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## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning NOV 1, 2010 and ending OCT 31, 2011

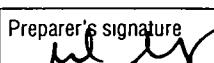
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  NEW YORK COUNCIL FOR THE HUMANITIES  Doing Business As  150 BROADWAY, SUITE 1700  City or town, state or country, and ZIP + 4 NEW YORK, NY 10038		D Employer identification number  51-0152266	
			E Telephone number 212-233-1131	
			G Gross receipts \$ 1,529,381.	
			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
			H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.NYHUMANITIES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1975 M State of legal domicile: NY		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE NEW YORK COUNCIL FOR THE HUMANITIES IS TO HELP ALL NEW YORKERS BECOME</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	19
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 84	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,527,670.	1,479,191.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,453.	13,286.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,601.	13,092.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 2a)	217.	3,428.
		1,560,941.	1,508,997.
		782,407.	485,698.
		0.	0.
		714,596.	688,816.
		0.	0.
		902,085.	742,733.
		2,399,088.	1,917,247.
	<838,147. >	<408,250. >	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Beginning of Current Year	End of Year
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,626,677.	940,085.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	568,127.	289,691.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,058,550.	650,394.
b Total fundraising expenses (Part IX, column (D), line 25) ► 106,254.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			
19 Revenue less expenses Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20		

## Part II Signature Block

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

Sign Here	► Signature of officer	9-17-12		
	► <b>SARA OGGER, EXECUTIVE DIRECTOR</b>	Date		
Paid Preparer Use Only	Print/Type preparer's name <b>DON AND SARA OGGER</b>	Preparer's signature 	Date 9-17-12	Check if self-employed <input type="checkbox"/>
	Firm's name ► <b>LUTZ AND CARR, CPAS LLP</b>	PTIN		
	Firm's address ► 300 EAST 42ND STREET NEW YORK, NY 10017	Firm's EIN ►		
				Phone no. 212-697-2299

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

 Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission:

**THE MISSION OF THE NEW YORK COUNCIL FOR THE HUMANITIES IS TO HELP ALL NEW YORKERS BECOME THOUGHTFUL PARTICIPANTS IN OUR COMMUNITIES BY PROMOTING CRITICAL INQUIRY, CULTURAL UNDERSTANDING, AND CIVIC ENGAGEMENT.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:                   ) (Expenses \$ 652,957. including grants of \$ 454,998. ) (Revenue \$ 0. )  
**GRANTS PROGRAM:**

**THE COUNCIL'S GRANTS PROGRAM, AVAILABLE TO ANY TAX-EXEMPT ORGANIZATION IN NEW YORK STATE, IS COMPETITIVE AND ONLINE APPLICATION-BASED. HIGHLY QUALIFIED STAFF AND A PANEL OF OUTSIDE EXPERTS CONDUCT A RIGOROUS REVIEW OF EACH PROPOSAL'S SCHOLARLY MERITS AND VALUE TO THE PUBLIC. DECISIONS ARE THEN MADE BY A SUB-COMMITTEE OF THE COUNCIL'S BOARD OF DIRECTORS WITHIN 12 WEEKS OF RECEIVING AN APPLICATION.**

**DURING FY '11 THE COUNCIL AWARDED 130 GRANTS TOTALING \$454,998 IN SUPPORT. BASED ON ATTENDANCE AT THE PUBLIC EVENTS THESE GRANTS HELPED REACH NEARLY 250,000 NEW YORKERS IN PERSON, AND OVER 1 MILLION NEW YORKERS THROUGH RADIO, TELEVISION & ONLINE PROGRAMS.**

4b (Code:                   ) (Expenses \$ 196,875. including grants of \$                    ) (Revenue \$ 12,751. )  
**SPEAKERS IN THE HUMANITIES:**

**FUNDS IN THE AMOUNT OF \$123,863 WERE EXPENDED ON HONORARIA AND TRAVEL FOR THIS LECTURE BUREAU DURING FY '11. IN THIS TIME, THE COUNCIL AWARDED 315 SPEAKERS EVENTS, WHICH WERE ATTENDED BY MORE THAN 14,700 NEW YORKERS IN 38 OF 62 COUNTIES IN NEW YORK STATE. MANY OF THE ORGANIZATIONS THAT BOOK SPEAKERS EVENTS SERVE AN ELDERLY AUDIENCE, THOUGH THE PROGRAM ALSO REACHES AUDIENCES WITH SPECIFIC INTERESTS, SUCH AS WOMEN, ETHNIC HERITAGE GROUPS, AND LABORERS.**

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

4c (Code:                   ) (Expenses \$ 165,633. including grants of \$                    ) (Revenue \$                    )  
**TOGETHER-BOOK TALK FOR KIDS AND PARENTS:**

**FUNDS IN THE AMOUNT OF \$165,633 WERE EXPENDED ON THE PROGRAM IN FY '11. THIS PROGRAM OFFERS A FORUM FOR PARENTS AND THEIR 9 TO 11 YEAR OLD CHILDREN TO COME TOGETHER TO TALK ABOUT BOOKS AND IDEAS AT THEIR LOCAL LIBRARY. THIS INTERGENERATIONAL PROGRAM DRAWS ON THE THEMES DEVELOPED FOR NEH'S "WE THE PEOPLE" BOOKSHELF TO ENCOURAGE PARENTS AND THEIR UPPER ELEMENTARY SCHOOL CHILDREN TO ENGAGE WITH IMPORTANT ISSUES AND IDEAS ABOUT AMERICAN IDENTITY AND LIFE IN A LIBRARY SETTING. EACH OF THE SIX 90-MINUTE TOGETHER SESSIONS IS CO-FACILITATED BY A LIBRARIAN AND A HUMANITIES SCHOLAR FROM THE LOCAL COMMUNITY. THE SESSIONS ALTERNATE BETWEEN PICTURE BOOKS AND NOVELS ON THE 18-BOOK TOGETHER**

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

(Expenses \$ 533,026. including grants of \$ 30,700. ) (Revenue \$ 3,963. )4e Total program service expenses ► 1,548,491.

Form 990 (2010)

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b 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
- c 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
- d 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f 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 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year?  
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b 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, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

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

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

## Part IV Checklist of Required Schedules (continued)

		Yes	No
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	X
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
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	X
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):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
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	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part V 

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	114
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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	X
b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts</i>	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a 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?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3 X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X	
6	Does the organization have members or stockholders?	6 X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a X	
b	Each committee with authority to act on behalf of the governing body?	8b X	
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 X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b X	
13	Does the organization have a written whistleblower policy?	12c X	
14	Does the organization have a written document retention and destruction policy?	13 X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14 X	
a	The organization's CEO, Executive Director, or top management official	15a X	
b	Other officers or key employees of the organization	15b X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b X	

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>SARA OGGER - 212-233-1131</u> <u>150 BROADWAY SUITE 1700, NEW YORK, NY 10038</u>

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

 Check if Schedule O contains a response to any question in this Part VII 
**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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
MATTHEW BENDER <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
RICHARD BERNSTEIN <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
RALPH J. BLASTING <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
DONALD BOSWELL <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
LINDA COLLINS <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
JONATHAN CULLER <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
ANNIE FIORILLA <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
MICHAEL FRISCH <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
MADHUR JAFFREY <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
ELBRUN KIMMELMAN <u>CHAIR</u>	1.00	X	X				0.	0.	0.
KENNETH MCCLANE <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
HUGO PEREZ <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
ADAM W. PERRY <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
JOANNA ROSE <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
JOAN SHELLEY RUBIN <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
NORM SILVERSTEIN <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
MARION ROACH SMITH <u>BOARD MEMBER</u>	1.00	X	X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
EDMUND SUTTON	1.00	X	X				0.	0.	0.
TREASURER									
LAURA ZAPAFEL	1.00	X					0.	0.	0.
BOARD MEMBER									
SARA OGGER	40.00		X				118,172.	0.	25,872.
EXECUTIVE DIRECTOR									
JAMES TAYLOR	40.00		X				66,346.	0.	29,909.
DIRECTOR OF FINANCE & ADMI									
1b Sub-total							184,518.	0.	55,781.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							184,518.	0.	55,781.

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 ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
3	X
4	X
5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization ► **NONE**

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

## Part VIII

## Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns .. b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1,403,300. 1f 75,891. ► 1,479,191.			
Program Service Revenue	2 a SPEAKER INCOME b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 611600	13,286.	13,286.	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	(i) Real 24,192. (ii) Personal 20,384. (iii) Other 3,808. a b a b a b a b ► 3,808.	9,284. ► 3,808. 3,808.	9,284. 3,808.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	485,698.	485,698.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	241,843.	203,130.	27,556.	11,157.
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	317,266.	250,805.	48,287.	18,174.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,530.	17,624.	3,579.	1,327.
9 Other employee benefits	76,089.	61,321.	9,664.	5,104.
10 Payroll taxes	31,088.	25,187.	4,211.	1,690.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,171.		27,171.	
d Lobbying	46,813.		180.	46,633.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,467.		4,467.	
g Other	192,456.	192,056.	400.	
12 Advertising and promotion				
13 Office expenses	130,595.	91,728.	32,293.	6,574.
14 Information technology				
15 Royalties				
16 Occupancy	162,785.	115,845.	37,855.	9,085.
17 Travel	106,126.	69,685.	34,724.	1,717.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,490.		24,490.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>MISCELLANEOUS</b>	37,819.	33,648.	4,034.	137.
b <b>STAFF RECRUITMENT</b>	7,788.	1,764.	1,368.	4,656.
c <b>MOVING/STORAGE</b>	2,223.		2,223.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,917,247.	1,548,491.	262,502.	106,254.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	151,641.	1	114,609.
	2 Savings and temporary cash investments	10,165.	2	10,992.
	3 Pledges and grants receivable, net	867,771.	3	237,559.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,376.	9	20,799.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	192,724.		
	b Less accumulated depreciation	54,949.	10c	137,775.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	392,903.	12	400,795.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	17,556.	15	17,556.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,626,677.	16	940,085.
Liabilities	17 Accounts payable and accrued expenses	56,314.	17	41,056.
	18 Grants payable	511,813.	18	248,635.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	568,127.	26	289,691.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	335,976.	27	361,044.
	28 Temporarily restricted net assets	722,574.	28	289,350.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,058,550.	33	650,394.
	34 Total liabilities and net assets/fund balances	1,626,677.	34	940,085.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,508,997.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,917,247.
3	Revenue less expenses. Subtract line 2 from line 1	3	<408,250.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,058,550.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	94.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	650,394.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 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  
 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 separate basis, consolidated basis, or both.  
 Separate basis  Consolidated basis  Both consolidated and 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?  
 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

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b	<input checked="" type="checkbox"/>	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number

**51-0152266**

**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.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

<input type="checkbox"/> a Type I	<input type="checkbox"/> b Type II	<input type="checkbox"/> c Type III - Functionally integrated	<input type="checkbox"/> d Type III - Other
-----------------------------------	------------------------------------	---	---
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No	Yes	No
<b>Total</b>							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1847633.	1945384.	2141495.	1527670.	1479191.	8941373.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1847633.	1945384.	2141495.	1527670.	1479191.	8941373.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						8941373.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1847633.	1945384.	2141495.	1527670.	1479191.	8941373.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,731.	24,670.	20,739.	24,254.	9,284.	86,678.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	562.	3,954.	10,319.	217.	3,428.	18,480.
11 Total support. Add lines 7 through 10						9046531.
12 Gross receipts from related activities, etc (see instructions)				12		13,286.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.84	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.88	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and **see instructions**



**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).A Check ►  if the filing organization belongs to an affiliated groupB Check ►  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

61,466.

h Subtract line 1g from line 1a. If zero or less, enter -0-

0.

i Subtract line 1f from line 1c. If zero or less, enter -0-

0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	245,433.	263,668.	269,954.	245,862.	1,024,917.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,537,376.
c Total lobbying expenditures	60,432.	63,930.	77,455.	46,813.	248,630.
d Grassroots nontaxable amount	61,358.	65,917.	67,489.	61,466.	256,230.
e Grassroots ceiling amount (150% of line 2d, column (e))					384,345.
f Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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

**Part IV** Supplemental Information

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**Employer identification number  
**51-0152266****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		145,552.	33,870.	111,682.
d Equipment		47,172.	21,079.	26,093.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 137,775.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) <b>FIXED INCOME MUTUAL FUNDS</b>	<b>100,101.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B) <b>EQUITY MUTUAL FUNDS</b>	<b>300,694.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>	<b>400,795.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►</b>	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►</b>	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,508,997.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,917,247.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<408,250. >
4 Net unrealized gains (losses) on investments	4	94.
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 through 8	9	94.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<408,156. >

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

1 Total revenue, gains, and other support per audited financial statements	1	1,509,091.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	94.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	94.
3 Subtract line 2e from line 1	3	1,508,997.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,508,997.

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

1 Total expenses and losses per audited financial statements	1	1,917,247.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,917,247.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,917,247.

**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, line 2; 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

**PART X, LINE 2: MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND**

**CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS WERE**

**REQUIRED IN THE FINANCIAL STATEMENTS.**

**SCHEDULE I**  
(Form 990)

OMB No 1545-0047  
**2010**

Department of the Treasury  
Internal Revenue Service

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.

Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

► (h) Purpose of grant or assistance

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SI 350, INC. 33 SAINT AUSTINS PL STATEN ISLAND, NY 10310	27-1721028	501C-3	6,400.	0.			SEE PART IV.
THE HISTORY CENTER IN TOMPKINS COUNTY - 401 E STATE ST STE 100 - ITHACA, NY 14850	15-6024061	501C-3	7,675.	0.			SEE PART IV.
HISTORIC CHERRY HILL 523 1/2 S PEARL ST ALBANY, NY 12202	14-1482741	501C-3	10,645.	0.			SEE PART IV.
CLASSIC STAGE COMPANY 136 E 13TH ST NEW YORK, NY 10003	23-7025308	501C-3	11,447.	0.			SEE PART IV.
BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT ST BROOKLYN, NY 11201	11-1630813	501C-3	18,512.	0.			SEE PART IV.
OLD FORT NIAGARA ASSOCIATION PO BOX 169 FORT NIAGARA STATE PARK YOUNGSTOWN, NY 14174	16-0768721	501C-3	19,430.	0.			SEE PART IV.
2 Enter total number of section 501(c)(3) and government organizations							12..
3 Enter total number of other organizations							0..

SEE PART IV FOR COLUMNS (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

**Schedule I (Form 990)**

## Part II Continuation

## NEW YORK COUNCIL FOR THE HUMANITIES

## Grants and Other Assistance to Governments and Organizations in t

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

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

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

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:**

**SI 350, INC.**

032102 01-13-11

## Part IV Supplemental Information

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

A SERIES OF NINE PUBLIC LECTURES ABOUT A STATEN ISLAND'S HISTORY AND CULTURE PRESENTED IN A VARIETY OF VENUES ACROSS THE BOROUGH ON THE OCCASION OF THE 350TH ANNIVERSARY OF THE FIRST EUROPEAN INCORPORATION ON THE ISLAND.

NAME OF ORGANIZATION OR GOVERNMENT:

THE HISTORY CENTER IN TOMPKINS COUNTY

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

A READING AND DISCUSSION SERIES AND EXHIBITION EXAMINING THE HISTORY OF ENVIRONMENTAL SUSTAINABILITY IN TOMPKINS COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

HISTORIC CHERRY HILL

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

A SERIES OF INTERPRETIVE PROGRAMS THAT COMPARE CLASS IN AMERICAN SOCIETY DURING THE 18TH CENTURY AND TODAY.

NAME OF ORGANIZATION OR GOVERNMENT:

CLASSIC STAGE COMPANY

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

A LECTURE SERIES HELD IN TANDEM WITH THE PRESENTATION OF THE NEWLY DISCOVERED SHAKESPEARE PLAY "DOUBLE FALSEHOOD."

NAME OF ORGANIZATION OR GOVERNMENT:

BROOKLYN HISTORICAL SOCIETY

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

A SERIES OF PUBLIC PROGRAMS AFFILIATED WITH THE CROSSING BORDERS,

Schedule I (Form 990) 2010

**Part IV Supplemental Information**

BRIDGING GENERATIONS INITIATIVE, EXPLORING THE HISTORY OF MIXED-HERITAGE FAMILIES LIVING IN BROOKLYN.

NAME OF ORGANIZATION OR GOVERNMENT:

OLD FORT NIAGARA ASSOCIATION

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

A WEEKEND CONFERENCE AND ONGOING PUBLIC PROGRAM ABOUT THE WAR OF 1812.

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD SOUND FOUNDATION

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

A THREE-PART RADIO DOCUMENTARY SERIES ABOUT THE HISTORICAL IMPACT OF THREE HUMAN INTERVENTIONS INTO THE HUDSON VALLEY LANDSCAPE.

NAME OF ORGANIZATION OR GOVERNMENT:

CUNY JOHN JAY COLLEGE OF CRIMINAL JUSTICE

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

A SERIES OF 11 LECTURE-DISCUSSIONS EXPLORING DIFFERING INTERPRETATIONS OF SOCIAL CHANGE MOVEMENTS DURING THE 1960S.

NAME OF ORGANIZATION OR GOVERNMENT:

ASIAN AMERICAN WRITERS' WORKSHOP

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

A SERIES OF LECTURES AND A RELATED WEBSITE EXAMINING CONTEMPORARY NOTIONS OF ASIAN AMERICAN IDENTITY.

NAME OF ORGANIZATION OR GOVERNMENT:

UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION

**Part IV** **Supplemental Information**

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

A THREE-DAY, MULTI-DISCIPLINARY SERIES OF PROGRAMS THAT EXPLORES THE  
UNDERGROUND RAILROAD IN THE CONTEXT OF CONTEMPORARY SLAVERY ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT:

WORLD MUSIC PRODUCTIONS DBA AFROPOP WORLDWIDE

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

FOUR RADIO DOCUMENTARIES AND A SERIES OF LIVE DISCUSSIONS CENTERED AROUND  
THE TOPIC OF ISLAMIC MUSIC AND CULTURE.

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

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**NEW YORK COUNCIL FOR THE HUMANITIES**

Employer identification number

**51-0152266**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

	<b>Yes</b>	<b>No</b>
<b>1b</b>		
<b>2</b>		
<b>4a</b>	<input checked="" type="checkbox"/>	
<b>4b</b>	<input checked="" type="checkbox"/>	
<b>4c</b>	<input checked="" type="checkbox"/>	
<b>5a</b>	<input checked="" type="checkbox"/>	
<b>5b</b>	<input checked="" type="checkbox"/>	
<b>6a</b>	<input checked="" type="checkbox"/>	
<b>6b</b>	<input checked="" type="checkbox"/>	
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>	<input checked="" type="checkbox"/>	
<b>9</b>		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)						
2	(i)						
3	(i)						
4	(i)						
5	(i)						
6	(i)						
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

NEW YORK COUNCIL FOR THE HUMANITIES

Employer identification number  
51-0152266

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

THOUGHTFUL PARTICIPANTS IN OUR COMMUNITIES BY PROMOTING CRITICAL  
INQUIRY, CULTURAL UNDERSTANDING, AND CIVIC ENGAGEMENT.

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

THE COUNCIL PRIDES ITSELF ON REMAINING RESPONSIVE TO THE UNIQUE NEEDS  
OF OUR STATE. WITH SUPPORT FROM THE NATIONAL ENDOWMENT FOR THE  
HUMANITIES CHAIRMAN'S EMERGENCY FUND, THE COUNCIL OFFERED \$1,000  
HURRICANE RECOVERY GRANTS TO SITES AFFECTED BY HURRICANE IRENE AND  
TROPICAL STORM LEE. TWO WEEKS AFTER THE STORMS HIT, THE COUNCIL  
RECEIVED NEH SUPPORT AND BEGAN ACCEPTING APPLICATIONS. WITHIN FOUR  
WEEKS OF THE STORMS, 31 SITES WERE AWARDED GRANTS AND RECEIVED GRANTS  
TOTALING \$30,082 IN SUPPORT. THESE FUNDS WERE USED TO RELIEVE STAFF  
HOURS DEDICATED TO THE CLEANUP OF THESE DEVASTATING STORMS.

IN ADDITION, THE COUNCIL HAS AN EXCELLENT REPUTATION AS A GRANT-MAKER  
AND ITS AWARDS CARRY AN IMPRIMATUR THAT HELPS GRANTEES LEVERAGE  
ADDITIONAL SOURCES OF FUNDING FROM THEIR COMMUNITY. IN FY '11 THE  
PROJECT GRANTS ALONE RAISED \$1,648,995 IN COMMUNITIES ACROSS THE STATE.  
AS A RESULT OF THE COUNCIL'S EARLY SUPPORT OF ORGANIZATIONS AFFECTED BY  
HURRICANE IRENE AND TROPICAL STORM LEE, THESE SITES WERE ABLE TO RAISE  
AN ADDITIONAL \$1,026,958 IN COMMUNITY SUPPORT.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

NEW YORK COUNCIL FOR THE HUMANITIES

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

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

LIST, ALL OF WHICH EXPLORE KEY THEMES IN AMERICAN LIFE SUCH AS COURAGE, FREEDOM, AND BEING AMERICAN. THE TARGET AUDIENCE FOR THE PROGRAM IS FAMILIES WITH CHILDREN WHO NEED AND WANT ADDITIONAL SUPPORT, EXPERIENCES, AND RESOURCES IN THE AREA OF READING. THE COUNCIL SUPPLIES ALL THE BOOKS, CONTRACTS DIRECTLY WITH A SCHOLAR CO-FACILITATOR, AND PROVIDES THE LIBRARY WITH A \$1,000 STIPEND TO COVER NECESSARY EXPENSES SUCH AS CHILDCARE AND MATERIALS. SINCE 2009, THE COUNCIL HAS ALSO OFFERED A BILINGUAL (SPANISH/ENGLISH) VERSION OF THE PROGRAM CALLED UNIDOS. IN FY '11, THE PROGRAM WAS AWARDED TO 18 LIBRARIES (INCLUDING TWO UNIDOS PROGRAMS) ACROSS NEW YORK STATE IN 13 COUNTIES AND ALL 7 REGIONS OF NEW YORK STATE, REACHING 147 NEW FAMILIES.

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

SPEAKERS IN THE SCHOOLS:

THE PROGRAM OFFERS FREE TOP-NOTCH LECTURES BY A RENOWNED AND DIVERSE GROUP OF SCHOLARS ON A WIDE VARIETY OF HUMANITIES SUBJECTS TO HIGH SCHOOL COMMUNITIES ACROSS NEW YORK STATE. THE COUNCIL COVERS ALL COSTS ASSOCIATED WITH THE PROGRAM, INCLUDING THE SPEAKER'S HONORARIA AND TRAVEL EXPENSES. FUNDS IN THE AMOUNT OF \$103,727 WERE EXPENDED DURING THE FISCAL YEAR. IN THIS TIME, THE COUNCIL AWARDED 144 EVENTS, WHICH

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WERE ATTENDED BY MORE THAN 11,950 NEW YORKERS IN 34 OF 62 COUNTIES IN NEW YORK STATE.

READING BETWEEN THE LINES -

THIS IS THE COUNCIL'S FACILITATED ADULT BOOK DISCUSSION PROGRAM,  
AVAILABLE BY APPLICATION TO ALL NEW YORK STATE TAX-EXEMPT  
ORGANIZATIONS. THERE IS NO FEE TO THE HOST ORGANIZATION TO APPLY FOR OR  
HOST A READING BETWEEN THE LINES SERIES. EACH OF THE FOUR 90-MINUTE  
SESSIONS IN A SERIES FOCUSES ON A BOOK SELECTED FOR ITS RELATION TO THE  
SERIES THEME. A HUMANITIES SCHOLAR FACILITATES THE DISCUSSION SESSIONS  
AND ENCOURAGES PARTICIPANTS TO ENGAGE WITH THE TEXTS AND WITH THE  
SERIES THEME. TOTAL EXPENSES WERE \$60,910.

MEANING OF SERVICE -

MEANING OF SERVICE IS THE COUNCIL'S READING AND DISCUSSION SERIES FOR  
AMERICORPS MEMBERS, AVAILABLE FREE OF CHARGE TO ANY NEW YORK STATE  
AMERICORPS PROGRAM. SESSIONS FEATURE FACILITATED CONVERSATIONS ABOUT  
SHORT PHILOSOPHICAL AND LITERARY TEXTS ON THE THEMES OF ASSOCIATING,  
SERVING, GIVING AND LEADING. MEANING OF SERVICE SESSIONS OFFER MEMBERS  
AN OPPORTUNITY TO SHARE THEIR SERVICE EXPERIENCE, AND REFLECT TOGETHER  
UPON WHY THEY CHOSE - AND CONTINUE TO CHOOSE - TO DEDICATE THEMSELVES  
TO SERVICE.

MEANING OF SERVICE READINGS ARE OFTEN TAKEN FROM THE CIVICALLY ENGAGED  
READER, A COLLECTION OF PROVOCATIVE SHORT READINGS ON CIVIC ACTIVITY,  
SELECTED ESPECIALLY FOR SERVICE AND VOLUNTEER GROUPS. READINGS DRAW ON  
A VARIETY OF POETIC, BIOGRAPHICAL, HISTORICAL AND FICTIONAL WORKS BY

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AUTHORS SUCH AS MARTIN LUTHER KING, JR., ARISTOTLE, JANE ADDAMS, PABLO NERUDA AND TONI CADE BAMBARA. A HUMANITIES SCHOLAR FROM THE COMMUNITY FACILITATES DISCUSSION ABOUT THE READING, ENCOURAGING MEMBERS TO EXPLORE THE THEMES OF THE TEXTS AND HOW THEY RELATE TO AMERICORPS SERVICE. TOTAL EXPENSES WERE \$73,214.

HUMANITIES CONVENING -

THE COUNCIL PARTNERS WITH OTHER LEADERSHIP ORGANIZATIONS THAT SHARE ITS GOALS TO BROADEN ITS PRESENCE ACROSS NEW YORK STATE. TOTAL EXPENSES WERE \$70,625.

LITERATURE & MEDICINE -

HUMANITIES AT THE HEART OF HEALTH CARE IS A NATIONAL AWARD-WINNING, HOSPITAL-BASED, SCHOLAR-LED HUMANITIES READING AND DISCUSSION PROGRAM FOR HEALTH CARE PROFESSIONALS.

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

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OF CARE WE PROVIDE TO OUR PATIENTS AND THEIR FAMILIES." SINCE 1997, LITERATURE & MEDICINE, A PROGRAM CREATED BY THE MAINE HUMANITIES COUNCIL AND OFFERED IN PARTNERSHIP WITH OTHER STATE HUMANITIES COUNCILS, HAS REACHED HEALTH CARE PERSONNEL IN 28 STATES, PROVIDING THEM WITH FACILITATED READING AND DISCUSSION GROUPS THAT ALLOW THEM TO RECOGNIZE AND ADDRESS THE CHALLENGES THEY ROUTINELY FACE AS HEALTH CARE PROVIDERS. THANKS TO A GRANT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES, THE NEW YORK COUNCIL FOR THE HUMANITIES AND 12 OTHER STATE AND TERRITORIAL HUMANITIES COUNCILS ARE NOW PARTNERING IN THIS EFFORT TO WORK WITH GROUPS OF HEALTH CARE PROFESSIONALS IN VA HEALTH CARE FACILITIES. TOTAL EXPENSES WERE \$47,145.

CONVERSATIONS BUREAU -

THE CONVERSATIONS BUREAU PROMOTES THOUGHTFUL, ENGAGED COMMUNITY DIALOGUE, USING A SHORT TEXT AND A SCHOLAR-FACILITATOR AS A GUIDE. THE FACILITATOR INTRODUCES THOUGHT-PROVOKING QUESTIONS AND ENCOURAGES PARTICIPANTS TO REFLECT ON THE ISSUES RAISED BY THE READING AND DISCUSS HOW THEY IMPACT OUR LIVES AND COMMUNITIES. CONVERSATIONS ARE 90-MINUTE DISCUSSIONS ON A RANGE OF HUMANITIES TOPICS RELATED TO AMERICAN IDENTITY.

ANY NOT-FOR-PROFIT ORGANIZATION OR HIGH SCHOOL IN NEW YORK STATE IS ELIGIBLE TO USE THE PROGRAM. THE COUNCIL COVERS THE COST OF THE SCHOLAR-FACILITATOR'S HONORARIUM AND TRAVEL EXPENSES. TOTAL EXPENSES WERE \$177,405.

EXPENSES \$ 533,026. INCLUDING GRANTS OF \$ 30,700. REVENUE \$ 3,963.

FORM 990, PART VI, SECTION A, LINE 4: ON DECEMBER 10, 2010, THE

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

NEW YORK COUNCIL FOR THE HUMANITIES

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51-0152266ORGANIZATION ADOPTED NEW BY-LAWS. THE SIGNIFICANT CHANGES WERE:

- 1) BEING A TYPE B NOT-FOR-PROFIT CORPORATION AS DEFINED IN PARAGRAPH (B) OF SECTION 201 OF THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW, THE ORGANIZATION HAS NO MEMBERS.
- 2) THE BOARD WILL CONSIST OF A MINIMUM OF THREE DIRECTORS. THE EXACT NUMBER WILL BE DETERMINED BY THE BOARD.
- 3) NO DIRECTOR WILL BE PERMITTED TO SERVE MORE THAN THREE CONSECUTIVE, THREE YEAR TERMS.
- 4) NO LOANS WILL BE MADE BY THE ORGANIZATION TO ITS DIRECTORS OR OFFICERS.
- 5) A REVISED CONFLICT OF INTEREST POLICY.
- 6) THE BOARD WILL CONDUCT PERIODIC REVIEWS TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND DETERMINE THAT COMPENSATION ARRANGEMENTS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARMS' LENGTH BARGAINING.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO BEING FILED.FORM 990, PART VI, SECTION B, LINE 12C: WE HAVE A CONFLICT OF INTEREST POLICY, WHICH EACH BOARD MEMBER AND KEY EMPLOYEE READS EACH YEAR, AND ALSO PROVIDE A "BEST-PRACTICES" DISCLOSURE FORM WITH SIGNATURE EACH YEAR.FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR:

2011 WAS THE LAST YEAR IN WHICH REVIEW OF EXECUTIVE DIRECTOR WAS UNDERTAKEN. THE FOLLOWING PROCESS WAS USED: THE EXECUTIVE DIRECTOR PREPARED A LIST OF GOALS ARRANGED BY AREA OF RESPONSIBILITY. BEFORE REVIEW, THE EXECUTIVE DIRECTOR PREPARED A SELF-ASSESSMENT BASED ON GOALS AND WHETHER THEY WERE ACCOMPLISHED. BOTH DOCUMENTS WERE REVIEWED BY THE

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FULL BOARD. THE CHAIR OF THE BOARD SURVEYED THE FULL BOARD WITH A QUESTIONNAIRE BASED ON THE STATEMENT OF GOALS. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED THE RESULTS OF THE SURVEY WITH THE EXECUTIVE DIRECTOR, THEN MADE A RECOMMENDATION FOR SALARY ADJUSTMENT BASED ON THE PROCESS.

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

94.

FORM 990, PART XI, QUESTION 2C

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Year Deduction
	MACHINERY & EQUIPMENT										
1	OFFICE EQUIPMENT	VARISSL		5.00	16	47,172.			47,172.	11,646.	9,433.
	* 990 PAGE 10 TOTAL					47,172.			47,172.	11,646.	0.
	MACHINERY & EQUIPM										
OTHER	LEASEHOLD IMPROVEMENTS	VARISSL		10.00	16	145,552.			145,552.	18,813.	15,057.
	* 990 PAGE 10 TOTAL					145,552.			145,552.	18,813.	0.
OTHER						192,724.			192,724.	30,459.	24,490.
	* GRAND TOTAL 990 PAGE 10 DEPR										

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

990

OMB No 1545-0172

2010

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

► See separate instructions. ► Attach to your tax return.

Business or activity to which this form relates

Identifying number

NEW YORK COUNCIL FOR THE HUMANITIES

FORM 990 PAGE 10

51-0152266

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

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	24,490.

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A		17
17 MACRS deductions for assets placed in service in tax years beginning before 2010		
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		► <input type="checkbox"/>

## Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	24,490.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

016251  
12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

SARA OGGER

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

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	<b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

## Signature and Verification

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

Signature ► Title ► **DIRECTOR**

Date 

Form 8868 (Rev. 1-2011)

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

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



**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete



Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

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

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SARA OGGER

- The books are in the care of ► 150 BROADWAY SUITE 1700 - NEW YORK, NY 10038  
Telephone No ► 212-233-1131 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for



1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JUNE 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

►  calendar year \_\_\_\_\_ or  
►  tax year beginning NOV 1, 2010, and ending OCT 31, 2011

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)