC DFESSIONALS THE CHANC AND SUPPORTIVE ENVIR ADINGS AS A SPRINGBOA	OURAGE NEW E TO RETREA ONMENT TO E ARD FOR DISC	WAYS OF THINKING A T TEMPORARILY FROM EXPLORE COMMON DI USSION SINCE 1999	CUSSION SEMINARS USING SHORT, ABOUT IMPORTANT WORKPLACE ISS M "BUSINESS AS USUAL" AND MEET LEMMAS AND EVERYDAY PRESSURES , THE OHIO HUMANITIES COUNCIL I HEALTH-CARE WORKERS, PARK SERV	UES THE THEIR 5, USING HAS
(Code	) (Expenses \$	20,103 ı	ncluding grants of \$	) (Revenue \$	8,039 )
METHODOLOGY FOR APPROXIMATELY TH MUSEUMS, COLLEGE HISTORICAL INSTIT	PLANNING AND CONDUC IRTY PARTICIPANTS ANN PROFESSORS AND STUDI	TING A SUCC UALLY, INCLU ENTS, AND IN R MISSIONS,	ESSFUL ORAL HISTOR JDING VOLUNTEERS A DIVIDUAL RESEARCH AND PROVIDES THE M	SIDENTIAL PROGRAM TO TEACH RY PROJECT THE PROGRAM SERVES IND STAFF FROM HISTORICAL SOCI ERS THUS, IT BUILDS CAPACITY IN MEANS FOR DEVELOPING NEW	ETIES AND

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code ) (Expenses \$ 77,729 including grants of \$ ) (Revenue \$ )

OTHER WE THE PEOPLE PROJECTS - OTHER WE THE PEOPLE PROJECTS INCLUDE A VARIETY OF DIFFERENT PROJECTS THAT HELP PROMOTE THE HUMANITIES THROUGHOUT THE STATE OF OHIO

(Code ) (Expenses \$ 93,843 including grants of \$ ) (Revenue \$ 45,236)

OTHER COUNCIL PROJECTS - OTHER COUNCIL PROJECTS INCLUDE A VARIETY OF OTHER PROJECTS THAT HELP PROMOTE

THE HUMANITIES THROUGHOUT THE STATE OF OHIO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	dent C	ont	ract	tors	5				
(A) Name and Title	(B) Average hours	Posi t	tion (	che	')			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MICHAEL GRIFFATON CHAIR	1 00	Х		х				0	0	0
SHAKILA AHMAD MEMBER	1 00	Х						0	0	0
ROGER BECKETT MEMBER	1 00	Х						0	0	0
DALE BROWN MEMBER	1 00	Х						0	0	0
ANDREW CAYTON MEMBER	1 00	Х						0	0	0
HENRY DOLL MEMBER	1 00	Х						0	0	0
CAROL DONLEY MEMBER	1 00	Х						0	0	0
DAVID DUNHAM MEMBER	1 00	х						0	0	0
NEIL EVANS MEMBER	1 00	Х						0	0	0
JOHN FLEMING MEMBER	1 00	Х						0	0	0
JOHN HANCOCK MEMBER	1 00	Х						0	0	0
ELEIZABETH MAIER MEMBER	1 00	Х						0	0	0
MARJORIE MCLELLAN MEMBER	1 00	Х						0	0	0
TIMOTHY MESSER-KRUSE MEMBER	1 00	Х						0	0	0
MARGARET PIATT MEMBER	1 00	Х						0	0	0
NANCY RECCHIE MEMBER	1 00	Х						0	0	0
EDGAR VELEZ MEMBER	1 00	Х						0	0	0
PAUL WATKINS MEMBER	1 00	Х						0	0	0
JEREMY W WEBSTER MEMBER	1 00	Х						0	0	0
DEBORAH WITTE MEMBER	1 00	Х						0	0	0
CHRIS ZACHER MEMBER	1 00	Х						0	0	0
GALE E PETERSON EXECUTIVE DIRECTOR	40 00			x				89,212	0	17,522

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Chautauqua	900,099	63,165	63,165		
Other Council Projects	900,099	45,236	45,236		
Oral History Institute	900,099	8,039	8,039		
New Deal Project	900,099	5,000	5,000		
Speakers' Bureau	900,099	4,425	4,425		

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Sponsorships	78,796	78,796		
Dues	17,696			17,696
Fees	6,814	3,765	3,049	
Layout and Design	5,545	5,224	140	181
Photography	1,878	1,878		

DLN: 93493208008131

## OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

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

- ◆ 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

	ction 501(c)(4), (5), or (6) organ	zations Complete Part III		Facilities	
	me of the organization IO HUMANITIES COUNCIL			Employe	r identification number
	A. Commisto if the co		J	31-0901	
Par	t I-A Complete if the or	ganization is exempt und	ier section 501(	c) or is a section	527 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect p	oolitical campaign ac	tivities in Part IV	
2	Political expenditures			•	- \$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	der section 501(	c)(3).	
1	Enter the amount of any excis	e tax incurred by the organizatio	n under section 495	5	<b>▶</b> \$
2	Enter the amount of any excis	e tax incurred by organization ma	anagers under sectio	n 4955	<b>▶</b> \$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	der section 501(	c) except section	501(c)(3).
1	Enter the amount directly exp	ended by the filing organization f	or section 527 exem	pt function activities	<b>&gt;</b> \$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed	to other organization	s for section 527	<b>&gt;</b> \$
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	nere and on Form 112	20-POL, line 17b	<b>•</b>
4	5 1 1 61				
		Form 1120-POL for this year?			Yes No
5	State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year?  Indication numbers on listed, enter the amount paid are promptly and directly delivered in the (PAC) If additional space	from the filing organed to a separate polit	ızatıon's funds Also e ıcal organızatıon, such	ations to which payments nter the amount of political
	State the names, addresses a were made For each organizat contributions received that we	nd employer identification numberion listed, enter the amount paid fre promptly and directly delivere	from the filing organed to a separate polit	ızatıon's funds Also e ıcal organızatıon, such	rom contributions received
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comn	nd employer identification number tion listed, enter the amount paid tre promptly and directly deliverent nittee (PAC) If additional space	from the filing organ d to a separate polit is needed, provide in	ization's funds Also e ical organization, such iformation in Part IV (d) Amount paid fi filing organization	rom n's r - 0 - and promptly and directly delivered to a separate political organization If none,
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comn	nd employer identification number tion listed, enter the amount paid tre promptly and directly deliverent nittee (PAC) If additional space	from the filing organ d to a separate polit is needed, provide in	ization's funds Also e ical organization, such iformation in Part IV (d) Amount paid fi filing organization	rom n's r - 0 - and promptly and directly delivered to a separate political organization If none,
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comn	nd employer identification number tion listed, enter the amount paid tre promptly and directly deliverent nittee (PAC) If additional space	from the filing organ d to a separate polit is needed, provide in	ization's funds Also e ical organization, such iformation in Part IV (d) Amount paid fi filing organization	rom n's r - 0 - and promptly and directly delivered to a separate political organization If none,
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comn	nd employer identification number tion listed, enter the amount paid tre promptly and directly deliverent nittee (PAC) If additional space	from the filing organ d to a separate polit is needed, provide in	ization's funds Also e ical organization, such iformation in Part IV (d) Amount paid fi filing organization	rom n's r - 0 - and promptly and directly delivered to a separate political organization If none,
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comn	nd employer identification number tion listed, enter the amount paid tre promptly and directly deliverent nittee (PAC) If additional space	from the filing organ d to a separate polit is needed, provide in	ization's funds Also e ical organization, such iformation in Part IV (d) Amount paid fi filing organization	rom n's r - 0 - and promptly and directly delivered to a separate political organization If none,
	State the names, addresses a were made For each organizat contributions received that we fund or a political action comn	nd employer identification number tion listed, enter the amount paid tre promptly and directly deliverent nittee (PAC) If additional space	from the filing organ d to a separate polit is needed, provide in	ization's funds Also e ical organization, such iformation in Part IV (d) Amount paid fi filing organization	rom n's r - 0 - and promptly and directly delivered to a separate political organization If none,

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

	edule C (Form 990 or 990-EZ) 20							age <b>3</b>
Pa	rt II-B Complete if the ( (election under	organization is exempt under s section 501(h)).	section 501(c)(3) and has l	NOT fi	iled F	orm	5768	3 
			-	(;	a)		(b)	
				Yes	No	'	A mour	it
1		rganization attempt to influence foreign, ipt to influence public opinion on a legisl						
а	V olunteers?				No			
b	Paid staff or management (incli	ude compensation in expenses reported	on lines 1c through 1i)?		Νο			
С	Media advertisements?				Νο			
d	Mailings to members, legislator	rs, or the public?			Νο			
e	Publications, or published or br				Νο			
f	Grants to other organizations fo				Νο			
g		their staffs, government officials, or a le	gislative body?	Yes				50
h		ars, conventions, speeches, lectures, or	· ·		Νο			
i	Other activities? If "Yes," desc		·		Νο			
j	Total lines 1c through 1i				1			50
2a		e the organization to be not described ii	n section 501(c)(3)?		No			
ь		ny tax incurred under section 4912	, , , ,		1			
		ny tax incurred by organization manager	s under section 4912					
		d a section 4912 tax, did it file Form 47			I			
Par		organization is exempt under s	ection 501(c)(4), section !	501(c	)(5),	or s	ectio	n
	501(c)(6).						Yes	No
1	Were substantially all (90% or	more) dues received nondeductible by r	nembers?		ſ	1	103	110
2		ın-house lobbyıng expenditures of \$2,0			-	2		
3		arryover lobbying and political expenditi			<u> </u>	3		
		organization is exempt under s		501(c	1(5).		ectio	n
		H Part III-A, lines 1 and 2 are					00110	••
1	Dues, assessments and similar	r amounts from members		1				
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (do 527(f) tax was paid).	not include amounts of political					
а	Current year			2a				
b	Carryover from last year			2b				
c	Total			2c				
3	Aggregate amount reported in s	section 6033(e)(1)(A) notices of nonde	luctible section 162(e) dues	3				
4		nount on line 2c exceeds the amount on carryover to the reasonable estimate of		4				
5	·	I political expenditures (see instruction:	5)	5				
	art IV Supplemental In		,					
	•	escriptions required for Part I-A, line 1,	Part I-B, line 4 , Part I-C , line 5 . an	d Part	II-B, lın	ie 1 i		
	o, complete this part for any add		, ,		,			
	<b>Ident if ier</b>	Return Reference	Explana	tion				

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DLN: 93493208008131

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal F	evenue Service	orm 990. ► See separate instructions.			nspect	tion
	e of the organization HUMANITIES COUNCIL		Emp	loyer identificatio	n numbe	er
7110	HOPANTILS COUNCIL		31-0	0901572		
Par	Organizations Maintaining Donor A		ınds	or Accounts.	omplet	te if the
	organization answered "Yes" to Form 99	•		(h) Funda and atha		
		(a) Donor advised funds		( <b>b)</b> Funds and othe	raccou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advi		Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			r purpose	_ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV, l	ıne 7.	
	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	Preservation of a c	ertifie	d historic structur	e	
				Held at the En	d of the	Year
	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	•	2b			
С	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year • Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	ation easement is located <b>F</b>		violations, and	Yes	⊏ No
	Staff and volunteer hours devoted to monitoring, insp		ents d	,		,
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tıon		_ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		•		
art	Organizations Maintaining Collection Complete if the organization answered '	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Otl	her Similar As	sets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	h ın fu			⊇,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
	If the organization received or held works of art, histofoliowing amounts required to be reported under SFA		r fınan			
	Revenues included in Form 990, Part VIII, line 1	-		<b>►</b> \$		
				· T		

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or 0	ther	Simila	ar Asse	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	:hat are	a significa	nt us	e of its o	collection	n	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	/ furthe	r the or	aanization	's exe	empt pur	nosein		
•	Part XIV	meetions and expla		V CC	raitina		gamzation	J CA	ziiipe pui	p050 III		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	г	Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı	zation			es" to Fo			, 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng ta	able		Г			A mou	ınt	
_	D. aurum a balanca							1.		AIIIO	411t	
c C	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e •	Distributions during the year						-	1e				
f	Ending balance						L	1f				_
2a	Did the organization include an amount on Fo		e 21?							J	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
Pai	t V Endowment Funds. Complete	(a)Current Year		were Prior Y			<u>orm 990,</u> Years Back		: IV, line hree Years		NEOUr V	ears Back
1a	Beginning of year balance	5,928	(0)	iFIIOI I	5,399	(C)TWO	Teals back	(u)	illee reals	s back (e	ji oui i	cars back
ь	Contributions	5,520			-,							
c	Investment earnings or losses	523			529							
d	Grants or scholarships	323						+				
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	6,451			5,928							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
с	Term endowment ▶ 100.000 %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	l and ad	lmınıstere	d for t	he			
	organization by										Yes	No
	(i) unrelated organizations			•				•		. 3a(i)	Yes	<del> </del>
	(ii) related organizations									3a(ii)	1	No
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•		3b	1	<u> </u>
	t VI Investments—Land, Buildings					90 Da	rt X line	10				
		,, and Equipme	3		a) Cost o		(b)Cost or		(6) 100	umulated		
	Description of investment				sis (inve		basis (ot			umulated eciation	(d) E	Book value
1a	and		•									
b I	Buildings											
c I	_easehold improvements											
d I	Equipment						10	5,742		97,878	3	7,864
e	Other	<u></u>										
	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colur	nn (B)	, line	10(c).)				▶			7,864
	, , , , -, -, -, -, -, -, -, -, -, -, -,	, , , , , , , , , , , , , , , , , , , ,	. ,	· -	. , ,				Sche	dule D (	Form 9	90) 200

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value	Cost or end-o	-year market value
Financial derivatives  Closely-held equity interests			
Other			
Beneficial Interest in Assets Held by Others	198,688		F
	100.500		
<b>Part VIII</b> Investments—Program Related. See	,		
			d of valuation
(a) Description of investment type	(b) Book value		-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,326,262
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,300,872
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,390
4	Net unrealized gains (losses) on investments	4	20,203
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	20,203
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,593
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,346,465
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	20,203
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,326,262
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,326,262
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	1,300,872
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,300,872
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	1,300,872

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

### 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE TEMPORARILY RESTRICTED FUNDS ARE TO BE USED FOR SPECIFIC PROGRAMS IN SUPPORT OF THE HUMANITIES
Part X	Description of Uncertain Tax Positions Under FIN 48	FIN 48 FOOTNOTE EFFECTIVE NOVEMBER 1, 2009, GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE ORGANIZATION TO EVALUATE THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION ANY POSITIONS TAKEN THAT DO NOT MEET THE MORELIKELY-THAN-NOT THRESHOLD MUST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION MANAGEMENT BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES HAVE BEEN RECORDED WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEARS ENDED OCTOBER 31, 2006 AND PRIOR

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493208008131

Employer identification number

OMB No 1545-0047

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

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

Inspect ion

OHIO HUMANITIES COUNCIL						31-0901572	
Part I General Information	on on Grants and	l Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance?			the grants or assist	ance, and	✓ Yes 🗀
Part II Grants and Other A Form 990, Part IV, III	Assistance to Go ne 21 for any recip	vernments and O		United States. Coreck this box if no one	recipient receive	ed more than \$5,000	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5		_					17
For Privacy Act and Paperwork Reduction				Cat No 50055P		_	le I (Form 990) 2009

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	I			I.	

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the US	Part I, Line 2	Schedule I, Part I, Line 2 GRANTEES SUBMIT GRANT APPLICATIONS DETAILING WHAT THE PROJECT IS AND THE REQUESTED AMOUNT THE RE-GRANT COMMITTEE OF THE BOARD MAKES RECOMMENDATIONS OF WHICH GRANTS SHOULD BE FUNDED AND HOW MUCH SHOULD BE AWARDED THE COUNCIL THEN VOTES/RATIFIES THE GRANTS THAT THE COMMITTEE AWARDED THOSE RECEIVING GRANT FUNDS SIGN A STANDARD CONTRACT THE GRANTEES THEN RECEIVE 90% OF THE GRANT FUNDS UPFRONT TO CLAIM THE REMAINING 10%, THE GRANTEES MUST SUBMIT A WRITTEN REPORT ABOUT THE PROJECT

Software ID:

**Software Version:** 

**EIN:** 31-0901572

Name: OHIO HUMANITIES COUNCIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) IRC Code section (d) Amount of cash (e) Amount of cash (e) Amount of non- (f) Method of (g) IRC Code section (d) Amount of cash (e) Amount of

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Marietta College215 Fifth Street Marietta,OH 45750	31-4379584	501(C)(3)	15,000				Ohio in the Depression and New Deal
O hio State University Department of History230 W 17th Avenue Columbus,OH 43210	31-6025986	115	15,000				The Great War In Global Context
Ohio State University Department of Linguistics 1712 Neil Avenue Columbus, OH 43210	31-6025986	115	15,000				Linguistics Institute for Language Teachers
Auglaize County Historical Society206 West Main Street Wapakoneta,0H 45895	34-6560999	501(C)(3)	10,235				Ohio's Early 20th Century Authors
Oberlin College50 N Professor Street Oberlin, OH 44074	34-0714363	501(C)(3)	14,227				Ohio and the Spanish Civil War
Miami University - Center for Environmental Education501 East High Street Oxford,OH 45056	31-6402089	115	10,000				A People and their Homeland The Miami Tribe (Myaamia)
University Circle Inc10831 Magnolia Drive Cleveland, OH 44106	34-0823464	501(C)(3)	17,500				University Circle Creating A Sense of Place
Columbus Landmarks Foundation61 Jefferson Avenue Columbus,OH 43215	31-0914612	501(C)(3)	17,500				The LeV eque Reconsidered Story and Symbol in Architecture
Mıamı University501 East High Street Oxford,OH 45056	31-6402089	115	15,000				Homefront Heroines The WAVES of World War II
Ukrainian Museum-Archive Inc1202 Kenilworth Avenue Cleveland, OH 44113	34-6570164	501(C)(3)	15,000				The Hnatiuk Collection Ukrainian Textiles Then and Now

(a) Name and address of	<b>(b)</b> EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	( <b>D)</b> ETIN	if applicable	grant	cash cassistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
University of Toledo2801 W Bancroft Street Toledo, OH 43606	34-6401483	115	14,000				Faith Matters TV Series
University of Dayton Department of Visual Arts 300 College Park Dayton, OH 45469	31-0536715	115	10,000				Marking the Past/Shaping the Present The Art of Willis Bing Davis
Engineers Club of Dayton Foundation110 East Monument Avenue Dayton, OH 45402	23-7176456	501(C)(3)	7,500				Dayton Innovation Legacy
Ohio Historical Society1982 Velma Avenue Columbus, OH 43211	31-4389673	501(C)(3)	10,282				Cıvıl War-150 Program
Ohioana Library Association 274 E First Avenue Columbus, OH 43201	31-4379616	501(C)(3)	10,000				Ohioana Book Festival
Sunday Creek AssociatesPO Box 128 Shawnee,OH 43782	31-1317346	501(C)(3)	10,000			_	Ohio Case Study Promoting Place- Based Civic Tourism
Mercantile Library Association414 Walnut Street Cincinnati, OH 45202	31-4379616	501(C)(3)	10,000				Books by the Banks Book Fair

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DLN: 93493208008131

OMB No 1545-0047

2009

Open to Public Inspection

# **SCHEDULE 0**

Department of the Treasury
Internal Revenue Service

(Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

Name of the organization OHIO HUMANITIES COUNCIL

Employer identification number

31-0901572

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED BY THE BUSINESS MANAGER AND EXECUTIVE DIRECTOR THE FORM 990 IS THEN PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		DURING THEIR TERMS, COUNCIL MEMBERS, OR ANY MEMBERS OF THEIR IMMEDIATE FAMILIES, MAY NOT RECEIVE HONORARIA, SALARIES, OR STIPENDS FOR PROJECT-RELATED ACTIVITIES, GRANT PARTICIPATION, AND OTHER COUNCIL BUSINESS THE COUNCIL'S LONG-STANDING ETHICS POLICY REQUIRES THAT BOARD MEMBERS ABSTAIN FROM VOTING IN THE CONSIDERATION OF APPLICATIONS FROM INSTITUTIONS OR GROUPS WHICH THE REPRESENT OR IN WHICH THEY HOLD MEMBERSHIP, AND SHALL NOT ASSUME A POSITION OF ADVOCACY FOR SUCH APPLICATIONS THIS POLICY HAS BEEN MONITORED BY RECORDING IN THE MINUTES OF THE ORGANIZATION ALL RECUSALS BY BOARD MEMBERS IN COMPLIANCE WITH THIS POLICY IN DECEMBER, 2009, THE COUNCIL ADOPTED A BROADER CONFLICT OF INTEREST POLICY THAT INCLUDES COMPLETING ANNUAL STATEMENTS DISCLOSING POTENTIAL CONFLICT OF INTEREST

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section B, line 15		THE PROCESS OF DETERMINING THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR INCLUDES A PERFORMANCE REVIEW BY THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE ALSO USES BUDGET SIZE AND COMPARABILITY DATA TO DETERMINE THE COMPENSATION PACKAGE ANY CHANGES TO THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR MUST BE APPROVED BY THE BOARD OF DIRECTORS ALL DELIBERATIONS AND DECISIONS ARE RECORDED IN BOARD MINUTES						

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST								

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	A UDIT COMMITTEE	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT THE ENTIRE BOARD IS RESPONSIBLE FOR SELECTION OF THE INDEPENDENT ACCOUNTANT THE PROCESS BY WHICH THE ORGANIZATION OVERSEES THE AUDIT AND SELECTS THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS

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Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493208008131

OMB No 1545-0172

Department of the Treasury ► See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number OHIO HUMANITIES COUNCIL Form 990 Page 10 31-0901572 **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 (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 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 ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election . . 15 **16** Other depreciation (including ACRS) 12,583 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 2009 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation (e) Convention vear placed in (business/investment (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property 27 5 yrs мм S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs S/L property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs **c** 40-year ММ 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 22 12,583 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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—Depre	ciation a	nd Other Ir	<u>ıforma</u>	tion (C	aution	: See t	he ii	<u>nstruct</u>	ions for	limits	for pa	sseng	er au	tomol	biles. <b>)</b>	
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	use claimed	<sub>d?</sub> ┌ Yes	Гпо		24	<b>b</b> If "Yes,	" is the e	v idence	written?	Гүе	sГN	0	
(a) Type of property (list vehicles first)	(b) Date placed in service  (c) Business/ Investment use percentage  (d) Cost of base			other (husiness/investment				<b>(f)</b> Recovery period	<b>(g)</b> Method Convent		<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost		
<b>25</b> Special depreciation allo 50% in a qualified busi	•		rty placed	ın service o	during the	tax year	and u	sed more		:5						
<b>26</b> Property used more	e than 50%		business	use												
		%														
		%														
<b>27</b> Property used 50%	orlessina T		iness us	е					c/I							
		%					$\dashv$		S/L - S/L -				-			
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	h 27 En	ter here a	and on Iır	ne 21, p	age	1.	28							
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1						29					
				—Infor												
Complete this section If you provided vehicles to													e vehic	les		
					a)	( b			(c)		(d)	(6	_		<b>f</b> )	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)			Vehicle 1		Vehicle 2		Vehicle 3		Veh	ıcle 4	Vehic	cle 5	2 5 Vehicle 6			
<b>31</b> Total commuting i	miles driven	during the ye	ar .													
32 Total other persor	nal(noncomn	nuting) miles (	drıven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
during off-duty ho	urs? .															
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?																
<b>36</b> Is another vehicle	avaılable fo	r personal us	e? .													
Section   Answer these question   5% owners or related	ns to determ		et an exc	•						-				<b>not</b> mo	re than	
<b>37</b> Do you maintain a employees?				nibits all	personal	use of	vehic	les, inc	luding co	mmutı	ng, by y	our -	Y	es	No	
						· -	•	-		-		-				
<b>38</b> Do you maintain a employees? See t																
<b>39</b> Do you treat all us	se of vehicle:	s by employee	es as pei	rsonal us	e? .											
<b>40</b> Do you provide movehicles, and reta				oyees, ol	otain info	rmation	fron	n your e	mployee	s about	t the us	e of the				
<b>41</b> Do you meet the r	equirements	concerning q	ualıfıed	automobi	le demor	nstratio	n use	? (See	ınstructı	ons )						
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do not	t comple	te Sect	ion B	for the	covered	vehicle	s					
Part VI Amorti	zation															
(a)	(b) (a) Date		(c) A mortizable				(d) Code		(e) nortization		<b>(f)</b> A mortization for					
Description of costs		amortizatior begins	amount			section		period or percentage		this			s year			
<b>42</b> A mortization of co	sts that beg	ıns durıng yo	ur 2009	tax year	(see inst	truction	s)									
<b>43</b> A mortization of co	sts that beg	jan before you	r 2009 1	tax year						43						

44 Total. Add amounts in column (f) See the instructions for where to report

44