

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

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 Rublic.

Departmont	of	the	Treasu	ıry
Internal Rev	en	ue S	ervice	-

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning Nov 1 2010, and ending Oct 2011 D Employer Identification Number C Name of organization HUMANITIES TEXAS Check if applicable 75-1493438 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change Initial return 1410 RIO GRANDE ST. (512) 440-1991State ZIP code + 4 Terminated City, town or country 78701 AUSTIN TΧ G Gross receipts \$ 2,500,769. Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending H(b) Are all affiliates included? YVONNE GONZALEZ 1410 RIO GRANDE ST AUSTIN TX 78701 If 'No,' attach a list (see instructions) 527 Tax-exempt status X 501(c)(3) 501(c) () ◄ (insert no) 4947(a)(1) or Website: ► WWW.HUMANITIESTEXAS.ORG H(c) Group exemption number X Corporation Other ► L Year of Formation 1976 M State of legal domicile TX Form of organization Trust Association Part l Summarv Briefly describe the organization's mission or most significant activities HTX, the state affiliate of the National Endowment for the Humanities, conducts and supports public programs in history, literature, philosophy, and other humanities disciplines. Humanities Texas strives to strengthen Texas communities and sustain representative democracy by cultivating informed, educated citizens. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 28 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 28 CANNED JUL (Total number of individuals employed in calendar year 2010 (Part V. line 2a) 5 18 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 3,347,808. 2,450,574. 24,800. 33,250. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 724. 234. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,144. 16,711. 11 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,388,476. 2,500,769. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 337,965. 13 329,816. Benefits paid to or for members (Part IX, column (A), line 4) 0 906,066. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 824,886. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,689. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,025,160. 1,002,718. 17 2,188,011. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,238,600. RECEIVED Revenue less expenses. Subtract line 18 from line 12 1,200,465. 262,169. Beginhing of Current Year End of Year 06,140,117.20 Total assets (Part X, line 16) 6,115,776. JUN 1 3 2012 21 Total liabilities (Part X. line 26) 508,891. 159,335. 22 Net assets or fund balances Subtract line 21 from line 20 631,226. 5,956,441. Part II Signature Block OGDEN ture, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and all information of which preparer has any knowledge ature of officer Date Sign Here Date Print/Type preparer's name Preparer's signature X PTIN Check 06/08/12 RENEE J BARRY, CPA self-employed Paid Preparer ► RENEE J BARRY, **Use Only** Firm's address ► 10102 BRANTLEY BND Firm's EIN AUSTIN XT 78748-1265 (512)636-7022 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

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

Form 990 (2010)

TEEA0101 03/25/11

Form 9	990 (2010)		5-14934	38	Page 2
<u>Pari</u>		atement of Program Service Accomplishments			
	Che	eck if Schedule O contains a response to any question in this Part III		· <u> </u>	[]
1 E	Briefly des	scribe the organization's mission:			
1	HTX, the	state affiliate of the National Endowment for the Humanities, conducts and supports I	npjrc broc	rams in	history,
	literatu	are, philosophy, and other humanities discaplines. HTX strives to strengthen Texa	s communi	ties and	l sustain
3	See Form	990, Page 2, Part III, Line 1 (continued)			
2 [Did the org	ganization undertake any significant program services during the year which were not listed on the	rior	<u>_</u>	
F	Form 990	or 990-EZ?	П	Yes	X No
ı	If 'Yes,' de	escribe these new services on Schedule O		_	
		ganization cease conducting, or make significant changes in how it conducts, any program services	?	Yes	X No
		escribe these changes on Schedule O			
	· · · · · · · · · · · · · · · · · · ·	the exempt purpose achievements for each of the organization's three largest program services by	xpenses Se	ection 50	1(c)(3)
á	and 501(c))(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocated and revenue, if any, for each program service reported	cations to o	thers, the	total
	(Code:) (Expenses \$ 1,554,860. including grants of \$ 263,816.) (Reve			0.)
_		ministers a competitive grants program; creates and circulates tr			
		a speakers directory; holds teacher institutes and produces educations		als to	support
_	Texas	schools; administers awards for recognizing teachers, develo	ps		
	public	ations, and maintains a website and online educational resou	irces.		
_					. – – – -
_					
_					
-					
-					
-					
4 h	(Codo) (Expenses \$ including grants of \$) (Reve	nuo \$		
40	(Code	/ (Cxperises 7) (never	nue 9	·	
-					
-					
-					
-					
-					
-			~		
-					
-					
_					
_					
_					
4c	(Code.) (Expenses \$ including grants of \$) (Reve	nue \$)
	_				
-					
-					
-					
-					
-					
-					
-	~				
-					
-					
-					
-					
		(Downton O bull to O)			
		gram services. (Describe in Schedule O.)			
	(Expense)	
	Total pro	gram service expenses ► 1,554,860.			
BAA		TEFA0102 10/06/10		Form	990 (2010)

Page 3

Form 990 (2010) HUMANITIES TEXAS

Part V Checklist of Required Schedules

	`		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	_3		<u> </u>
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	4	X	
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
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 8a	\$.: `-
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
ŀ	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	11 b		<u> </u>
•	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	11 c		X
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		<u> </u>
	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	11 f		<u>x</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X	
	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	12b		X_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
	business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>x</u>
	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	15	 	<u>x</u>
	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	16		<u> </u>
	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 (see instructions)	17		<u>x</u> _
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>x</u>
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	<u>x</u> _
	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)	20 b		

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	х	
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	х	
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		х_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer 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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		_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	i	<u>x</u> _
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)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u> _
	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	28c		_X_
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u> _
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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	32	-	_x_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_x_
35	ls any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
ā	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 Yes X No	1		
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	х	_
BAA		Forn	990 e	(2010)

Partive Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					\Box
					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .	<u>1</u> a	111			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 ь	0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming		1 c	X_	
2 a	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	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?		2b	_X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	tructions)			の	M
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	?		3a		Х
ь	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?	9	4a	Alle Marie (12)	Х
b	If 'Yes,' enter the name of the foreign country:				1/3	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fil				25 × 32	M
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year ⁹		5a		_X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?		5b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	d did the organization		6a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such coinot tax deductible?	ntributions or gifts were		6b		
7	Organizations that may receive deductible contributions under section 170(c).		'			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	rtly for goods and		7a	10 ×	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?		е	7c	1000000	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		April 1		1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract?		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organizatio as required?			7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a		7h	**************************************	4
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ve excess business	9	8		X
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter.				**	No.
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		**	tu.	
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		海李	4 11	387
11	Section 501(c)(12) organizations. Enter			4	(Sec.	23
a	Gross income from members or shareholders	11 a		37		
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116		***		or V
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?		12a		
ŧ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			N.		
á	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule	: O		A 14.00	10,7	F 74
	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				1
	Enter the amount of reserves on hand	13c		MW		100
	a Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X.
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O		14b	<u> </u>	
$2 \wedge \wedge$	TECANOE 11/20/10			_		

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 respons	se to any question in this Part VI		<u> </u>	X
Section A. Governing Body and Manage	ment			
			Ye	s No
1 a Enter the number of voting members of the go	verning body at the end of the tax year	1a	28	
b Enter the number of voting members included			28	
· ·	yee have a family relationship or a business rela		2	X
3 Did the organization delegate control over mai	nagement duties customarily performed by or un yees to a management company or other persor	nder the direct supervision		
4 Did the organization make any significant chair		ı <i>*</i>	3 4	$\frac{x}{x}$
since the prior Form 990 was filed?	, g			
5 Did the organization become aware during the	year of a significant diversion of the organization	on's assets?	_5	<u>x</u>
6 Does the organization have members or stock	holders? .		6	X
7a Does the organization have members, stockho governing body?	olders, or other persons who may elect one or m	ore members of the	7a	x
b Are any decisions of the governing body subje	ct to approval by members, stockholders, or oth	er persons?	7 b	X
Did the organization contemporaneously documents the following:	ment the meetings held or written actions under	taken during the year by		
a The governing body?			8a X	.
b Each committee with authority to act on behal	f of the governing body?		8b X	.
	employee listed in Part VII. Section A. who carr	not be reached at the	9	x
Section B. Policies (This Section B requests in		rnal Revenue Code.)		
			Ye	s No
10a Does the organization have local chapters, bra	anches, or affiliates?		10a	X
b if 'Yes,' does the organization have written po and branches to ensure their operations are c	licies and procedures governing the activities of onsistent with those of the organization?	such chapters, affiliates,	10 Ь	
11 a Has the organization provided a copy of this F	orm 990 to all members of its governing body be	efore filing the form?	11a	X
b Describe in Schedule O the process, if any, us	sed by the organization to review this Form 990			A CONTRACT
12a Does the organization have a written conflict of	of interest policy? If 'No,' go to line 13		12a X	
b Are officers, directors or trustees, and key em to conflicts?	ployees required to disclose annually interests t	hat could give rise	12b X	
c Does the organization regularly and consisten Schedule O how this is done	tly monitor and enforce compliance with the poli	cy? If 'Yes,' describe in	12c X	
13 Does the organization have a written whistlebl	ower policy?		13 X	
14 Does the organization have a written documer	nt retention and destruction policy?		14 X	
15 Did the process for determining compensation persons, comparability data, and contemporar	of the following persons include a review and a neous substantiation of the deliberation and deci	pproval by independent ision?		
a The organization's CEO, Executive Director, o	r top management official		15a X	
b Other officers of key employees of the organiz	ation		15b X	
If 'Yes' to line 15a or 15b, describe the proces	s in Schedule O (See instructions)			
16 a Did the organization invest in, contribute asse taxable entity during the year?	ts to, or participate in a joint venture or similar a	arrangement with a	16a	X
b If 'Yes,' has the organization adopted a writter participation in joint venture arrangements un- organization's exempt status with respect to s	der applicable federal tax law, and taken steps t	to evaluate its o safeguard the	. 16b	
Section C. Disclosure				
17 List the states with which a copy of this Form	990 is required to be filed ►			
inspection. Indicate how you make these avail		nd 990-T (501(c)(3)s only)	available for	public
Own website Another's web:				
statements available to the public.	ow) the organization makes its governing docum	·	_	incial
20 State the name, physical address, and telephone		ooks and records of the or	ganization:	
►YVONNE GONZALEZ 1410 R	IO GRANDE ST., AUSTIN,	<u> </u>	(512) 440	-1991

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	n institutional frustee	Check Offirer	a key employee	High est concensated employee	y) roinei	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
(1) LARRY D CARVER											
SECRETARY	2.00	Х		х				0.	0.	0.	
(2) SHIRLENE BRIDGEWATER DIRECTOR	0.50	х						0.	0.	0.	
(3) MICHAEL L KLEIN VICE CHAIR	2.00	х		х				0.	0.	0.	
(4) J BRUCE BUGG, JR DIRECTOR	0.50	х						0.	0.	0.	
(5) MACEO C DAILEY JR DIRECTOR	0.50	х						0.	0.	0.	
_(6)_MARY_L_VOLCANSEK										•	
CHAIR	2.00	X	<u> </u>	Х				0.	0.	0.	
(7) LESLIE D BLANTON DIRECTOR	0.50	х						0.	0.	0.	
(8) ALBERT S BROUSSARD DIRECTOR	0.50	_X						0.	0.	0.	
(9) CATHERINE L ROBB DIRECTOR	0.50	х						0.	0.	0.	
(10) VIRGINIA LEBERMANN DIRECTOR	0.50	х						0.	0.	0.	
(11) JULIET V GARCIA DIRECTOR	0.50	х						0.	0.	0.	
(12) JULIUS GLICKMAN PAST CHAIR	2.00	х						0.	0.	0.	
(13) VICKI VINSON CANTWELL DIRECTOR	0.50	х			-			0.	0.	0.	
(14) NANCY CAIN MARCUS DIRECTOR	0.50			х				0.	0.	0.	
(15) JESUS F DE LA TEJA DIRECTOR	0.50							0.	0.	0.	
(16) ELINOR DONNELL DIRECTOR	0.50				-			0.	0.	0.	
(17) ALWYN BARR DIRECTOR	0.50							0.	0.	0.	

Part VIII Section A. Officers, Directors, Tru	istees, K	(ey	Em	plo	ye	es,	and	d Highest Con	pensated Emp	loyees (cont)
· (A)	(B)			(0	c)			(D)	(E)	(F)
Name and title	Average hours							Reportable	Reportable	Estimated
	per week (describe hours for related organi- zations in Sch O)	임교	Inst	Officer	Fey	Highest compensated employee	For	the organization (W-2/1099-MISC)	compensation from related organizations	amount of other compensation
	hours for related	rect	Institutional	별	9	nest bloye	ner	(W-21033-WI3C)	(W-2/1099-MISC)	from the organization
	organi-	학학	nai		employee	e com				and related organizations
	in Sch ()	stee	trustee		%	pens				
) 00 0,] "	e	1		atec				
						\Box				
(18) MIGUEL GONZALEZ-GERTH]			}					
DIRECTOR	0.50	X	_		<u> </u>	\vdash		0.	0.	0.
(19) RICARDO ROMO		ì				1				
DIRECTOR	0.50	X	 -		<u> </u>	\vdash		0.	0.	0.
(20) JOY ANN HAVRAN	_				1			_	_	_
DIRECTOR	0.50	<u>X</u>		_	<u> </u>	\vdash		0.	0.	0.
(21) RAY M KECK III	_				ļ				_	_
DIRECTOR	0.50	<u> X</u> _		_	<u> </u>	\sqcup		0.	0.	0.
(22) MICHAEL GILLETTE										
EXECUTIVE DIRECTOR	40.00	<u> </u>	<u> </u>		X	X		144,988.	0.	0.
(23) YVONNE GONZALEZ			1							
DEPUTY DIRECTOR	40.00	<u> </u>			X			73,890.	0.	0.
(24) VENUS F STRAWN										
DIRECTOR	0.50	X	<u> </u>		<u> </u>			0.	0.	0.
(25) KIT T MONCRIEF	_ [1							
DIRECTOR	0.50	X_	<u> </u>			L		0.	0.	0.
(26) MONICA PERALES	_						ĺ			
DIRECTOR	0.50	Х	<u> </u>	L	L			0.	0.	0.
(27) PAULA PETERS	_]		1]		
DIRECTOR	0.50	X		<u></u>				0.	0.	0.
(28) CHASE UNTERMEYER	_]									
DIRECTOR	0.50	Х		L	İ			0.	0.	0.
(29) CAREN PRONTHRO										
DIRECTOR	0.50	X			<u> </u>	<u> _</u>		0.	0.	0.
1 b Sub-total							•	218,878.	0.	0.
c Total from continuation sheets to Part VII, Sectio	n A						•			
d Total (add lines 1b and 1c)							_	218,878.	0.	0.
2 Total number of individuals (including but not limit	ted to thos	e lıs	ted	abov	ve) י	who	rece	eived more than \$	100,000 ın reportabl	e compensation
from the organization 1										
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or or truste	e, k	еу е	empl	oye	e, or	hıg'	hest compensated	d employee	
on line 1a7 if Yes, complete Schedule J for Such	inaiviauai	•								3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportable	con	npen	sati	on a	and o	othe	r compensation fro	om	
such individual	man \$150	ان00,د	U! II	re	s c	отр	iete	Screaule J for		4 X
5 Did any person listed on line 1a receive or accrue	compens	ation	fro	m a	nv i	ınral:	atod	l organization or in	ndividual	200 200 200
for services rendered to the organization? If 'Yes,	' complete	Sch	nedu	le J	for	such	n pei	rson		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compens compensation from the organization	ated indep	end	ent (cont	ract	ors t	hat	received more that	n \$100,000 of	
·	·									
(A) (B) Name and business address Description of services								of services	(C) Compensation	
								 		
								 		
								 		
								 		
								 		
								 		
2 Total number of independent contractors (including	a but not l	ımıtı	ed to	thr	se	lister	d ah	ove) who received	I more than	
= (moradi	J									

\$100,000 in compensation from the organization ► 0

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Name of the Organization
HUMANITIES TEXAS

Employler Identification number

75-1493438

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (C) (D) (E) (F) Position (check all that apply) Estimated amount of other compensation from the organization and related Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Average hours Name and Title Individual trustee or director Officer Highest compensated employee Former Key employee Institutional trustee per week organizations 30 POLLY SOWELL 0. 0.50 X 0 0. DIRECTOR

T at	t viii Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2.5	1a Federated campaigns 1a				
S S	b Membership dues 1 b				
S,G	c Fundraising events . 1c				
F	d Related organizations 1 d				
S, E	e Government grants (contributions) 1 e				į
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f \$,		
용	h Total. Add lines 1a-1f	2,450,574.			}
UE	Business Code				
EVEN	2a				
핑	b				
ER V	d				
S	u				
Z.	f All other program service revenue	33,250.	33,250.	0.	0.
ĕ	a Total. Add lines 2a-2f	33,250.			
-		33,230.			[
	 Investment income (including dividends, interest and other similar amounts) 	234.	234.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
1	5 Royalties				
	(i) Real (ii) Personal				
Ì	6a Gross Rents 4,850.				
	b Less rental expenses				
	c Rental income or (loss) 4,850.				
	d Net rental income or (loss) . ▶	4,850.	4,850.	0.	0.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less. cost or other basis and sales expenses				
	c Gain or (loss)				ļ
	d Net gain or (loss)				
ENUE	8a Gross income from fundraising events (not including \$				
REV	of contributions reported on line 1c) See Part IV, line 18				
OTHER REVEN	b Less: direct expenses b				Ì
E	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	1				
	10a Gross sales of inventory, less returns and allowances a				
!	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				<u> </u>
	11a MISC INC 900099	11,970.	11,970.	0.	
	b UNREALIZED LOSS 900099	-109.	-109.	0.	0.
	c				<u> </u>
	d All other revenue				<u> </u>
	e Total. Add lines 11a-11d	11,861.			ļ
	12 Total revenue. See instructions	2,500,769.	50,195.	0.	0.

Page 10

Part X 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 1	not include amounts reported on lines 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	263,816.	263,816.		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	66,000.	66,000.		
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	218,878.	116,550.	80,441.	21,887.
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	478,494.	441,813.	18,758.	17,923.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	62,944.	50,397.	8,954.	3,593.
9	Other employee benefits	94,824.	75,923.	13,488.	5,413.
10	Payroll taxes	50,926.	40,774.	7,244.	2,908.
11	Fees for services (non-employees)				
a	Management				
t	Legal				
	: Accounting	22,250.	0.	22,250.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees .	40.010	27 707	1 (04	
_	Other	40,010.	37,707.	1,644.	659.
	Advertising and promotion Office expenses	175,058.	138,789.	28,834.	7,435.
14	Information technology	175,050.	130,709.	20,034.	7,455.
15	Royalties				
16	Occupancy	65,860.	43,710.	15,809.	6,341.
17	Travel	23,026.	11,757.	10,414.	855.
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	46,597.	37,156.	6,738.	2,703.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses	18,527.	13,364.	4,191.	972.
	in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		<u>-</u>		
	COUNCIL CONDUCTED PROGRAMS	611,390.	611,390.	0.	0.
ı	b				
	<u></u>		-		
	d 		, -		
	F All other expenses				
25	f All other expenses Total functional expenses. Add lines 1 through 24f	2,238,600.	1,949,146.	218,765.	70,689.
26	Joint costs. Check here ► ☐ 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	272307000.	1, 743, 140.	210, 703.	
BAA				<u>-</u>	Form 990 (201

Part X

BAA

(B) End of year (A) Beginning of year 252,982. 1 27,727. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 1,118,273 3 1,353,251. 3 Pledges and grants receivable, net Accounts receivable, net 2,575 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 6,590. 0. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 5,124,788. 10b 4,757,048 4,718,866. b Less accumulated depreciation 405,922 10 c 9,239. 11 9,342. 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 6,140,117. 16 6,115,776. Total assets Add lines 1 through 15 (must equal line 34) 16 158,891 159,335. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Unsecured notes and loans payable to unrelated third parties 350,000 24 0. Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 508,891 26 159,335. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 3,049,383. 27 4,765,684. 2,581,843. Temporarily restricted net assets 28 1,190,757. 29 Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 5,95<u>6,441.</u> 5,631,226. 33 34 Total liabilities and net assets/fund balances 6,140,117. 34 6,115,776.

Form 990 (2010)

orm	1990 (2010) HUMANITIES TEXAS 75-	1493438		Pa	ge 12	
Pär	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				\Box	
	•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,50	0,7	<u>69.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,23	8,6	00.	
3	Revenue less expenses Subtract line 2 from line 1	3	26	2,1	<u>69.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,63	1,2	<u> 26.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6	3,0	<u>46.</u>	
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	5,95	6,4	41.	
Par	t XII. Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		10 m	Yes	No ' '	
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		~ ,	[27.		
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	on a	* £	,	1,	
	X 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?						
t	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b	х		

BAA

3b X Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Name	me of the organization Employer identification number											
HUM	IAN	ITIES	TEXAS							75-14	19343	8
Par	<u>t I</u>	Reas	son for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See II	nstruct	ions.
The	orga	nızatıoı	n is not a privat	e foundation because	it is (For lines 1 through	gh 11, ch	neck only	y one bo	ox)			
1		A chui	ch, convention	of churches or associ	ation of churches descr	ibed in s	section '	170(b)(1	χΑ)(i).			
2		A scho	ool described in	section 170(b)(1)(A)(ii). (Attach Schedule E.	.)						
3		A hos	oital or a coope	rative hospital service	organization described	ın secti	ion 170(b)(1)(A)	(iii).			
4		A med	lical research o	rganization operated i	n conjunction with a ho	spital de	scribed	ın secti	on 170(b)(1)(A)(iii). Ente	er the hospital's
			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 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 com	imunity trust de	scribed in section 170	(b)(1)(A)(vi). (Complete	e Part II.)					
9		from a	ectivities related	to its exempt function	more than 33-1/3% of ns — subject to certain of taxable income (less so nplete Part III)	exceptio	ns, and	(2) no n	nore tha	ın 33-1/3	3% of its	support from gross
10		An org	ganızatıon orgai	nized and operated ex	clusively to test for pub	lic safet	y. See s	ection 5	509(a)(4)).		
11		more	publicly support	ted organizations desc	clusively for the benefit cribed in section 509(a) on and complete lines 1	 or se 	ction 50	he funct 19(a)(2)	ions of, See se	or carry ction 50	out the 9(a)(3).	purposes of one or Check the box that
			Type I	b Type II	c ☐ Type III		_	integrate	ed		d \square	Type III - Other
•	• [By choother	eckina this box.	certify that the orga	nization is not controlle than one or more public	d directly	y or indi orted org	rectly by ganization	one or	more di cribed in	squalifie section	ed persons 509(a)(1) or
f			organization red this box	ceived a written deterr	nination from the IRS th	nat is a	Гуре I, Т	ype II o	r Type I	II suppo	rtıng org	ganization,
ç]	Since	August 17, 200	6, has the organizatio	n accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?	
								-		•		Yes No
		(i)	A person who d below, the gove	lirectly or indirectly co erning body of the sup	ntrols, either alone or to ported organization?	ogether v	with pers	sons des	scribed	n (II) an	ıd (ııı)	11g(i)
		(ii)	A family member	er of a person describ	ed in (i) above?							11 g (ii)
		(iii)	A 35% controlle	ed entity of a person d	escribed in (i) or (ii) ab	ove?						11 g (iii)
	1	Provid	le the following	information about the	supported organization	(s)						,
			e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in overning ment?	the organ	ou notify nization in n (i) of upport?	organiz colur	s the ation in in (i) at in the second in th	(vii) Amount of support
						Yes	No	Yes	_No	Yes	No	
									,			_
<u>(A)</u>			_		·	ļ			<u> </u>			
(B)					i				İ			
<u>(D)</u>						 			 			
<u>(C)</u>												
<u>(D)</u>												!
<u>(E)</u>			<u></u>									
Tota	ı											

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)

Sec	tion A. Public Support							
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	2,006,915.	2,890,464.	2,952,136.	3,372,608.	2,483,824.	13,705,947.	
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2,006,915.	2,890,464.	2,952,136.	3,372,608.	2,483,824.	13,705,947.	
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)						397,157.	
6	Public support. Subtract line 5 from line 4						13,308,790.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	2,006,915.	2,890,464.	2,952,136.	3,372,608.	2,483,824.	13,705,947.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,690.	1,780.	2,924.	724.	212.	7,330.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10						13,713,277.	
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □	
<u>Sec</u>	tion C. Computation of Pu							
14		•	•	e 11, column (f))		14	97.05%	
15	Public support percentage from 2	·	•			15	96.60%	
	16a 33-1/3% support test − 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	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							
17 a	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.						√how	
b	organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test The organiza	' test, check this b ition qualifies as a	ox and stop here. publicly supporte	Explain in Part IV d organization	/ how the . ► □	
18		zation did not ched	ck a box on line 1.	3, 16a, 16b, 17a,				
BAA					Sc	:nedulé 🗛 (Form 🤇	990 or 990-FZ\ 2010	

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.)

Sec	tion A. Public Support					<u> </u>	
Calen	idar year (or fiscal yr 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 admis-						
	sions, 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		_				
	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						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)					,	
	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10 a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 i organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c)(3)	<u> </u>
	tion C. Computation of Pul						
	Public support percentage for 20		•	13, column (f))		15	8
	Public support percentage from 2				<u> </u>	16	ક
	tion D. Computation of Inv						
17	' -			•	nn (f))	17	<u></u>
18	Investment income percentage from					18	8
	33-1/3% support tests – 2010. If is not more than 33-1/3%, check	this box and stop	here. The organiz	ration qualifies as	a publicly support	ted organization	▶
	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%.	the organization of check this box ar	and not check a bo	x on line 14 or lin organization qual	le 19a, and line 16 lifies as a publicly	is more than 33-1/ supported organiza	/3%, and htion ► □
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	i, 19a, or 19b, che	eck this box and se	ee instructions	<u>► </u>

Part IV	Supplemental Inf Part II, line 17a o	ormation. Com r 17b; and Part	plete this part to	provide the expla	anations required by rt for any additional	Part II, line 10; information.
	(See instructions)	<u> </u>				
				- -		
	-					
			. 			
-			-		·- -	
						- -
-						
	_					

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

		' to Form 990, Part IV, line 5 (Proxy Tax) or rganizations Complete Part III.	Form 990-EZ, Part V,	line 35a (Proxy Tax), th	en
	of organization	garnzatorio Compiete i arcini.		Employer identifica	tion number
ним	MANITIES TEXAS			75-149343	8
		rganization is exempt under section	on 501(c) or is a s		
1		organization's direct and indirect political ca			
2	Political expenditures		. •	► \$	
3	Volunteer hours			•	
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under se	ection 4955	▶\$	
2	Enter the amount of any exci	se tax incurred by organization managers i	inder section 4955	► \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	hıs year ⁹		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Pai	t'I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	rganizations for section	on 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2. Enter here and o	n Form 1120-POL,	► \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments	and employer identification number (EIN) of For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	ount paid from the fili	ng organization's funds	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 non-taxable amount			259,401.	261,930.	521,331.			
b Lobbying ceiling amount (150% of line 2a, column (e))					781,997.			
c Total lobbying expenditures			0.	0.	0.			
d Grassroots nontaxable amount			64,850.	65,483.	130,333.			
e Grassroots ceiling amount (150% of line 2d, column (e))					195,500.			
f Grassroots lobbying expenditures			4,249.	9,352.	13,601.			

BAA

Schedule C (Form 990 or 990-EZ) 2010

chedule C (Form 990 or 990-EZ) 2010 HUMANITIES TEXAS		<u>-14934</u>		<u>P</u>	age:
Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT file	d Form	5768		
		(a)		(b)	
	Yes	No	Am	ount	
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	į				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Parallil A Complete if the organization is exempt under section 501(c)(4), section 5	01(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		i

	were substantially all (50% of more) dues received nondeductible by members?		1 1 1					
2	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?							
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	T				
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-is answered 'Yes.'), or -A, line	3					
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).							
á	a Current year	2a						
ı	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						
Pa	Supplemental Information							
Com Also	plete 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 I , complete this part for any additional information.	I-B, line]; 					

Schedule C (F	orm 990 or 990-EZ) 2010 HUMANITIES TEXAS Supplemental Information (continued)	75-1493438	Page 4
Part IV	Supplemental Information (continued)		
<u> </u>			
			- -
	,		
		- 	
			- -
	~		
-			
			-
	~		
		~	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	MANITIES TEXAS			75-14		
Par	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Oth o Form 990, Part IV, line	er Similar Funds e 6.	s or Accounts.	Complete	ıf
		(a) Donor advised	funds	(b) Funds and	other acco	unts
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 don funds are the organization's property, subject t			advised [Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or dono	ng that grant funds ca or advisor, or for any	an be other	Yes	No
Pa	Conservation Easements. Complete	lete if the organization a	nswered 'Yes' to	Form 990, Par	t IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all the	at apply).			
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of a	an historically impor	tant land ar	ea
	Protection of natural habitat		Preservation of a	a certified historic st	ructure	
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservatio	n contribution in the	form of a conservat	ion easeme	nt on the
				Held at th	e End of the	e Tax Year
â	Total number of conservation easements			2a		
t	Total acreage restricted by conservation easer	ments		2b		
•	: Number of conservation easements on a certif	ied historic structure included	ın (a)	2c		
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, ar	nd not on a historic	2d		
3	Number of conservation easements modified, tax year ►	transferred, released, extinguis	shed, or terminated t	by the organization of	during the	
4	Number of states where property subject to co	nservation easement is located	d ►			
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring its it holds?	g, inspection, handlin	ng of violations,	Yes	No
6	Staff and volunteer hours devoted to monitorin	ig, inspecting, and enforcing co	onservation easemer	nts during the year		
7	Amount of expenses incurred in monitoring, in >\$	specting, and enforcing conse	rvation easements d	uring the year		
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	•	•	L	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements					sheet, and ling for
Pa	Organizations Maintaining Colle Complete If the organization ans	ections of Art, Historical wered 'Yes' to Form 990	l Treasures, or C), Part IV, line 8.	Other Similar As	sets.	
1;	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan-	s held for public exhibition, edi	ucation, or research i	statement and balar In furtherance of pul	nce sheet w blic service,	orks of provide,
1	 If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items 	ld for public exhibition, educati	ort in its revenue station, or research in fu	ement and balance irtherance of public :	sheet works service, pro	s of art, vide the
	(i) Revenues included in Form 990, Part VIII,	line 1		▶ \$	\$	
	(ii) Assets included in Form 990, Part X			► 5	\$	
2	If the organization received or held works of a amounts required to be reported under SFAS 1	rt, historical treasures, or othe 116 (ASC 958) relating to thes	r sımılar assets for fı e items	nancial gain, provid	e the follow	ring
;	a Revenues included in Form 990, Part VIII, line	: 1		►:	\$	
	Assets included in Form 990, Part X			<u>_</u>	\$	

Schedule D (Form 990) 2010 HUMAN	NITIES TEX	KAS			75-149	3438		Page 2
Part III Organizations Mainta			of Art, Histo	rical Treasures, o	Other Similar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	on, accession, a	and oth	er records, che	ck any of the following t	hat are a significant use	of its co	lectio	n
a Public exhibition			d Loan o	or exchange programs				
b Scholarly research			e Other					
c Preservation for future genera	ations		_	_				
4 Provide a description of the organ Part XIV.	nization's collec	tions a	nd explain how	they further the organiz	ation's exempt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be	maint	ained as part of	the organization's colle	ction?	Yes		No
Part W Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	ents. (1 990,	Complete if o Part X, line	organization answe 21.	red 'Yes' to Form 9	90, Pa	ırt IV,	line
1 a Is the organization an agent, trusincluded on Form 990, Part X?	tee, custodian,	or othe	r intermediary f	or contributions or othe	r assets not	Yes	Γ	No
b If 'Yes,' explain the arrangement	ın Part XIV and	d compl	ete the following	g table:			_	
		•				Amount		
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an ai	mount on Form	990, F	art X, line 21?			Yes		No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co	mplete if th	e orga	anization ans	swered 'Yes' to For	m 990, Part IV, line	10.		
	(a) Current y	ear	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) F	our year	s back
1 a 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			·-·			<u> </u>		
2 Provide the estimated percentage	e of the year en	nd balar	nce held as					
a Board designated or quasi-endow	rment ►		8					
b Permanent endowment ▶	8							
c Term endowment ►	₺							
3a Are there endowment funds not in	n the possessio	n of the	e organization th	nat are held and admini	stered for the	r		T
organization by							Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related o	•		•			[3b		<u> </u>
4 Describe in Part XIV the intended								
Parti VII Land, Buildings, and				· · · · · · · · · · · · · · · · · · ·		4 5 6		
Description of investment		(a) Cos (in	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) t	Book va	=-ue
1 a Land	L			618,240.	<u> </u>			,240.
b Buildings				4,269,246.	173,870.	4	,095	,376.
c Leasehold improvements	<u> </u> _							
d Equipment	_			237,302.	232,052.		5	<u>,250.</u>
e Other	<u></u>							
Total. Add lines 1a through 1e (Column	n (d) must equa	al Form	990, Part X, co	lumn (B), line 10(c))	<u> </u>			<u>,866.</u>
BAA					Scher	dule D (F	orm 99	90) 2010

Schedule D (Form 990) 2010 HUMANITIES TEXA Part VII Investments—Other Securities. Se		75-1493438 Pag
(a) Description of security or category	(b) Book value	(c) Method of valuation.
(including name of security)	(b) Book Value	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		·
(3) Other		
<u>(A)</u>		
<u>_B</u>		
<u>(C)</u>		
<u>(P)</u>		
<u>(E)</u>		
<u></u>		
(G)		
<u></u>	 	
<u> </u>		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)	Para Francisco Destriction	10)
Part VIII Investments—Program Related. (S		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		Source of the or your marries raise
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		
Part IX Other Assets. (See Form 990, Par	rt X, line 15)	
	a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
(10)	(D) 1 15)	
Total. (Column (b) must equal Form 990, Part X, colur Part X Other Liabilities. (See Form 990,		
(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u> (7)_		
(8)		
(0)		

Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 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)

(9) (10) (11)

Sche	dule D (Form 990) 2010 HUMANITIES TEXAS		1493438 Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financi	al Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		2,500,769.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,238,600.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		262,169.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities	·	
_	Investment expenses .		
6	·		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		260 160
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at		262,169.
Par	t XII Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ret	
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1 2,500,769.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	ļ
t	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2c	
c	Other (Describe in Part XIV)	2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	<u></u>	3 2,500,769.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ı	
7	Investments expenses not included on Form 990, Part VIII, line 7b	4a	,
		4b	j
	Other (Describe in Part XIV)	40	4-
	Add lines 4a and 4b	-	4c 2.500.769
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	- A- With Francisco	2700077031
Par	t XIII Reconciliation of Expenses per Audited Financial Statemer	nts with Expenses per H	
1	Total expenses and losses per audited financial statements	-	1 2,238,600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
t	Prior year adjustments	2b	1
•	Other losses	2c	i i
•	Other (Describe in Part XIV)	2 d	
6	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3 2,238,600.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV.)	4b	1
	Add lines 4a and 4b .		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Ţ	5 2,238,600.
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines additional information	III, lines 1a and 4, Part IV, lines 2d and 4b Also complete this	es 1b and 2b, s part to provide
BAA	TEEA3304 02/11/11		Schedule D (Form 990) 2010
~~~	LLM33U4 UZ/11/11		achedule b (COM) 9901 7010

TEEA3304 02/11/11

Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 HUMANITIES TEXAS  Part XIV Supplemental Information (continued)	75-1493438	Page 5
Part XIV Supplemental Information (continued)		
•		
	<del> </del>	
		<b>-</b> -
		<b></b>
	<del> </del>	- <b>-</b> ·
	- <b>-</b>	
		<del></del>

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Governments and Individuals in the United States

2010
2010
@pan@Public Inspection

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

Attatch to Form 990.

Employer identification number 75-1493438

**%** □

X Yes

HUMANITIES TEXAS Page 1 Page 1 Page 1 Page 1 Page 1 Page 1 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2 Page 2

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?

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

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. Parill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Part II can be duplicated if additional space is needed

ביייים בי שלפי ושמחונים וו ממחונים וו ממחונים וו נושלון וו נפון וווי נושלון	י ממתונוסוומו אלמי	. 12 15 15 15 1					
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
(1) AMON CARTER MUSEUM 3501 CAMP BOWIE BLVD FORT WORTH TX 76107	75-1077979	50103	.000,6				PUBLIC EDUCATI
(2) AFRICAN AMERICAN EDUCATIO P O BOX 150157 DALLAS TX 75315	41-2270113	50103	5, 625.				PUBLIC EDUCATI
ART	75-0808774	501C3	5,400.				PUBLIC EDUCATI
EBR.	74-2591569	50103	6,057.				PUBLIC EDUCATI
(5) FRISCO PUBLIC LIBRARY FOU 12006 BILOXI DR FRISCO TX 75035	61-1450647	50103	6,300.				PUBLIC EDUCATI
TE HOUST	74-1109655	501C3	11,600.				PUBLIC EDUCATI
(7) UNIVERSITY OF TEXAS-EL PA - 500 WEST UNIVERSITY, RM 2 EL PASO TX 79968	74-6000813	GOV'T	5, 181.				PUBLIC EDUCATI
(8) DALLAS INSTITUTE OF HUMAN 2719 ROUTH ST DALLAS TX 75201	75-1721049	50103	10,325.				PUBLIC EDUCATI
2 Enter total number of section 501 (c) (3) and government organizations	3) and government or	ganızatıons				· ·	14
S Enter total number of other organizations	215						,

Schedule I (Form 990) 2010

TEEA3901 10/29/10

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

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 1 of 1

Name of the organization				-		Employer identification number	n number
HUMANITIES TEXAS		:				75-1493438	
Partill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	nd Other Assistar	ice to Governments	and Organization	s in the United Stat	es (Schedule I	(Form 990), Par	Part II.)
(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)		(h) Purpose of grant or assistance
FARMERS BRANCH HISTORICAL P O BOX 819010 FARMERS BRANCH TX 75381	75-6003955	50103	6.750				THEOLICE DISC. T. SHIP
MUSSEUM OF FINE ARTS HOUS P O BOX 4606 HOUSTON TX 77265	74-1109655	50103	. 000.7				PUBLIC EDUCATI
TOM LEA INSTITUTE P O BOX 103 EL PASO TX 79941	27-0223160	501C3	5,850.				PUBLIC EDUCATI
re_media	74-1925421	501C3	5,738.				PUBLIC EDUCATI
<u>TEXAS_ACADEMY_OF_LEADERSH_P_O_BOX_10062BOX_177710</u>	74-6000298	501C3	5,392.				PUBLIC EDUCATI

Schedule I Cont (Form 990) 2010

TEEA4001 01/25/11

Page 2 Schedule I (Form 990) 2010 HUMANITIES TEXAS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance  (b) Number of Grant or assistance  (c) Number of Grant or assistance  (d) Number of Grant or assistance  (e) Number of Grant or assistance  (e) Number of Grant or assistance  (f) Crant of Grant or assistance  (g) Number of Grant or assistance  (h) Number of Grant	(a) Type of grant or assistance  (b) Number of recipients  (c) Type of grant or assistance  (b) Number of recipients  (c) Type of grant or assistance  (c) Number of recipients  (d) Number of recipients  (e) Number of recipients  (b) Number of recipients  (c) Supplemental Information. Complete this part to  De 2THE_MAJORITY_OF_THE_GRANTS  De 2TRE_MAJORITY_OF_THE_GRANTS  DE 2	(b) Number of recipients  (c) Number of recipients  mplete this part to prove the grant t	Columniation (d) Amount of (e) Method of cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash assistance cash grant (non-cash	(c) Amount of cash grant (d) Amount of FMV, appraisal, or FMV, appraisal, or FMV appraisal, or such grant (e) Method of valuation of the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part I, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the information required in Part II, line 2, and the informat	mer of (c) Amount of non-cash assistance pents of cash grant non-cash assistance pents of cash grant of non-cash assistance pents of pents of cash grant of non-cash assistance pents of pents of cash grant of non-cash assistance of part to provide the information required in Part I, line 2, and any other additional information of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents of pents	valuation (book, raisal, other)  and any other additional information.  S, 000. ONCE A
2	DOCUMENTS: NONPROFIT STAT		3, BOOKKEEPING	PRACTICES, AW	US, BOOKKEEPING PRACTICES, AWARD EXPENDITURES AND COST SHARING	
PT i LINE 2	PUBLICITY AND ACKNOWLEDGEM		ENT_OE_HUMANITES_TES	S_TEXASVERIFICATION_OF ERA_EEW_GRANTEES_ARE_	ENT OF HUMANITES TEXAS, VERIFICATION OF ATTENDANCE FIGURES, DERAL CFDA NUMBER. A FEW GRANTEES ARE CHOOSEN FOR	<u>  FOR                                   </u>
	1 1		I_DURING_THE_YEAR.	<u>a</u> R		
		1		             		

BAA

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

75-1493438 **HUMANITIES TEXAS** Pt VI-B, Line 11a Form 990 is prepared by a third party and reviewed and approved by HTX management. In addition the return is included in board <u>_orientation_manuals_and_in_board_meeting_notebooks.</u> Pt VI-B, Line 12c Conflict of interest policy is stated in the bylaws, discussed in board orientation meetings, and emphasized in the grants committee where board members review proposals for funding. Staff also review all areas where there may be a potential conflict of interest. The policy is provided in board meeting notebooks. Pt VI-B, Line 15 The board of directors, in executive session, conducts an annual review of the <u>executive director's performance. Decisions regarding compensation are based</u> on performance, comparable salaries of other nonprofit executives, and current financial constraints. The executive director authorizes staff compensation based on performance, _comparable_salaries_of_other_nonprofit_staff, and current_financial constraints. All staff evaluations are conducted in the course <u>of preparing the annual budget.</u> When necessary, evaluations are conducted in the aftermath of significant projects or programs. Pt_VI-C, Line 19 The bylaws are on HTX's website, and the IRS 990 and audited financial statements are _____noted as available upon reguest. Pt XII, Line 2c The Executive Committee, in consulation with the Board of Directors and the Executive Director, is charged with the development, implementation, and evaluation of the administrative and program policies of the council. The Treasurer will provide oversight of the fiscal operations of the council and will provide information to the Board of Directors on the financial status of the council's operations and programs. ___ The Board of Directors will approve selection of an independent accountant for annual audits typically every three years. HTX does undergo an annual audit as required by the U.S. Office of Management

Notes the cognization   Employer destilication number   HUMANITIES TEXAS   75-1493438    and Budget Circular A-133	Schedule <b>0</b> (Form 990 or 990-EZ) 2010	Page 2
and Budget Circular A-133	Name of the organization	Employer identification number
	HUMANITIES TEXAS	75-1493438
	and Budget Circular A-133	
	~	
		<del>-</del>

HUMANITIES TEXAS 75-1493438 1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

representative democracy by cultivating informed, educated citizens. A private non-profit organization founded in 1973, HTX is supported by appropriations from the U.S. Congress, the state of Texas and gifts and grants from foundations, corporations, and individuals.