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Form

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

Department of the Treasury

Open to Public

		nue Service	The organization may have to use a copy of this feturi to satisfy state repo		equiremen		I inspection .
	or the	e 2010 calend	lar year, or tax year beginning 11-01 , 2010, and en	ding		10-3	31 ,20 11
В	Check if a	applicable	C Name of organization IDAHO HUMANITIES COUNCIL INC				Employer identification no.
<u> </u>	Address o	change	Doing Business As			8	2-0315902
一	Name cha	•	Number and street (or P O box if mail is not delivered to street address) 217 W STATE ST	Room/s	urte		Telephone number 208) 345-5346
\equiv	nitial retu Ferminate		City or town, state or country, and ZIP + 4		-	+	839,095
Ħ	Amended		BOISE, ID 83702			٥	Gross receipts \$
=		on pending	F Name and address of principal officer RICK ARDINGER	Τ-			Gloss receipts \$
٬ لــا	тррисаціс	on pending	SAME AS C ABOVE	H(a)	Is this a gro affiliates?	up retur	n for Yes X No
		mpt status X	501(c)(3)501(c) ()	_			
$\overline{}$		► N/A	301(c)(3)301(c)() (IIISELTINO) 4341(a)(1) (I	H(c)	If "No," atta	ch a list	uded? Yes No (see instructions)
		organization X	Corporation Trust Association Other L Year of formation 19	73	M State		
	rt l	Summar			M State (n legal c	Joinicie
Га			y ibe the organization's mission or most significant activities PROMOTE THE HUMAI	NITIE			
	•	2.10.1, 4000	is the organization of missist of most organization and missister of m				
A C G					 		_
t o			,				
l v	2	Check this b	ox ▶ if the organization discontinued its operations or disposed of more than 25%	of its n	et assets		
i r t n	3		oting members of the governing body (Part VI, line 1a)			3	20
i a	4		ndependent voting members of the governing body (Part VI, line 1b) · · · · · · ·		-	4	20
e n	5		er of individuals employed in calendar year 2010 (Part V, line 2a)		<u> </u>	5	4
е &	6		er of volunteers (estimate if necessary) · · · · · · · · · · · · · · · · · · ·		<u> </u>	6	
			ted business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · · · ·			7a	0
			d business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · ·			7b	
	+	1101 011101010			rior Year		Current Year
R	8	Contribution	s and grants (Part VIII, line 1h)	·····	744,	624	758,717
e V	9		vice revenue (Part VIII, line 2g)			795	94,410
e n	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)		114,		(16,537)
ü	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • • • • • • • • •			350	2,505
e	12		ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12) • • • • •		933,	181	839,095
	13		similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>		0
	14		d to or for members (Part IX, column (A), line 4)				0
E	15		ner compensation, employee benefits (Part IX, column (A), lines 5-10)		327,	150	289,121
P	l l		I fundraising fees (Part IX, column (A), line 11e)		<u>.</u>		0
e	1		(2.10)	6. L	(Mark) }	2	
s e	17		ises (Part IX, column (A), lines 11a-11d, 11f-24f)	3000, 30,	552,	641	554,117
s	1		ses Add lines 13-17 (must equal Part IX, column A), ine 25)		879,	791	843,238
	19		ss expenses Subtract line 18 from line 12 · · · S · · · · · · · · · · ·		53,	390	(4,143)
Net	1		1)80-1 111 6 -	eanning	of Current '	/ear	End of Year
Asse	^{ts} 20	Total assets	(Part X, line 16)	<u> </u>	1,686,	-	1,656,572
or Fund	21	Total liabiliti	es (Part X, line 26)		209,	661	183,607
Bal- ance	s 22	Net assets	or fund balances Subtract line 21 from line 20 · · · · · ·		1,477,	108	1,472,965
Pa	rt II	Signatu	re Block_				
Unde	r penaltie	es of perjury, I d	eclare that I have examined this return, including accompanying schedules and statements, and to the best				
and t	elief, it is	s true, correct, a	nd complete Declaration of preparer (other than officer) is based on all information of which preparer has a	iny know		т—	
			Cinde Wang				9/25/12
Sig	n	Signati	are of officer			Date	7
He	re	CINE	Y WANG, FISCAL OFFICER				
		Туре о	print name and title				
		Print/Type p	reparer's name Date / Date		Check	ıf PT	IN
Pai	d		Warr CPA Some P. Warn, CPA 9/25/1	ユー	self-employe	ed	
	parer	Firm's name	▶ WILSON HARRIS AND COMPANY	Firm's E	EIN ►		
	Only		ss > 1602 w franklin street	Phone	no 20	8-34	4-1355
			BOISE ID 83702				
May	the IR	S discuss thi	s return with the preparer shown above? (see instructions) · · · · · · · · · · · · · · · · · · ·				··X Yes No
For	Paper	work Reduct	ion Act Notice, see the separate instructions.		E	EA	Form 990 (2010)

Pai	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
	PROMOTE THE HUMANITIES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services? Yes X 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 \$734,070 including grants of \$124,144) (Revenue \$)
	THE COUNCIL PROMOTES THE HUMANITIES IN THE STATE OF
	IDAHO AND ASSISTS IN THE PLANNING OF SOLICITING FOR, AND EVALUATION OF, HUMANITIES PROJECTS.
	AND EVALUATION OF, HUMANITIES PROJECTS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 734,070

Form 990 (2010) IDAHO HUMANITIES COUNCIL INC

82-0315902

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, 5 or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 6 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II · · · · · · 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part 9 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 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 **,** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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 11a 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 11b Х 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 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 • • 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 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 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV · · · · 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a 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) 20b

Part IV Checklist of Required Schedules (continued) Yes No 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 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 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 23 Х 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 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 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 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV · · · 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 35 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 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

Part V St

Sta [®]	te	me	nts	R	ega	rding	Other IRS	Filings	and	Tax	C	ompliance	
^.					_				_		_		

	Check it Schedule O contains a response to any question in this Part V			•
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable - · · · · · · · · · · 1a		Yes	No
1a	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable • • • • • • • • • 1b	1		^· 1
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	٠.,	17/4	1 4
С	gaming (gambling) winnings to prize winners?	1c	_X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
- u	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a	1 3	* * * * * * * * * * * * * * * * * * *	4
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 instructions)		*	
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	en,	* 3	S. 18
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		alleni saraana	الـــــــــــــــــــــــــــــــــــــ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? · · · · · · · · · · · · · · · · · · ·	5c		<u>-</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		S-100-X2
7	o.g			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Li la		لمسا
	and services provided to the payor?	7a		_
b	If "Yes, did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	*: 1	,	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? •••	7g		
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	, .X	ئم	Å.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	\$ · Y .	84	
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		
9	Sponsoring organizations maintaining donor advised funds.		An par.	
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-		; -
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	Zz.		:
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • 10b	'nj	7 77	
11	Section 501(c)(12) organizations. Enter	3		1
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	. 3		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		T.A.	
40-	amounts due or received from them) · · · · · · · · · · · · · · · · · ·	420	<u>-</u> -	<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a	3×	<u> </u>
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	, , , , , , , , , , , , , , , , , , ,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<u> </u>	13/1/4
а	Is the organization licensed to issue qualified health plans in more than one state? • • • • • • • • • • • • • • • • • • •	138		-
	Enter the amount of reserves the organization is required to maintain by the states in which		: .%	
b	the organization is licensed to issue qualified health plans · · · · · · · · · · · · · · · · · · ·	l		_
С	Enter the amount of reserves on hand	4.3		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-**-	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	14b		† <u> </u>
				

Form 990 (2010) IDAHO HUMANITIES COUNCIL INC 82-0315902 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI 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 Enter the number of voting members of the governing body at the end of the tax year 20 Enter the number of voting members included in line 1a, above, who are independent 20 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? -Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? • • Х Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 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 Х Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 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? 15a The organization's CEO, Executive Director, or top management official - - - - - -X Other officers or key employees of the organization 15b 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 M) with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > CINDY WANG (208) 345-5346

orm	990	(2010)	

Section A.

IDAHO HUMANITIES COUNCIL INC

82-0315902

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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	
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

(A)	(B)			((;)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Itd nr; dur ise vt c iet deo			Key em	H c e m p l e s n e e s t e d	Form	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) RICK ARDINGER										
EXEC DIRECTOR	40.00			X	X	X		81,600	0	21,989
(2) CINDY WANG			ŀ							
FISCAL OFFICER	40.00		_	<u> </u>	X			49,125		14,714
(3)								:		
(4)										
(5)								-		
(6)							-			
(7)						-				
(8)										
(9)										
(10)										
(11)										
(12)							-			_
(13)										
(14)										<u> </u>
(15)	+		-							
(16)	 			-						

Pa	rt VII. Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	d Hig	ghe	st Con	npe	nsated Employee	s (continued)	
	, (A)	(B) (C)							(D)	(E)	(F)
	Name and Trtle	Average	<u> </u>						Reportable	Reportable	Estimated
		hours per week	l t d		P	K	Hce		compensation from	compensation from related	amount of other
		(describe	dur ı s e	s u	f	У	g mp h p l	r m	the	organizations	compensation
		hours for	vt c ı e t	lı t	l c	e m	e e o s n y	e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		related organizations	d e o	u ě t	ř	P	t s e	`	(VV-2/1099-MISC)		organization and related
		ın Schedule	a o	ì		Ó	t				organizations
		O)	ļ	n a		e	ď				
	· - · · · · · · · · · · · · · · · · · · ·		ļ	Ī	<u> </u>	_					
(17)											
(18)		 						┝			
(10,											
(19)											
(20)											
			-	<u> </u>	_						
(21)											
(22)	10			-	-	_			,		, , , , , , , , ,
(23)											
			<u> </u>				ļ	<u> </u>			
(24)		}			1		ļ	ļ			
(05)		 -		-				!			
(25)			İ								
(26)			<u> </u>				 				
(,			1								
(27)			<u> </u>								
(28)				1							
	Sub-total · · · · · · · · · · · · · · · · · · ·	<u> </u>	L	L			ł	L			
1b				• •	• •	• •					
C .	Total from continuation sheets to Part VII, Section	1A	• • •	• •	• •	• •	• • •		130,725	o	36,703
<u>d</u>	Total (add lines 1b and 1c) · · · · · · · · · · · · · · · · · · ·	to those lists	d abo	رد) ب			wod r	nore			36,703
2	Total number of individuals (including but not limited reportable compensation from the organization ▶	io inose nsie	u abo	<i>(</i>) v	VIIO	ieu	iveu ii	11016	: tilali \$100,000 iii	0	
	reportable companion from the organization p										Yes No
3	Did the organization list any former officer, director of	r trustee, ke	y emp	loye	e, o	r hıg	hest c	omp	ensated		
	employee on line 1a? If "Yes," complete Schedule J	for such indiv	vidual				• • •		• • • • • • • •	• • • • • • • •	3 X
4	For any individual listed on line 1a, is the sum of repo										
	the organization and related organizations greater that										
	ındıvıdual • • • • • • • • • • • • • • • • • • •									• • • • • • • •	4 X
5	Did any person listed on line 1a receive or accrue co	=		-			-				<u>-</u> 4
	for services rendered to the organization? If "Yes," co	omplete Sch	edule .	J for	suc	h pe	erson	-	• • • • • • • • •		5 X
<u>Sec</u> 1	ction B. Independent Contractors Complete this table for your five highest compensate	d independe	nt con	tract	hors	that	receiv	ed i	more than \$100 00	0 of	
•	compensation from the organization	a macpenae		i aci	.013	uia	10001		nore than \$100,00	0 01	
	(A)								(B)		(C)
	Name and business address	ss							Description of	services	Compensation
							_				
							.				
_					-						
2	Total number of independent contractors (including b	ut not limiter	d to the	ose	liste	d ah	ove) v	vho	L received		, , , , , , , , , , , , , , , , , , ,
-	more than \$100,000 in compensation from the organ						/ •		- **** =	*	

Page 9

Part \	/111	Statement of Revenue						
***	, X,		* *	\%	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1	12	Federated campaigns · · · · ·	· 1a		· , , , , , , , , , , , , , , , , , , ,	****	* .	\$** I
	1a	Membership dues · · · · · · ·	_ 		*			
Contri-	b	'			r or of	/ &	k 4 🐞	` # # #
butions,	C	Fundraising events · · · · · ·					n.8% -3 -28 2	
gifts, grants	đ	Related organizations · · · · ·		658,190		***	da Sara Sara Sara s	
and	е	Government grants (contributions) •	· 16	030,130	₩ ~			4 4
other similar	f	All other contributions, gifts, grants,	46	100 527	, , , , , , , , , , , , , , , , , , ,			
amounts		and similar amounts not included abo		100,527		* 6 6 4		- 4:4 1
	g	Noncash contributions included in line			750 717		es à sin	
	h	Total. Add lines 1a-1f		• • • • • • •	758,717		2 A. S	.* * * * * * * * * * * * * * * * * * *
				Business Code	<u> </u>			ا ــــــــــــــــــــــــــــــــــــ
		SPEAKER'S BUREAU FEES		900099	6,000	·		
Program	ь	EVENT, DINNER INCOME		722320	88,410	88,410		
Service	С						<u> </u>	
Revenue	d							
	е							
		All other program service revenue						
	g	Total. Add lines 2a-2f · · · · · ·	<u></u>	• • • • • • •	94,410			ż vy. w
	3	Investment income (including dividend	s, interest	, and				
		other similar amounts)	• • • • •	• • • • • • •	(16,537) (16,537)	
		Income from investment of tax-exempt						
	5	Royalties • • • • • • • • • • • • • • • • • • •	· · · · ·	• • • • • • •				
		(ı)	Real	(II) Personal			K Apto A	
	6a	Gross Rents · · · · · ·				*		
	ь	Less rental expenses - · · ·	•					4.2
	С	Rental income or (loss) · · ·					à casa in	
	d	Net rental income or (loss) · · · · ·		• • • • • • •				
	72	Gross amount from sales of (i) Se	curities	(II) Other	* 1 - 3X 3 2 2 2	\$ 20 5	\$ 18 M	1. 34
	'-	assets other than inventory			1	100 m 2 m 2 m	a, **', { *	
	h	Less cost or other basis] " " /~`;		, is	
_	~	and sales expenses · · · ·			- whi		44 N. 171	
0	c	Gain or (loss)						
'n	d	Net gain or (loss) • • • • • • • •		• • • • • • •				
e		Gross income from fundraising				sin com		Bræiðstár um l
r	Į	events (not including \$						
R	1	of contributions reported on line 1c)				1 14 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 3 k 2
e v	ļ	See Part IV, line 18 · · · · · ·	• • • а					
e	Ь	Less direct expenses · · · · ·	• • • ь				***	- 34 /3 / 3m
n	C	Net income or (loss) from fundraising	events •	• • • • • • •		*		
-		Gross income from gaming activities			Š	12.5	.\$.	
	1	See Part IV, line 19 · · · · · · ·	···a		***************		· · · · · · · · · · · · · · · · · · ·	
	Ь	Less direct expenses · · · · · ·						
		Net income or (loss) from gaming activ		• • • • • • •				
	į .	Gross sales of inventory, less			6 2 8	3/0/4 A	ه در پاکند	A + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	IVa	returns and allowances · · · · ·	• • • а	2,505	, ,			
	Ь	Less cost of goods sold · · · · ·	• • • ь				1 1 1 1 2 2 3	
		Net income or (loss) from sales of inve			2,505	2,505		
	٣	Miscellaneous Revenue		Business Code	~ 4x ex	* #	* *,	J 1
	11a	Inidecijanieodo (Neveride			-			
	b		 		 		<u> </u>	
							 	
	d	All other revenue · · · · · · · ·			 			<u> </u>
	1	Total. Add lines 11a-11d · · · · ·			 	**	,	<u> </u>
		Total revenue. See instructions • •			839,095	G/00,7		d ö

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).

	All other organizations must complete column				<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21			74 " *	
2	Grants and other assistance to individuals in		1		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			i i	
	organizations, and individuals outside the			***	
	U S See Part IV, lines 15 and 16 · · · · · · · ·			. 23	· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •			<u> </u>	
5	Compensation of current officers, directors,				
	trustees, and key employees · · · · · · · · · · · · · · · · · ·	81,600	62,832	18,768	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				<u> </u>
7	Other salaries and wages	126,777	97,992	28,785	
8	Pension plan contributions (include section 401(k)	05 045	55,555		,
_	and section 403(b) employer contributions) · · · · ·	35,813	27,576	8,237	
9	Other employee benefits · · · · · · · · · · · · · · · · · · ·	28,412	21,877	6,535	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	16,519	12,720	3,799	
11	Fees for services (non-employees)				
a	Management · · · · · · · · · · · · · · · · · · ·				
ь	Legal	r 000		5 000	
c	Accounting	5,280	<u> </u>	5,280	ļ
d	Lobbying · · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	A. S. Salar . Salar	
e	Professional fundraising services See Part IV, line 17		1964 1 C - 15°		
f	Investment management fees · · · · · · · · · · · · · · · · · ·	2,850	2.050		
g			2,850		
12	Advertising and promotion · · · · · · · · · · · · · · · · · · ·	3,360	3,360	· · · · · · · · · · · · · · · · · · ·	6 100
13	Information technology	6,189			6,189
14	Royalties · · · · · · · · · · · · · · · · · · ·				
15 16	Occupancy · · · · · · · · · · · · · · · · · · ·	63,482	48,881	14,601	<u> </u>
17	Travel · · · · · · · · · · · · · · · · · · ·	29,158	22,452	6,706	
18	Payments of travel or entertainment expenses	25,250	22,432	0,.00	
10	for any federal, state, or local public officials · · · · ·				
19	Conferences, conventions, and meetings · · · · · ·	8,984	6,918	2,066	
20	Interest · · · · · · · · · · · · · · · · · · ·		1		
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •		1		
22	Depreciation, depletion, and amortization • • • • • •	2,337	 	2,337	
23	Insurance · · · · · · · · · · · · · · · · · · ·	3,038		3,038	
24	Other expenses Itemize expenses not covered	14 . 5	52 -32	Barting Bar Mala	186 - 187
	above (List miscellaneous expenses in line 24f If	**			
	line 24f amount exceeds 10% of line 25, column	Era			
	(A) amount, list line 24f expenses on Schedule O)				
а	PRINTING AND POSTAGE	21,377	21,115	262	
b	PROGRAMS & REGRANTS	384,305	384,305		
С	DUES & PUBLICATIONS	11,150	8,585	2,565	
d	MISC NONFEDERAL	12,607	12,607		
е	EQUIPMENT RENT	0			
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	843,238	734,070	102,979	6,189
26	Joint Costs. Check here ☐ If following SOR 08.3 (ASC 058, 730) Complete this line				
	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			<u> </u>	
		EEA			Form 990 (2010)

		- · · · · · · · · · · · · · · · · · · ·			
Part	<u>X </u>	Balance Sheet			(D)
•			(A)		(B)
			Beginning of year	_	End of year
l	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	404,710	1	453,875
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	122,874	2	122,933
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	24.5	4	
- {	5	Receivables from current and former officers, directors, trustees, key	*		
l		employees, and highest compensated employees Complete Part II of	-		<u> </u>
l		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section		ž	
<u> </u>		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			, ,
s		employers and sponsoring organizations of section 501(c)(9) voluntary	307 × -5%	· 16 . 5 .	
s		employees' beneficiary organizations (see instructions)		6	
e t	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use · · · · · · · · · · · · · · · · · · ·		8	
	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or			3.
		other basis Complete Part VI of Schedule D · · · · · 10a 179,830	*^	1	ì
1	b	Less accumulated depreciation · · · · · · · · · · 10b 115,281	66,886	10c	64,54
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	,
İ	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	1,092,299	12	1,015,21
- 1	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · · · · · · · · · · · ·	1,686,769	16	1,656,57
\dashv	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·	122,667	17	132,23
ŀ	18	Grants payable · · · · · · · · · · · · · · · · · · ·	86,994	18	51,37
.	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
-	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
а	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
b	22	Payables to current and former officers, directors, trustees, key	* ,		***
i		employees, highest compensated employees, and disqualified	,		1
i		persons Complete Part II of Schedule L · · · · · · · · · · · · · · · · · ·		22	
t i	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
e		Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
s	24 25	Other liabilities Complete Part X of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	209,661	26	183,60
		Organizations that follow SFAS 117, check here X and			448 . 800 . 87
F		complete lines 27 through 29, and lines 33 and 34.	* · · · · · ·	74	
u	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	1,388,814	27	1,455,18
ŋ	27	Temporarily restricted net assets · · · · · · · · · · · · · · · · · · ·	88,294	28	17,78
ď	28	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •	00,231	29	= -, -, -
В	29	_	, , ,		
a l		Organizations that do not follow SFAS 117, check here ▶ □	,		18. mai 1 1/4
a	00	and complete lines 30 through 34.			***************************************
n	30	Capital stock or trust principal, or current funds		30	
c e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds • • • • • • •	<u> </u>	32	
S	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	1,477,108	33	1,472,96

Both consolidated and separate basis

3a

3b

Form 990 (2010)

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were

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

issued on a separate basis, consolidated basis, or both

Consolidated basis

X Separate basis

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

2010

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

IDAHO HUMANITIES COUNCIL INC

Employer identification number 82-0315902

Pa	rt I	Reason for	Public Charit	/ Status (All organiza	tions mus	t complete	this part) See instr	uctions				
The	orga			use it is (For lines 1 thre									
1		A church, convention	of churches, or a	issociation of churches d	escribed	n section	170(b)(1)	(A)(i).					
2		A school described in	n section 170(b)(1)(A)(ii). (Attach Schedu	le E)								
3		A hospital or a coope	erative hospital se	rvice organization descri	bed in se	ction 170(t	o)(1)(A)(iii	i).					
4	\Box	A medical research of	organization opera	ited in conjunction with a	hospital	described ii	n section	170(b)(1)	(A)(iii). En	ter the hos	pital's n	ame,	
		city, and state											
5		An organization oper	ated for the benef	fit of a college or univers	ty owned	or operated	d by a gov	vernmenta	l unit desc	ribed in			
	_	section 170(b)(1)(A)	(iv). (Complete P	art II)									
6		A federal, state, or lo	cal government o	r governmental unit desc	ribed in s	ection 170	(b)(1)(A)((v).					
7	$\overline{\mathbf{x}}$	An organization that	normally receives	a substantial part of its	support fre	om a gover	nmental u	init or from	the gene	ral public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II)									
8				n 170(b)(1)(A)(vi). (Com	plete Parl	: 11)							
9	Ħ	An organization that	normally receives	(1) more than 33 1/3%	of its sup	oort from co	ontribution	ıs, membe	rship fees	, and gross	i		
				empt functions - subject	-							`	
		support from gross II	nvestment income	and unrelated business	taxable ır	come (less	s section 5	511 tax) fro	om busine:	sses			
		acquired by the orga	nization after June	e 30, 1975 See section	509(a)(2)	. (Complete	e Part III)						
10		An organization orga	inized and operate	ed exclusively to test for	public saf	ety See se	ection 509	9(a)(4).					
11	\sqcap	An organization orga	inized and operate	ed exclusively for the ber	efit of, to	perform the	e function	s of, or to	carry out t	he			
		purposes of one or n	nore publicly supp	orted organizations desc	ribed in s	ection 509((a)(1) or se	ection 509	(a)(2) See	section			
		509(a)(3). Check the	box that describe	es the type of supporting	organızat	on and cor	mplete line	es 11e thro	ough 11h				
		a Type I	b 🔲 Тур	e II c] Type IiI	-Functiona	lly integra	ted	d	Type I	II-Other		
е		By checking this box	, I certify that the	organization is not contri	olled direc	tly or indire	ectly by or	ne or more	disqualifie	ed			
		persons other than f	oundation manage	ers and other than one or	more pul	olicly suppo	orted orga	nizations	described i	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	ceived a written d	letermination from the IR	S that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check	this box	• • • • • • • • • • • • • • • • • • • •		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • •	• • • •	•[
g		Since August 17, 20	06, has the organ	ization accepted any gift	or contrib	ution from	any of the	•					
		following persons?											<u>-</u>
		(i) A person who o	lirectly or indirectly	y controls, either alone o	r together	with perso	ns descrit	bed in (ii)			<u></u>	Yes	No
		and (III) below,	the governing boo	ly of the supported orgar	izatıon?	• • • • •	• • • •	• • • • •	• • • • •	• • • •	11g(i)		
		(ii) A family member	er of a person des	scribed in (i) above?		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(ii)		
		(iii) A 35% controlle	ed entity of a pers	on described in (i) or (ii) a	above? •	• • • • •	• • • • •		• • • • •	• • • • •	11g(iii)		
h		Provide the following	ınformation abou	it the supported organiza	tion(s)								
	(I) (I	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		is the		Amount of	•
		organization		(described on lines 1-9 above or IRC section	٠,٠	sted in your document?	_	nization in of your		tion in col zed in the	S	upport	
				(see instructions))		γ ·		pport?		S?			
					Yes	No	Yes	No	Yes	No			
(A)						Ì							
						1		ļ			<u> </u>		
(B)						1							
			-			ļ			ļ				
(C)]		1		i		
					ļ		ļ	 	ļ				
(D)									Ì				
				1		1		1		[l		
		·					1	+					
(E)													
(E)					» 🎉 -		_	430 /5					

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 II

Part III If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Sec</u>	tion A. Public Support		,				
Caler	ndar 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")	656,840	680,843	677,987	744,624	670,307	3,430,601
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 · · · · · ·	656,840		677,987	744,624	670,307	3,430,601
5	The portion of total contributions by each	••	98 9,67 ~ .	*			
	person (other than a governmental unit or	, , , , ,			, , , , , , , , , , , , , , , , , , ,	*	
	publicly supported organization) included		4.4		* F	* *	
	on line 1 that exceeds 2% of the amount	, ,			,,,		
	shown on line 11, column (f)	1 1 % 4 4 4 4	i. 1944 - +	. 175 4 1	3 - W. S. XX		
6	Public support. Subtract line 5 from In 4	ş, <u>Ş</u> ;	,				3,430,601
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	656,840	680,843	677,987	744,624	670,307	3,430,601
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	202,548		2,177	114,412	(16,537	311,747
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) · · · · · · · · · · · · · · · · · · ·	269					269
11	Total support. Add lines 7 through 10 •	, ,				,	3,742,617
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's firs	t, second, third, fou	ırth, or fifth tax yea	ar as a section 501	(c)(3)	· · · · ▶□
	tion C. Computation of Public Su			- (0)		laal .	01 66 01
14	Public support percentage for 2010 (line 6,		-			 	91.66 %
15	Public support percentage from 2009 Sche					L L	87.64 %
16a							.
	and stop here. The organization qualifies						···· ► X
b	33 1/3% support test - 2009. If the organi						. —
	box and stop here. The organization quali						• • • • • ▶ 📋
17a	10%-facts-and-circumstances test - 201	If the organizate	on did not check a	box on line 13, 16	ia, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa			-			
	organization meets the "facts-and-circums	tances" test The	organızatıon qualifi	es as a publicly su	ipported organizati	on • • • • • •	• • • • ▶ □
b	10%-facts-and-circumstances test - 200	9. If the organizati	on did not check a	box on line 13, 16	6a, 16b, or 17a, and	d line 15 is 10% or	
	more, and if the organization meets the "fa	icts-and-circumsta	inces" test, check t	his box and stop i	here. Explain in Pa	art IV how the	
18	organization meets the "facts-and-circums Private foundation. If the organization did						
	· ·						_

Page 3

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						
	endar 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 bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · ·			``			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • • •						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						
	ction B. Total Support			I			
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·						
IVa	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, fou	rth, or fifth tax year	r as a section 501(c)(3)	▶ □
	ction C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2010 (line 8,					15	%
16	Public support percentage from 2009 Scher			• • • • • • • •		16	%
	ction D. Computation of Investme Investment income percentage for 2010 (lin	nt Income Per	centage	column (ft)		17	%
17 18	Investment income percentage for 2010 (lin					17	
18							
	33 1/3% support tests - 2010. If the organi 17 is not more than 33 1/3%, check this box	x and stop here. T	he organization qu	ualifies as a public	ly supported organ	ization • • • • •	▶ □
	33 1/3% support tests - 2009. If the organi line 18 is not more than 33 1/3%, check this	s box and stop he i	re. The organization	on qualifies as a pu	ublicly supported o	rganization • • •	
20	Private Foundation: If the organization did	i not check a box of	on line 14, 19a, or	19b, check this bo	x and see instructi	ons · · · · ·	• • • • • ▶

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2010

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.

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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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Name	of organization			Employer i	dentification number
IL	AHO HUMANITIES COUNCIL INC			82-031	.5902
Pa	rt I-A Complete if the organi	zation is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization				
2	Political expenditures · · · · · · ·				
3	Volunteer hours				
Pa	rt I-B Complete if the organi	zation is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incur	red by the organization under section 4	955	· · · · · · • *	
2	Enter the amount of any excise tax incur	red by organization managers under se	ection 4955 • • •	• • • • • • • • • • • • • • • • • • •	
3	If the organization incurred a section 495				
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • •	· · 🗌 Yes 📗 No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organi	ization is exempt under section	on 501(c), exc	ept section 501(c)(3).
1	Enter the amount directly expended by the				
	activities · · · · · · · · · · · · · · · · · · ·		• • • • • • • •	· · · · · · • *	
2	Enter the amount of the filing organization	•			
	527 exempt function activities • • • •		• • • • • • • • •	· · · · · · • *	
3	Total exempt function expenditures Add		•		
	line 17b • • • • • • • • • • • • • • • • • • •				
4	Did the filing organization file Form 1120	O-POL for this year? • • • • • • • •	• • • • • • • •	• • • • • • • • • • •	· · _ Yes
5	Enter the names, addresses and employ	er identification number (EIN) of all see	tion 527 political o	organizations to which the	efiling
	organization made payments. For each of	•	•	•	
	the amount of political contributions rece	. , ,	•		
	as a separate segregated fund or a politi	cal action committee (PAC) If addition	al space is needed	d, provide information in F	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)			·		
(2)					-
(3)					
(4)					
(5)					
(6)					

EEA

Sche	dule C (Form 990 or 990-EZ) 2010 IDAHO HUMANIT	IES COUNCIL	INC		82-0315	902 Page 2
Pa	rt II-A . Complete if the organization	is exempt un	der section 50	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
Α	Check $lacktriangle igcap igcap$	an affiliated group	o .			
B	Check 🕨 🔲 if the filing organization checked b	ox A and "limited	control" provisions a	ıpply		
	Limits on Lobb	ying Expenditure	es		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts p	aid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots	s lobbying) • • •			
þ	Total lobbying expenditures to influence a legisla	ative body (direct le	obbying) • • • •			
С	Total lobbying expenditures (add lines 1a and 1b					
d	Other exempt purpose expenditures · · · ·					
е	Total exempt purpose expenditures (add lines 10	and 1d) · · · ·				
f	Lobbying nontaxable amount Enter the amount					
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amou	int is :		- 14
	Not over \$500,000	20% of the an	nount on line 1e			*/*/ / / / / / / / / / / / / / / / / /
	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess		* * *	k v Friday William
	Over \$1,500,000 but not over \$17,000,000	_ -	s 5% of the excess			* * *
	Over \$17,000,000	\$1,000,000	·		i, è.	*** ,
	Grassroots nontaxable amount (enter 25% of line					
h	Subtract line 1g from line 1a If zero or less, ente				,	,
i	Subtract line 1f from line 1c If zero or less, ente					•
i	If there is an amount other than zero on either lir		the organization fil	e Form 4720	L	
•	reporting section 4911 tax for this year?		-			Yes No
	(Some organizations that	made a section 5				
	Lobby	ing Expenditures	During 4-Year Ave	eraging Period	- 	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	, , , , , , , , , , , , , , , , , , ,				
	Total lobbying expenditures			,		
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	(election under section 501(h)).	(a)		(b)		
		Yes	No		Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local		5		r } 16. ·	<u> </u>
	legislation, including any attempt to influence public opinion on a legislative matter or	14.		1.53		
	referendum, through the use of	14	3.			7.
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? • • • • • • • • •		X	\$32°°		
C	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? • • • • • • • • • • • • • • • • • • •		X			
i	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·		Х	ļ		
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·	<u></u>	نشئست			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? • • • • • • • • • • • • • • • • • • •		X	2 350	×¥	* WV 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 • • • • • • • • • • • • • • • • • • •	1 4,		<u> </u>		95.4
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? - · · · · · · · · · · · · · · · · · ·			2*48.	Ą₹ģ, v	*: *
På	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction		
	501(c)(6).				-T	Τ
					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? • • • • • • • • • • • • • • • • • •					+
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? • • • • • • • • • • • • • • • • • • •					<u> </u>
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1	ne 3 i	s an	swer	ed	
_	"Yes." Dues, assessments and similar amounts from members · · · · · · · · · · · · · · · · · · ·			1		
1		• •	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). Current year					
a	Carryover from last year	•	2a 2b			
D	Total · · · · · · · · · · · · · · · · · · ·	•	20 2c			
C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · ·		3	-		
3		• •	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	-		
_	Taxable amount of lobbying and political expenditures (see instructions)		5	+		
5 25°-		-	3			
	rt IV Supplemental Information 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 II-B, line	no 11 A	lien			
	plete this part to provide the descriptions required for Part 1-A, line 1, Part 1-B, line 4, Part 1-B, line 3, and Part 11-B, lin		1130,			
COIII	piete this part for any additional information					
	<u> </u>					

SCHEDULE D (Form 990).

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name	e of the organization	Employer identification number
Į D <i>I</i>	AHO HUMANITIES COUNCIL INC	82-0315902
	organizations Maintaining Donor Advised Funds or Other Similar Fur	
	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 ad	vised
•	funds are the organization's property, subject to the organization's exclusive legal control? • • • •	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can l	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot	
	purpose conferring impermissible private benefit?	
Dai	Int II Conservation Easements. Complete if the organization answered "Yes" to Form 9	
<u>га:</u> 1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		istorically important land area
		rtified historic structure
	Preservation of open space	Times the state of
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a conservation
-	easement on the last day of the tax year	
	cassificity of the last day of the lax your	Held at the End of the Tax Year
а	Total number of conservation easements	
b		
c	Number of conservation easements on a certified historic structure included in (a) · · · · · · ·	
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	20
u	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	L
J	the tax year	the organization daming
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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	
٠	Starr and volunteer hours devoted to monitoring, inspecting, and emorang conservation edeciments	, during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements duri	ng the year
•	S	ng ma you.
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)? • • • • • • • • • • • • • • • • • • •	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expe	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state	
	the organization's accounting for conservation easements	
Pa	ort 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		atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in f	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	•
b		nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	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 final	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	3 1
а	D	> \$
	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
		F 7

Sched	ule D (Form 990) 2010 IDAHO HUMANITIES	COUNCIL	INC			82-0315	902 Page 2
Pa	rt III . Organizations Maintaining	Collections	of Art, Hist	orical Treasures.	or Otl	ner Similar Ass	sets (continued)
3	Using the organization's acquisition, accession,	and other red	ords, check any	of the following that a	re a sign	ificant use of its	
	collection items (check all that apply)						
а	Public exhibition	d [Loan or excha	nge programs			
b	Scholarly research	e	Other				
С	Preservation for future generations		·				
4	Provide a description of the organization's collection	tions and ex	olain how they fu	irther the organization	's exemp	t purpose in	
	Part XIV						
5	During the year, did the organization solicit or re	ceive donation	ns of art, histori	cal treasures, or other	sımılar		
	assets to be sold to raise funds rather than to be	e maintained	as part of the or	ganization's collection?			· Yes No
Pa	ttilV Escrow and Custodial Arrai	aements.	Complete if or	ganization answered "	Yes" to F	orm 990,	
	Part IV, line 9, or reported an amoun	t on Form 99), Part X, line 21				
1a	Is the organization an agent, trustee, custodian				ts not	-	
	included on Form 990, Part X? • • • • • •						· Yes No
b	If "Yes," explain the arrangement in Part XIV an						
-		•	•			Amo	ount
С	Beginning balance				10		
d	Additions during the year • • • • • • • • •				10		
-	Distributions during the year • • • • • • • •				· 1e	-	
f	Ending balance · · · · · · · · · · · · · · · · · · ·				· · 1f		
2a	Did the organization include an amount on Forn					• • • • • • • •	· Yes No
b	If "Yes," explain the arrangement in Part XIV						
	rt V Endowment Funds. Complete	f the organiza	ition answered "	Yes" to Form 990, Par	t IV, line	10	
	Lildownicht ando.					(d) Three years back	(e) Four years back
		(a) Current v	ear i konien	orvear i (C) iwo veai			
1a	Beginning of year balance	(a) Current ye	ar (b) Pn	or year (c) Two year	IS DACK		(c) Tour years back
1a b	Beginning of year balance	(a) Current y	ear (b) Ph	or year (c) Two year	IS UdCK		(e) Four years people
b	Contributions	(a) Current y	ear (b) Ph	or year (c) Two year	IS DACK		
b c	Contributions · · · · · · · · · · · · · · · · · · ·	(a) Current y	ear (b) Ph	c) Two year	IS DACK		
b c d	Contributions · · · · · · · · · · · · · · · · · · ·	(a) Current y	(b) Ph	cy year (c) 1 wo year	IS DACK		
b c	Contributions · · · · · · · · · · · · · · · · · · ·	(a) Current y	ear (b) Ph	(c) Two year	15 Dack		
b c d	Contributions · · · · · · · · · · · · · · · · · · ·	(a) Current y	ear (b) Ph	(c) Two year	15 Dack		
b c d e	Contributions · · · · · · · · · · · · · · · · · · ·	(a) Current y	ear (b) Ph	(c) Two year	15 Dack		
b c d e	Contributions · · · · · · · · · · · · · · · · · · ·			(c) Two year	15 Dack		
b c d e f g	Contributions		eld as	(c) Two year	15 Dack		
b c d e	Contributions	nd balance he	eld as	(c) Two year	SUCA		
b c d e f g 2 a b	Contributions	nd balance he	eld as	(c) Two year	SUCA		
b c d e f g 2 a b c	Contributions	nd balance he	eld as				
b c d e f g 2 a b	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year e Board designated or quasi-endowment Permanent endowment Term endowment M Are there endowment funds not in the possession	nd balance he	eld as				
b c d e f g 2 a b c	Contributions	nd balance he	eld as				Yes No
b c d e f g 2 a b c	Contributions	nd balance he	eld as				Yes No
b c d e f g 2 a b c 3a	Contributions	on of the orga	eld as 6	held and administered			Yes No 3a(i) 3a(ii)
b c d e f g 2 a b c	Contributions	on of the orga	eld as	held and administered			Yes No
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year eleant designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations in Describe in Part XIV the intended uses of the organization in the possession of the organization in the possession organizations in the possession of the organizations in the possession of the organization of the o	on of the orga	eld as	held and administered			Yes No 3a(i) 3a(ii)
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year eleard designated or quasi-endowment Permanent endowment Permanent endowment Mare there endowment funds not in the possession organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations in Describe in Part XIV the intended uses of the ort VI. Land, Buildings, and Equip	on of the organization's ment. See	eld as 6 inization that are ed on Schedule endowment func Form 990, Part	e held and administered R?	d for the		Yes No 3a(i) 3a(ii) 3b
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year eleant designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations in Describe in Part XIV the intended uses of the organization in the possession of the organization in the possession organizations in the possession of the organizations in the possession of the organization of the o	on of the organization's ment. See	eld as 6 inization that are ed on Schedule endowment func Form 990, Part st or other basis	e held and administered R?	d for the	Accumulated	Yes No 3a(i) 3a(ii)
b c d e f g 2 a b c 3a b 4	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year e Board designated or quasi-endowment Permanent endowment Permanent endowment M Are there endowment funds not in the possession organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations in Describe in Part XIV the intended uses of the out of the output of the possession of the possession of the part XIV the intended uses of the output of the possession of the posses	on of the organization's ment. See	eld as 6 inization that are ed on Schedule endowment func Form 990, Part st or other basis nvestment)	held and administered R?	d for the	Accumulated epreciation	Yes No 3a(i) 3a(ii) 3b
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year eleard designated or quasi-endowment Permanent endowment Permanent endowment Mare there endowment funds not in the possession organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations in Describe in Part XIV the intended uses of the ort VI. Land, Buildings, and Equip	on of the organization's ment. See	eld as 6 inization that are ed on Schedule endowment func Form 990, Part st or other basis	R?	d for the	Accumulated	Yes No 3a(i) 3a(ii) 3b (d) Book value

59,575

 (1,666)

64,549

61,241

Page 3

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year r	
(1) Financial derivatives · · · · · · · · · · · · · · · · · ·		<u> </u>	
(2) Closely-held equity interests · · · · · · · · · · · · · ·			
(3) Other			 -
(A) ICF	1,015,215	FMV	
(B)		 	
(C)			
(D)		_	
(E) (F)			
(F) (G)	-		
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,015,215	7-3-8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Marie Carlo
(Coldini (b) Mast equal 1 et m ess; 1 et m; est (b) mie 12 /	ee Form 990, Part X, line 13		3000 300
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year r	
(1)			
(2)			
(3)		L	
(4)		:	
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total (Column (h) must equal Form 990, Part X, col. (B) line 13.)		ar silika asilika	
TOTAL (Column (b) must equal 1 of m 350; 1 at x; 651 (b) mis 10)	15	lar sidha canis-	
	escription		(b) Book value
(1)	escription		(b) Book value
(2)	 		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 19			>
Part X Other Liabilities. See Form 990, Part X, III		T ** ** */ */	X # < 2% / 1/2 · 1
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)			
(3)			
(4) (5)		+	
(6)			
(7)			
(8)			
(9)			
(10)		7	
(11)		1 .	*, 20
Total (Column (h) must equal Form 990, Part X, col. (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)

To Ex No	otal revenue (Form 990, Part VIII, column (A), line 12)	tements	
E:		1	839,095
N	otal expenses (Form 990, Part IX, column (A), line 25)	2	843,238
N ₁	ccess or (deficit) for the year. Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	(4,143
D	et unrealized gains (losses) on investments	4	
	onated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
In	vestment expenses • • • • • • • • • • • • • • • • • •	6	
P	rior period adjustments	7	
	ther (Describe in Part XIV.)	8	
	otal adjustments (net) Add lines 4 through 8	9	
	ccess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(4,143
art)			
	otal revenue, gains, and other support per audited financial statements ••••••••••••••••••••••••••••••••••••	1	839,095
	mounts included on line 1 but not on Form 990, Part VIII, line 12	3. 300	
	et unrealized gains on investments · · · · · · · · · · · · · · · · · · ·		
	onated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
		-	
a O	ther (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
		2e	000 005
	ubtract line 2e from line 1	3	839,095
	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
ьО	ther (Describe in Part XIV) · · · · · · · · · · · · · · · · · 4b		
	dd lines 4a and 4b	4c	
T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	839,095
art 2	KIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
T	otal expenses and losses per audited financial statements	1	843,238
	mounts included on line 1 but not on Form 990, Part IX, line 25	3.5	
a D	onated services and use of facilities · · · · · · · · · · · · · · · 2a		
b P	rior year adjustments · · · · · · · · · · · · · · · · · · ·		
c O	ther losses · · · · · · · · · · · · · · · · · ·	735	
d O	ther (Describe in Part XIV) · · · · · · · · · · · · · · · · 2d	╡	
	dd lines 2a through 2d		
	ubtract line 2e from line 1 · · · · · · · · · · · · · · · · · · ·	3	843,238
	mounts included on Form 990, Part IX, line 25, but not on line 1:		
	vestment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a	1	
	ther (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·	\dashv \downarrow	
	dd lines 4a and 4b		
		4c	042 220
art 2	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) • • • • • • • • • • • • • • • • • • •	5	843,238

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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

Employer identification number

2010

Open to Public

IDAHO HUMANITIES COUNCIL INC	82~0315902
01. Form 990 governing body review (Part VI, line 11)	
GOVERNING BODY REVIEWS THE FORM 990 PRIOR TO FILING.	
02. CEO, executive director, top management comp (Part VI, line 15a)	
THE GOVERNING BOARD HAS THE FINAL DECISION ON COMPENSATION OF THE EXECUTIVE	DIRECTOR AND
KEY EMPLOYEES.	
03. Other officer or key employee compensation (Part VI, line 15b	
GOVERNING BOARD HAS FINAL DECISION ON COMPENSATION OF OFFICERS AND KEY EMPL	OYEES.
04. Governing documents, etc, available to public (Part VI, line 19)	
FINANCIAL STATEMENTS, FORM 990 AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUE	ST.
·····	
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