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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Form **990** (2011)

Department of the Treasury Internal Revenue Service

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

▶The organization may have to use a copy of this return to satisfy state reporting requirements and ending For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization CALIFORNIA COUNCIL FOR THE HUMANITIES Check if applicable Doing Business As Address change 94-2952469 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 312 SUTTER STREET 601 (415) 391-1474 City or town, state or country, and ZIP + 4 Terminated SAN FRANCISCO CA 94108 G Gross receipts \$ 3,105,167 Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Ralph Lewin 312 Sutter Street, San Francisco, CA 94108 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) ) < (insert no ) 4947(a)(1) or Tax-exempt status Website: ▶ www calhum.org H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation M State of legal domicile 1984 CA Part I Summary Briefly describe the organization's mission or most significant activities: The California Council for the Humanities connects Californians to ideas and one another in order to understand our shared Activities & Governance heritage and diverse cultures, inspire civic participation and shape our future. This is accomplished through the CA Documentary Project, the CA Story Fund, and several other programs. 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) . . . Number of independent voting members of the governing body (Part VI, line 1b) . 4 19 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 14 25 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 1.938.186 3.100.117 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 2,994 1,024 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 870 4.026 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1.942.050 3,105,167 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 78,915 989,989 Benefits paid to or for members (Part IX, column (A), line 4). . . 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,072,080 1,207,011 15 Professional fundraising fees (Part IX, column (A), line 11e). 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ **\*\*\*\*\*\*** Other expenses (Part IX, column\_(A), lines\_11a=11d, 11f=24e)-703,910 17 856,895 Total expenses Add lines 13-17 (must equal Part X column (A), line 25) 1,854,905 3.053.895 18 Revenue less expenses Subtract line 18 from line 12 19 87.145 51.272 Assets or Balances **Beginning of Current Year** End of Year 0 JUN 1 8 2012 20 Total assets (Part X, line 16) 1,049,401 1,310,237 21 Total liabilities (Part X, line 26) 218,472 428,036 22 Net assets or fund balances Subtract line-21-from line 20 830,929 882,201 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Type or print name and title Preparer's signature Date Print/Type preparer's name PTIN Check Paid self-employed 6/8/2012 Roberto Izabal **Preparer** Firm's name | > Izabal, Bernaciak & Company Firm's EIN ► 77-0016122 Use Only Firm's address ► One Market, Spear 344, San Francisco, CA 94105 (415) 896-5551 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

OFor Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

other community institutions. Many programs will involve the use of five through-provoking books,

Form 990 (2011) CALIFORNIA COUNCIL FOR THE HUMANITIES

Part IV Checklist of Required Schedules

WI C	Officering of Regulated Contention			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	ļ
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 for which donors	-		<del> </del>
•	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		х
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	'	×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ALCOHOL:
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			
а	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	- 10		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	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		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.	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	<del>                                     </del>	X
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		L

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<del>  ^-</del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	22	<b>&gt;</b>	
04-		23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
	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	24b		
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		蹬	
_	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	20.50	
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			X
_	Schedule L, Part IV	28b		X
С	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_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	230		<u> </u>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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			ļ
	VI	37		х
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	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	'		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del> </del>
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<del></del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<del></del>
74	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: ▶	, <u>, , , , , , , , , , , , , , , , , , </u>	_	
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1 1		
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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>-</u>		<u>-</u> -
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del>,                                    </del>		<del>- ^-</del> -
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		X
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, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			ĺ
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter.			
' а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	ni res, has il nied a roimi /20 to report these payments / If "Ivo," provide an explanation in Schedule O .	14b		1

Part VI

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

18 Enter the number of voting members of the governing body at the end of the tax year.  If there are maternal differences in voting rights among members of the governing body, or if the governing body detection by the committee or in the governing body detection by the committee or ministry or members in the governing body detection by the committee or ministry or members included in line 1a, above, who are independent  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 so to management company or other person?  Did the organization delegate control over management duffee succionarily performed by or under the direct supervision of officers, director, strustees, or key employees to a management company or other person?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, of stockholders?  Did the organization have members, of stockholders?  Did the organization have members, of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization committee with authority to act on behalf of the governing body?  Did the organization contending body?  Each committee with authority to act on behalf of the governing body?  Did the organization have well organization or sever be dead or appoint the year by the following:  The governing body?  Did the organization have well organization seemed the provider of the provider organization organ	<u>Sect</u>	ion A. Governing Body and Management								
if the governing body delegated broad sulthority to an executive committee or similar committee, explain in Schedule O.  De Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fustees, 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 980 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assests?  Did the organization have members a stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A ray of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization become decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  The governing body?  The governing body?  The power policies of the organization have written policies and procedures governing the activates of such chapters, effiliates, and branches to ensure their operations are consistent with the or			14- 40		Yes	No				
filthe governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  b. Enter the number of voling members included in line 1a, above, who are independent.  1b. 19  2	1a		1a 19							
ommittee, explain in Schedule O.  Enter the number of volting members included in line 1a, above, who are independent.  1 b										
b Enter the number of voting members included in line 1a, above, who are independent. 1 19 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization have members or stockholders? 5 S X Did the organization have members or stockholders? 6 X Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization or the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Ba X S Bid the organization or selling address? 7 **Pes**, provide the names and addresses in Schedule O S S X Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code. 9 X Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code. 9 If **Yes**, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 1 In B be to organization's exempt purposes? 1 In B B to organization's exempt purposes? 1 In B B to organization's exempt purposes? 1 In B B B to organization's exempt purposes? 1 In B B B to organization's exempt surpose of the organization's exempt surpose of the orga					``					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  10 Store any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization strustee, or key employee histed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or effiliates?  10 Did the organization have local chapters, branches, or effiliates?  10 Did the organization have local chapters, branches, or effiliates?  10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization branches.  10 Did the organization have a written winter of the process of its governing body before fling the form?  10 Did the organization have a written winter of the process of the termination of the deliber	_		10			Ι.				
any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  9 Section B, Policius (This Section B requests information about policies not required by the Internal Revenue Code)  10 Did the organization have internation about policies not required by the Internal Revenue Code;  10 Did the organization have written policies and procedures governing the activities of such chapters, and by the organization have written policies and procedures governing the activities of such chapters, by 17 Yes, did the organization have written policies and procedures governing the activities of such chapters, by 18 Did have been schedule O the process, if any, used by the organization is exempt purposes?  10 Did the organization have a written ontice and procedures governing the activities of such chapters, by 18 Did the organization have a written operations are consistent with the organization's exempt purposes?  11 Did the organization have a written policies and procedures governing the activities of such chapters, by 18 Did the organization's exempt purposes?  12 Did the organization have a written policies and procedures governing										
3 Did the organization delegate control over management duties customanity performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  3	2		ionsnip with							
supervision of officers, directors, or trustees, or key employees to a management company or other person?.  4	_					<del>  ^-</del>				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 Did the organization have members or stockholders?  10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  11 The governing body?  12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  12 The governing body?  13 Each committee with authority to act on behalf of the governing body?  14 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  14 Is the organization have included a sometic or key employee listed in Part VII, Section A, who cannot be reached at the organization have includes in Fart VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  16 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  16 If "Yes," did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization seems process.  16 If "Yes," did the organization have a written policies and procedures governing the activities of such chapters, and the organization have a written conflict of interest policy? If "No," go to line 13.  15 Did the organization have a writte	3									
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describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Did the organization's CEO, Executive Director, or top management official  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed pavallable for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 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 organization.  A 12c X 14 X 1				12b		<u> </u>				
13	С		' If "Yes,"		.,					
Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Did the organization's CEO, Executive Director, or top management official  Did the officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  The triangle of the organization of the deliberation and decision?  Its 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Will your request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 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 organization.  Karen Rodriguez  (415) 391-1474	4.0					<u> </u>				
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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  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 (Section 501(c)(3)s only) available for public inspection indicate how you made these available Check all that apply.  Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 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 organization  Karen Rodriguez  (415) 391-1474		· · · · · · · · · · · · · · · · · · ·	•							
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  15b		· · · · · · · · · · · · · · · · · · ·		14	X	<u> </u>				
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization	15									
b Other officers or key employees of the organization			ion and decision?		<u></u>					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  12 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Karen Rodriguez (415) 391-1474		· · · · · · · · · · · · · · · · · · ·				<u> </u>				
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed P. CA.  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request.  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  Karen Rodriguez (415) 391-1474	b	· · · · · ·		15b	_X_	<u> </u>				
with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  16b  16b  16c  16c  16c  16c  16c  16c		·		-		ļ				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  16b  16b  16c  17 List the states with which a copy of this Form 990 is required to be filed  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  19 Karen Rodriguez. (415) 391-1474	16a		angement			ال ـــا				
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the organization's exempt status with respect to such arrangements?	b			,						
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ► CA  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website □ X Upon request  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Karen Rodriguez (415) 391-1474			•							
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<ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> </ul> </li> <li>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization</li> <li>Karen Rodriguez</li> <li>(415) 391-1474</li> </ul>										
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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 organization  Karen Rodriguez (415) 391-1474	40		-4							
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Karen Rodriguez (415) 391-1474	19		us, conflict of interest							
organization ► Karen Rodriguez (415) 391-1474	20		aka and ranged f.t.							
	20									
		312 Sutter Street, Suite 601, San Francisco, CA 94108	(+15) 381-14	V. <del>1</del>	<b>-</b>					

Form 990 (2011)	CALIFORNIA COUNCIL FOR THE HUMANITIES	94-2952469	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
·	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 organization's	this table for all persons required to be listed. Report compensation for the calendar year endi s tax year.	ng with or within the	
	of the organization's <mark>current</mark> officers, directors, trustees (whether individuals or organizations) ion Enter -0- in columns (D), (E), and (F) if no compensation was paid	, regardless of amount	
<ul> <li>List the</li> </ul>	of the organization's <b>current</b> key employees, if any See instructions for definition of "key emp organization's five <b>current</b> highest compensated employees (other than an officer, director, tr	rustee, or key employee	e)
who received	reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than	\$100,000 from the	

- organization and any related organizations.

   List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons.

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

				(0	C)					
(A)	(B)	Position (B) (do not check more than one						(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	erson	is both	an	Reportable	Reportable	Estimated
	hours per week					or/truste		compensation from	compensation from related	amount of other
	(describe hours for	T d	Stite	Officer	eye	mpic mpic	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Individual to or director	Ì	~	ļ ģ	st ca	4	(W-2/1099-MISC)	(44-2/1099-141/3C)	organization
	organizations in Schedule	Individual trustee or director	Institutional trust		Key employee	mg				and related organizations
	O)	l e	stee		"	Highest compensated employee				o.ga.,,
						ted				
(1) Curtis F Shepard										
Director	1.00	Х	ļ	L				0	0	0
(2) Chris Abani										
Director	1 00	X	<u> </u>		<u> </u>			0	0	0
(3) Pedro Castillo					ł					
Director	1.00	X	_		<u> </u>	Ii		0	0	0
(4) Bill Deverell										
Director	1 00	X	ļ	<u> </u>	_	<u> </u>		. 0	0	0
(5) Mark Friedman										
Director	1 00	_X_	-	_		<b>  </b>		0	. 0	0
(6) Benjamın T Jealous										
Director	1 00	Х	<b>├</b> —	<u> </u>		<b> </b>		0	0	0
(7) Brooke Kanter										
Director	1 00	Х	<u> </u>	<u> </u>	<u> </u>	$\sqcup$		0	0	0
(8) Bernard Kinsey										
Director	1 00	_X	<u> </u>			<del>  </del>		0	0	0
(9) John Krasznekewicz										
Director	1.00	Х	<u> </u>	<u> </u>	<b> </b>	$\vdash$		0	0	0
(10) John Lescroart				l .					,	
Director	1 00	Х	├	-	<u> </u>	<b>  </b>		0	0	0
(11) Cornelius Moore		.,						_		
Director	1 00	X	₩		<u> </u>		_	0	0	0
(12) Sandra Serrano		.,		}				_		
Director 4 Old William	1 00	_X_	_	_	<u> </u>		_	0	0	0
(13) Maragret Shelleda		.,						_		
Director (44) Part and Malliana	1.00	_ <u>X</u> _			<b>├</b> -	$\vdash$	_	0	0	0
(14) Rodney Wılliams	4 00							_	_	
Director	1 00	_ X						0	0	0

Form 990 (2011)	CALIFORNIA COUNCIL FOR									94-295	
Part VII	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yees	s, a	nd	High	est	Compensated	Employees (co	ntınued)
,	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos eck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) Cynthia Director	J Wornham	1.00	х						0	0	
Board Chair	rrera	2.00	х		x	<u></u>			0	0	C
Board Vice C		2.00	x		X				О	0	C
<b>Board Secret</b>		2 00	х		х				0	0	
Board Treasu		2.00	x		X				0	0	
President/CE		35 00			х				149,749	0	41,223
CFO	Rodriguez	35 00	<u> </u>		x				82,861	0	21,851
						ļ					
			<u></u> .								
1b Sub-tot			L			<u> </u>		•	232,610	0	63,074
-	om continuation sheets to Part VII, and lines 1b and 1c)				<u>.</u>	•		<b>&gt;</b>	232,610		63,074
	add lines 1b and 1c)		listed	d ab	ove 2	e) w	ho re	ceiv	ved more than \$	100,000 of	
	organization list any <b>former</b> officer, die ee on line 1a? <i>If "Yes," complete Sche</i>					уеє	e, or h	ngh	nest compensate	ed 	Yes No
	r individual listed on line 1a, is the sum anization and related organizations gre										4 X
5 Did any	person listed on line 1a receive or accives rendered to the organization? If "									ndıvıdual	5 X
	ndependent Contractors	res, complete	Scrie	uuie	, , ,	101 3	sucii j	JG1.		<del>· · · · · · · · · · · · · · · · · · · </del>	5   ^
1 Comple	ete this table for your five highest composation from the organization. Report of										n's tax
	(A) Name and business add	lress							(B) Description of ser	rvices	(C) Compensation
											(
								L			
								$\vdash$			
								$\vdash$		+	(
	umber of independent contractors (inclinan \$100,000 of compensation from the		nited	to t	hos	e li	sted a		ve) who receive	d	

Part	t VIII	Statement of Revenue		_		
,	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns				
ran	b	Membership dues				
S, E		Fundraising events 0				
ar A	d	Related organizations				
s, G	e	Government grants (contributions) 1e 2,670,217				
Sig		All other contributions, gifts, grants, and				į
he		similar amounts not included above . 1f 429,900				,
풀형	а	Noncash contributions included in lines 1a-1f. \$ 0				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f	3,100,117			
		Business Code				
Program Service Revenue	2a		0			
Se	ь		0		<u>'</u>	
<u>8</u>	C		0			
ē	d		0			
E	е		0			
gra	f	All other program service revenue	0			
F.	q	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	1,024			1,024
	4	Income from investment of tax-exempt bond proceeds	0			1,024
	5	Royalties	0			
		(i) Real (ii) Personal				<del></del>
	6a	Gross rents				
	b	Less rental expenses				1
	С	Rental income or (loss) . 0 0				
	d	Net rental income or (loss)	0		*	
	7a				-	
		assets other than inventory . 0 0				1
	b	Less. cost or other basis				
		and sales expenses 0 0				ı
	С	Gain or (loss) 0 0				i.
	d	Net gain or (loss)	0			
o.						
Other Revenue	8a	<b>3</b>				
) ve		events (not including \$0				1
ď		of contributions reported on line 1c).				į
her		See Part IV, line 18				ŀ
O.		Less: direct expenses b				
		Net income or (loss) from fundraising events .	0			
	9a	Gross income from gaming activities				
		See Part IV, line 19 a 0				
		Less: direct expenses b 0				
		Net income or (loss) from gaming activities .	0	_,,		
	10a	Gross sales of inventory, less				
	١.	returns and allowances a 0				1
		Less: cost of goods sold b 0	<del></del>	~		
	<u> </u>	Net income or (loss) from sales of inventory	0			
	44-	Miscellaneous Revenue Business Code				
		Miscelleous	4,026		<del></del>	4,026
	b		0		-	
	ר כ	All other revenue	0	—		
	a	Total. Add lines 11a–11d	4,026			<del></del>
;	12	Total revenue. See instructions				5.050
		Total revenue. See instructions	3,105,167	, 0	0	5,050

# 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).

	Check if Schedule O contains a response to any	question in this Par	t IX		🔲
	not include amounts reported on lines 6b, 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	- 7			
	organizations in the United States See Part IV, line 21	989,989	989,989		1
2	Grants and other assistance to individuals in the		,		
	United States. See Part IV, line 22	ol			
3	Grants and other assistance to governments,				1
•	organizations, and individuals outside the				İ
	United States. See Part IV, lines 15 and 16	ol			i
4	Benefits paid to or for members	ō			· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	-			
•	trustees, and key employees	295,684	148,196	116,158	31,330
6	Compensation not included above, to disqualified				<u> </u>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol			
7	Other salaries and wages	702,411	409,928	190,127	102,356
8	Pension plan accruals and contributions (include		.55,526	,	.52,550
-	section 401(k) and 403(b) employer contributions)	67,208	38,757	18,860	9,591
9	Other employee benefits	53,662	32,145	13,275	8,242
10	Payroll taxes	88,046	49,552	26,590	11,904
11	Fees for services (non-employees)	00,010	10,002		11,004
''a	Management	o			
b	Legal	0			
0	Accounting	12,955		12,955	<del></del>
d	· · · · ·	0		12,000	
e	Lobbying . Professional fundraising services See Part IV, line 17	0		<del> </del>	
f	Investment management fees	0			
g		313,769	255,001	36,078	22,690
12		0	200,001	30,070	22,090
13	0.55	35,143	16,097	11,587	7,459
14	Information technology	13,121	7,111	4,124	1,886
15	5 "	15,121	7,111	7,127	1,000
16		97,372	58,376	27,243	11,753
17	Occupancy	91,855	72,101	12,653	7,101
18	Payments of travel or entertainment expenses	91,000	72,101	12,000	7,101
10	for any federal, state, or local public officials .	o			
19		54,114	36,229	7,976	9,909
20	Interest	0	30,229	7,970	9,909
21	Payments to affiliates	0	<del></del>		<del></del>
22	Depreciation, depletion, and amortization	12,076	6,789	3,648	1,639
23	Insurance	12,070	0,703	3,040	1,039
24	Other expenses. Itemize expenses not covered	9			
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				i
а		155,572	102,911	19,981	32,680
b	Teamine	0	102,311	13,301	52,000
C	Duckuparintana	42,536	25,080	11,768	5,688
d	Printing & Publications	19,722	10,578	6,312	2,832
e	All other expenses Miscellaneous	8,660	4,592	1,549	2,519
_	Total functional expenses. Add lines 1 through 24e .	3,053,895	2,263,432	520,884	269,579
25 26	Joint costs. Complete this line only if the	3,033,033	2,200,432	320,004	209,579
20	organization reported in column (B) joint costs			İ	
	from a combined educational campaign and			1	
	fundraising solicitation. Check here			1	
	following SOP 98-2 (ASC 958-720)			1	

**Balance Sheet** Part X (A) Beginning of year End of year 1 Cash—non-interest-bearing 2 2 822,256 947.302 Savings and temporary cash investments. 91,761 3 243,060 3 Pledges and grants receivable, net . . . . . 4 100,200 4 88,235 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . 6 Notes and loans receivable, net . . . . . 7 0 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . . 13,666 16,986 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 157,387 10b Less: accumulated depreciation . . 143,999 19,840 **10**c 13,388 b 11 Investments—publicly traded securities . 0 11 0 12 Investments—other securities See Part IV, line 11 ol 12 0 13 Investments—program-related. See Part IV, line 11 . . . ol 13 0 14 Intangible assets . . . . ol 14 0 15 1.678 **15** 1,266 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,049,401 16 1,310,237 Accounts payable and accrued expenses . 86,897 17 17 104,807 18 Grants payable. 104,445 18 245,762 27,130 19 19 77,467 20 Tax-exempt bond liabilities . . . . . . . . . . . . . . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. . . 21 22 Payables to current and former officers, directors, trustees, key -iabilities employees, highest compensated employees, and disqualified 23 Secured mortgages and notes payable to unrelated third parties ... 이 23 0 24 Unsecured notes and loans payable to unrelated third parties . ol 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 0 26 Total liabilities. Add lines 17 through 25. 218.472 26 428.036 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 661,255 27 678,265 28 Temporarily restricted net assets . . . 137,838 28 172,000 29 Permanently restricted net assets . 31,836 29 31,936 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 830,929 33 882,201 Total liabilities and net assets/fund balances . . . . 1,049,401 1.310.237

Form 9	990 (2011) CALIFORNIA COUNCIL FOR THE HUMANITIES	94	1-2952469	Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 l	:	3 105	5,167
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,895
3	Revenue less expenses. Subtract line 2 from line 1	3			1,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<del></del>		),929
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		882	2,201
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
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.		- 🔲	, ,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	)	-	, ,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		'	- '	- 1
	issued on a separate basis, consolidated basis, or both.		ŀ	٠,	
	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				J J
	the Single Audit Act and OMB Circular A-133?		. 3a	Х	
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		3ь	Х	
			Form	990	(2011)

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

**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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶See separate instructions.

Inspection Employer identification number

CALI	FOR	NIA COUNCII	L FOR THE HUI	MANITIES					<u> </u>	94-29	52469		
Par				arity Status (All org						struction	S		
	rgan			ation because it is: (Fo									
1	$\square$	·•		ches, or association o			ed in sec	tion 170(	b)(1)(A)(i	).			
2	$\sqsubseteq$	A school des	cribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sche	edule E.)							
3		A hospital or	a cooperative h	iospital service organi	zation des	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza	ition operated in conju ate:	inction wit	h a hospi	tal descri	bed in <b>se</b>	ction 170	(b)(1)(A)	(iii). En	ter the	
5		An organizat	ion operated for	the benefit of a collect (Complete Part II )	ge or unive	ersity owr	ned or ope	erated by	a govern	mental ur	ut desc	ribed	
6	$\Box$			ernment or governmer	ntal unit de	escribed i	in <b>sectio</b>	170(b)(ʻ	1)(A)(v).				
7	X	An organizat	ion that normall	y receives a substanti (1)(A)(vi). (Complete I	al part of i					or from th	e gener	al pub	lic
8				In section 170(b)(1)(		omplete F	Part II )						
9	H	-						om contril	hutione m	amharch	un faac	and a	roce
3		receipts from support from	An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10		An organizat	ion organized a	nd operated exclusive	ly to test f	or public	safety. Se	ee <b>sectio</b>	n 509(a)(	4).			
11	П	-	-	nd operated exclusive							ry out th	ne	
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type	ı <b>b</b> 🗆	Type II c	Туре	III-Funct	tionally in	tegrated		d $\square$	ype III-	-Other	
е	$\Box$			y that the organization			-	_	by one or	more dis	gualifie	d	
Ŭ	ш			on managers and othe									ion
		•	section 509(a)(2	=					Ū				
f		If the organiz	zation received	a written determination	n from the	IRS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting		
-		_	, check this box							•			
g		Since Augus	t 17, 2006, has	the organization acce	pted any	gift or con	tribution	from any	of the				
		following per										-	
				or indirectly controls,				persons	described	in (ıi)		Yes	No
		•		verning body of the su		rganızatıc	on? .				11g(i)		
				person described in (i		· ·				•	11g(II)		
				y of a person describe					•		11g(iii)		
<u>h</u>				ation about the suppor						1- 45-			
(1)		of supported	(li) EIN	(iii) Type of organization (described on lines 1–9	in col (i) lis			ou notify		ls the tion in col	1	) Amoun support	t OI
	_			above or IRC section	governing	document?		of your		zed in the	1		
				(see instructions))	Yes	No	Yes	No No	Yes	S?	1		
<u>/A\</u>		<del></del> -			162	140	163	100	163	140	<del> </del>		
(A)							1						0
(B)							1		<u> </u>	1			
(_,													0
(C)													0
(D)													0
(E)													0
Tota													0

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)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	2,844,956	2,300,514	1,758,572	1,938,186	3,100,117	11,942,345
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	_		1			0
3	The value of services or facilities				-		
	furnished by a governmental unit to the						
	organization without charge .						0
4	Total. Add lines 1 through 3.	2,844,956	2,300,514	1,758,572	1,938,186	3,100,117	11,942,345
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%	) h					
	of the amount shown on line 11,						
	column (f)	-					
6	Public support. Subtract line 5 from line 4			_			11,942,345
Sect	ion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,844,956	2,300,514	1,758,572	1,938,186	3,100,117	11,942,345
8	Gross income from interest, dividends,		, ,	,	' '		, , , , , , , , , , , , , , , , , , , ,
	payments received on securities loans,	l i			j		
	rents, royalties and income from similar			ļ	}	İ	
	sources	13,529	7,866	256	2,994	1,024	25,669
9	Net income from unrelated business		Í			•	*
	activities, whether or not the business is						
	regularly carried on	1,025	o	ol	870	4,026	5,921
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10						11,973,935
12	Gross receipts from related activities, etc. (s	see instructions	)			12	0
13	First five years. If the Form 990 is for the o	rganızation's fir	st, second, thi	rd, fourth, or fift	th tax year as a	section 501(c	)(3)
	organization, check this box and stop here						▶□
Sect	ion C. Computation of Public Support	Percentage			<del></del>	<del>,</del>	
14	Public support percentage for 2011 (line 6,		ed by line 11.	column (f))	<u>.                                      </u>	14	99 74%
15	Public support percentage from 2010 Scheo					15	99 63%
16a	33 1/3% support test—2011. If the organiz						
	and stop here. The organization qualifies a						
b	33 1/3% support test-2010. If the organiz	ation did not ch	eck a box on li	ine 13 or 16a, a	and line 15 is 3	3 1/3% or more	
	box and stop here. The organization qualifi						
17a	10%-facts-and-circumstances test—2011	. If the organiza	ation did not ch	ieck a box on li			
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac					•	
	organization			· · · · ·	•		▶□
b	10%-facts-and-circumstances test—2010						line
	15 is 10% or more, and if the organization in	•					
	Part IV how the organization meets the "fac					•	-spicin in
	supported organization			-	•	Patricity	▶□
40	Private foundation. If the organization did						· · · •
18	instructions				TO, CHECK (N	is nox and see	<b>▶</b> □
							. 🗩 i l

# 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						
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	· · · · · · · · · · · · · · · · · · ·					0
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						0
c	Add lines 7a and 7b	0	0	0	0	0	<u>0</u>
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	0	o	0	۰ ا	0	0
10a	Gross income from interest, dividends,	_					
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .		<u> </u>			0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ition's first, seco	nd, third, fourth,	or fifth tax year a	is a section 501(	c)(3)	▶ □
Sec	tion C. Computation of Public Support I	Percentage					
15	Public support percentage for 2011 (line 8, column		e 13, column (f))	)		15	0 00%
16	Public support percentage from 2010 Schedule A, I				<del></del>	16	0 00%
Sec	tion D. Computation of Investment Inco						
17 18	Investment income percentage for 2011 (line 10c, of Investment income percentage from 2010 Schedule	e A, Part III, line	17			17 18	0 00% 0.00%
19a	33 1/3% support tests—2011. If the organization of more than 33 1/3%, check this box and stop he	e <b>re</b> . The organiz	ation qualifies as	a publicly supp	orted organizatio	n	▶
b	33 1/3% support tests—2010. If the organization of line 18 is not more than 33 1/3%, check this box an	nd stop here. Th	e organization q	ualifies as a pub	licly supported o	rganization	▶
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	ind see instruction	ons	▶

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

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

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.

Open to Public Inspection

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 35c (Proxy Tax), then

	o organización anomoroa - i	00 to 101111 000, 1 dit 10, 11110 0 (1 10x)	142, 01 1 01111 000	LL, I die V, inic coc (i loxy	rux), tileli
		rganizations Complete Part III			
Nam	e of organization			Employe	er identification number
	IFORNIA COUNCIL FOR		•••		94-2952469
Рa		he organization is exempt und			organization.
1	Provide a description of	the organization's direct and indirect	t political campaig	n activities in Part IV.	
2	Political expenditures .			▶ \$	
3	Volunteer hours				
Do	rt I-B Complete if t	he organization is exempt und	or coation E01/	0)(2)	
1 (1		excise tax incurred by the organizat			
_	•	• •			
2	=	excise tax incurred by organization			
3	<u> </u>	ed a section 4955 tax, did it file Form	•		Yes No
	Was a correction made?				. Yes No
	If "Yes," describe in Part				
	•	he organization is exempt und			(c)(3).
1	•	expended by the filing organization	i for section 527 e	exempt function	
	activities			- +	
2		filing organization's funds contribute			
_		unction activities		- ·	
3	· · · · · ·	penditures Add lines 1 and 2 Enter	here and on Forr	•	0
4		n file Form 1120-POL for this year?			. Yes No
5		ses and employer identification num			
Ŭ	organization made paym	ents For each organization listed, e	enter the amount r	paid from the filing organiz	ration's funds. Also enter
	the amount of political co	ontributions received that were prom	ptly and directly d	elivered to a separate pol	itical organization, such
		d fund or a political action committed			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(,	(2)	(0) =	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
/4\					
(1)	·				oo
(2)					
( <del>-</del> /					0
(3)					
				(	0
(4)				_	
	<del></del>		<del></del>		0
(5)				,	
			<del></del>		0
(6)					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011

JUIN	Saule C (1 Oill1 990 01 990-LZ) 2011						r age =
P	art II-A Complete if the organizate under section 501(h)).	tion is e	xempt	under section 50	)1(c)(3) and filed	Form 5768 (elec	ction
A	Check ▶ if the filing organization name, address, EIN, ex						ip member's
В	Check ▶ If the filing organization						
	Limits on Lo (The term "expenditures"	obbying E	Expendi	itures		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public or	oinion (g	rass roots lobbying	)	,	0
b	Total lobbying expenditures to influence						0
C	Total lobbying expenditures (add lines 1	_				0	0
d	Other exempt purpose expenditures						0
е	Total exempt purpose expenditures (ad-		and 1d	)		0	0
f	Lobbying nontaxable amount Enter the					· · ·	
•	columns			<b>J</b>		o	0
ſ	If the amount on line 1e, column (a) or (b)	is: The	lobbyir	ng nontaxable amou	nt is:		
ŀ	Not over \$500,000			amount on line 1e	<del></del>		
ı	Over \$500,000 but not over \$1,000,000			us 15% of the excess	over \$500,000		
Ī	Over \$1,000,000 but not over \$1,500,000	\$17	5,000 pl	us 10% of the excess	over \$1,000,000		
[	Over \$1,500,000 but not over \$17,000,000	\$22	25,000 pl	us 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,	000,000				
g	Grassroots nontaxable amount (enter 2	5% of line	e 1f)			0	0
h	Subtract line 1g from line 1a. If zero or I	less, ente	r -0-			0	0
i	Subtract line 1f from line 1c. If zero or le	ess, enter	-0-			0	0
j	If there is an amount other than zero on section 4911 tax for this year?	either lin	e 1h or	line 1i, did the orga	nızation file Form 4 	720 reporting	Yes No
	(Some organizations that	t made a	section	g Period Under Se 501(h) election do uctions for lines 2	not have to com		•
	Lobb	ying Exp	enditur	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 20	800	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount			0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))			,	,		0
c	Total lobbying expenditures			0	0	0	0
đ	Grassroots nontaxable amount			0	0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))						0
f	Grassroots lobbying expenditures			0	n	0	0

Par	tiles Complete if the organization is exempt under section 501(c)(3) and has NO1 (election under section 501(h)).	filed	Form	1 5768	<b>,</b>	
For A	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)		(b)	
	e lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local			<del></del>		
	legislation, including any attempt to influence public opinion on a legislative matter or		_ ,			
	referendum, through the use of:					
a	Volunteers?	L.,	X			ţ
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
C	Media advertisements?	<del>   </del>	X			
d	Mailings to members, legislators, or the public?	-X-	<del></del>			5,000
e	Publications, or published or broadcast statements?	<del>  </del>	X			<del></del>
f	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	X	-^-			7,500
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	$\vdash $	${x}$			7,500
i	Other activities?	X	<del>^</del>			4,115
i	Total Add lines 1c through 1i					6,615
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			0,010
ь	If "Yes," enter the amount of any tax incurred under section 4912					لـــــــــــــــــــــــــــــــــــــ
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .					;
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5),	or se	ction		
	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 carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(		<b>:</b>	3		l
	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."				ine 3	, is
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).					
а	Current year	.	2a			
b	Carryover from last year	. [	2b			
С	Total	. [	2c			0
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			0
	V 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, complete this part for any additional information	Part II	-A, and	i Part i	I-B, lı	ne 1
	I-B Line 1i Dues to Federation of State Humanities Councils, a portion of whose efforts on our	<b></b> -			. <b></b>	· • • • • •
beha	f include advocacy, also include employees salaries and benefits. The bulk of staff activity					- <b></b> -
involv	ved attendance of "Humanities on the Hill" an annual event coordinated by the Federation of				· •	·
State	Humanities Councils, to give council statf a chance to connect with congressional					
repre	sentatives in Washington, D.C. This includes all staff time and resources related to this				·	
effort	, including preparation of materials, travel, meeting time etc				·	

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

► See separate instructions. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	FORNIA COUNCIL FOR THE HUMANITIES		94-2952469
Part		or Advised Funds or Other Similar F	unds or Accounts. Complete if
	the organization answered "Yes"	o 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 hel	d in donor advised
	funds are the organization's property, subje		
6	Did the organization inform all grantees, do		
	used only for charitable purposes and not f		
	purpose conferring impermissible private be		
Part	· ·	olete if the organization answered "Yes	
			to i oiiii 990, i ait iv, iiie i
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e g , rec	reation or education) Preservation	n of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribu	ition in the form of a conservation
-	easement on the last day of the tax year.	anon nota a quanto a conservation contribu	Not in the form of a contest attent
	casement on the last day of the lan year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation ea	sements	2b
C	Number of conservation easements on a co		
d	Number of conservation easements include		
u	historic structure listed in the National Regi		ິ   2d
3	Number of conservation easements modified		
•	during the tax year	a, transferred, released, extinguished, or a	ommuted by the organization
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy		on handling of
J	violations, and enforcement of the conserva		Yes No
6	Staff and volunteer hours devoted to monitor		
•		orning, morpooting, and ornoroning correctivation	on outsine during the year
7	Amount of expenses incurred in monitoring	inspecting, and enforcing conservation ea	sements during the year
•	► \$	, moposting, and ornoroning control validit ca	define daming the year
8	Does each conservation easement reporter	d on line 2(d) above satisfy the requirement	ts of section
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization		
	balance sheet, and include, if applicable, the	•	· · · · · · · · · · · · · · · · · · ·
	the organization's accounting for conservat	<del>-</del>	manda datamente trat decenses
Par		ons of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answere		
		<del></del>	
та	If the organization elected, as permitted un	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other s		
	of public service, provide, in Part XIV, the to		
b	If the organization elected, as permitted un	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other s		cation, or research in furtherance
	of public service, provide the following amo	_	<b>.</b> .
	(i) Revenues included in Form 990, Part V		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		
	following amounts required to be reported to		
а	Revenues included in Form 990, Part VIII, I	ine 1	\$
h	Assets included in Form 990, Part X		<b>▶</b> \$

Part	Organizations Maintaining College	ections of Art,	Histori	cal Trea	sures, or C	Other	Similar Assets	contin	ued)	
3	Using the organization's acquisition, acces	sion, and other	records,	check at	ny of the follo	owing t	that are a significa	nt		
	use of its collection items (check all that ag	ply)	_							
а	Public exhibition		d [_]	Loan o	or exchange	progra	ıms			
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's Part XIV.	collections and	explain l	how they	further the o	rganız	ation's exempt pu	rpose ir	1	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							∏ Y€	es 🗀	No
Part								<del></del>	<u> </u>	
urc	IV, line 9, or reported an amount	•		-	ization ansv	*0.00	103 10 1011113	00, i a		
	Is the organization an agent, trustee, custo				ntributions or	other	assets not			
	included on Form 990, Part X?			•				☐ Ye	s 🗀	No
b	If "Yes," explain the arrangement in Part X	V and complete								
	,	·		•			A	mount		
C	Beginning balance					10	С			0
d	Additions during the year			•		10	d_			
е	Distributions during the year			•		10	<del></del>			
f	Ending balance					1	<u>f  </u>			0
2a	Did the organization include an amount on	Form 990, Part	X, line 2	21?				Ye	s X	No
b	If "Yes," explain the arrangement in Part X									
Part			on ansv	vered "Y	es" to Form	<u>1990,</u>	Part IV, line 10			
		Current year	(b) Prior		(c) Two years		(d) Three years back	<del></del>	ur years	back
1a	Beginning of year balance	31,836		30,386	3	0,386	30,286	1		
b	Contributions	100		1,450	***************************************	0	100	<u> </u>		
С	Net investment earnings, gains,					_		]		{
	and losses	73	*	127		0	454			- 1
d	Grants or scholarships		<del></del>		<del></del>	0	C	<del> </del>		i
е	Other expenditures for facilities	73		407			45.4			1
f	and programs		<u> </u>	127		0	454	+		
g	End of year balance	31,936		31,836	3	0,386				<del></del>
2	Provide the estimated percentage of the cu		balance :	<del></del>	_			<u>'l                                     </u>		
a	Board designated or quasi-endowment	<b>→</b>	%	(	00.0 (4), 1	ioia ac	,,			
b	Permanent endowment	100%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss	session of the o	rganızati	on that a	re held and a	admini	stered for the	_		
	organization by·								Yes	No
	(i) unrelated organizations							3a(i)		<u> X</u>
	` '							3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organization							3b		
4	Describe in Part XIV the intended uses of t					<del></del>				
Part		ή		•			<del></del>			
	Description of property	(a) Cost or other (investmen			st or other s (other)		Accumulated depreciation	( <b>d</b> ) Bo	ook value	•
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		157,387		143,999		1:	3,388
<u>e</u>	Other	 	0	/!	0	(-1.)	0			0
lota	. Add lines 1a through 1e. (Column (d) mus	t equal ⊢orm 99	u, Part X	k, column	1 (B), line 10(	<i>c) )</i> .	. •		1	3,388

Part VII	Investments—Other Securitie	es. See Form 990, Part X,	line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial	derivatives	0		
	eld equity interests	0		
(3) Other		0		<u> </u>
		0		
(B)		0		···-
(Ç)		0	-	
(Ď)		0		
(E)		0	<del></del>	
		0	<del></del>	<del></del>
(G)		0		<del></del>
(H)		0		
<del></del>	must equal Form 990, Part X, col. (B) line 12.)	<del>                                     </del>		
Part VIII	Investments—Program Relat	ed. See Form 990 Part X	line 13	
			(c) Method of va	luation
	Description of investment type	(b) Book value	Cost or end-of-year n	
		0	<del>- · · · · · · · · · · · · · · · · · · ·</del>	
(2)		0		
<u>(3)</u> (4)		0		
(5)	<del></del>	o		
(6)		ol		
(7)		o		
(8)		o		
(9)		o		
(10)		0		
Total (Column (b)	must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets. See Form 990,	Part X, line 15		
		a) Description		(b) Book value
(1)				0
(2)				0
(3)				0
(4)				0
(5)				0
<u>(6)</u> (7)				0
(8)				0
(9)				0
(10)				0
	nn (b) must equal Form 990, Part X,	col. (B) line 15.) .		0
Part X	Other Liabilities. See Form 99	90, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		. ,
(1) Federal	income taxes	0		1
(2)		0		
(3)		0		
(4)		0		'
		0		
<u>(6)</u>		0		r 1
		<u> </u>		, ,
(8)				ļ
(10)	<del></del>	<u> </u>		1
(11)		Ö		;
	must equal Form 990, Part X, col (B) line 25)	o		,

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)

Schedule D (Form 990) 2011 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI -Total revenue (Form 990, Part VIII, column (A), line 12) . . . 3,105,167 2 Total expenses (Form 990, Part IX, column (A), line 25) 3,053,895 3 Excess or (deficit) for the year Subtract line 2 from line 1. . . 3 51,272 4 Net unrealized gains (losses) on investments . . . 4 5 5 Donated services and use of facilities . . . . . 6 Investment expenses . . . . . 6 7 7 8 8 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 51,272 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements . . . . 3.105.167 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains on investments . а Donated services and use of facilities . . . 2b b Recoveries of prior year grants 2c C Other (Describe in Part XIV). . . . . . d Add lines 2a through 2d. 2e е 0 Subtract line 2e from line 1 3 3.105.167 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) . . . . 4b b Add lines 4a and 4b . 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,105,167 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 3,053,895 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2a 2b h 2c C Other (Describe in Part XIV) . . 2d Ч Add lines 2a through 2d . . е 2e 0 Subtract line 2e from line 1 3 3.053.895 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) . 4b Add lines 4a and 4b 4c . . . . Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . 3,053,895 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part V Line 4 Earnings are applied towards various programmatic and operational expenses at the discretion of the President and CEO

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

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

Attach to Form 990.

2007 OMB No 1545-0047

Open to Public Inspection

Employer identification number

LO POLITI 390.

94-2952469

CALIFORNIA COUNCIL FOR THE HUMANITIES

Part I General Information on Grants and Assistance

Yes X No Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

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

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1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Butte County Library 1820 Mitchell Street Oroville, CA	94-6000506	Gov	10,000	0	(150)		Califonia Reads
(2) Fullerton Public Library 353 West Commonwealth Ave Ful	33-0451854	Gov	7,500	0			CalifroniaReads
(3) Hayward Public Library 835 C Street Hayward, CA 94541	94-6000346	Gov	8,000	0			Califrona Reads
(4) Riverside Public Library. 5840 Mission Blvd Riverside, CA §	95-1955961	Gov	15,000	0			California Reads
(5) Fresno County Library. 2420 Mariposa St Fresno, CA 937	94-6000512	Gov	14,700	0			California Reads
(6) Friends of San Francisco Publi 391 Grove St San Francisco, CA \$	94-6085452	501(c)(3)	15,000	,			California Reads
(7) Rancho Cucamonga Public Lib 7368 Archbald Ave Rancho Cucar	95-3213002	Gov	000'8	0			Califronia Reads
(8) San Leandro Public Library 300 Estudillo Ave San leandro, CA	94-6000421	Gov	8,300	0			California Reads
(9) Santa Monica Public Library 601 Santa Monica Blvd Santa Mon	95-6000790	Gov	5,185	0			California Reads
(10) Contra Costa County Library 1750 Oak Park Blvd Pleasant Hill,	94-6000509	Gov	15,500	0			California Reads
650 S Main St Corona, CA 92882	95-6000697	Gov	7,500	0			California Reads
(12) Co. of Los Angeles Pub Library 7400 E Imperial Hwy Downey, CA	95-6000927	Gov	12,200	0			California Reads

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) (2011)

(HTA)

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2011) Part III

Schedule I (Form 990) (2011)

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Name of the organization						Employer identification number	cation number
	ANITIES		,			94-2952469	
Part II Continuation of Grants and Other Assistance to G	and Other Ass	sistance to Gove	overnments and Organizations in the United States	ganizations in th	ne United States		
(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
(13) Friends Of Camarillo Library 4101 Las Posas Rd Camarillo, CA 93010	95-3464905	501(c)(3)	10,000	0		:	California Reads
(14) Friends of Chula Vista Library P O Box 393 Chula Vista, CA 91910	23-7362684	501(c)(3)	9,100	0			California Reads
(15) Friends of Library of Eldorado Co. 345 Fair Lane Placervill, CA 95667	94-6127210	501(c)(3)	082'6	0			California Reads
(16) Imperial Free Library. 1125 W Main St El Centro, CA 92243	95-6000924	ΛOÐ	005'2	0			California Reads
(17) Kern County Library 701 Truxton Ave Bakersfield, CA 93301	95-6000925	Gov	15,000	0			California Reads
(18) Lodi Public Library 201 W Locust St Lodi, CA 95240	94-6000361	oS	7,500	0			California Reads
(19) Lompoc Public Library 501 E North Ave Lompoc, CA 93436	95-6000434	AO9	005'2	0			California Reads
(20) Long Beach Public Library 101 Pacific Ave Long Beach, CA 90822	95-6000733	Gov	15,000	0			California Reads
(21) Los Angeles public Library 630 W 5th St Los Angeles, CA 90071	95-6000735	ΛOÐ	15,000	0			Califronia Reads
(22) Mendocino County Library 105 N Main St Ukiah, CA 95482	94-6000520	Gov	10,000	0			California Reads
(23) Monterey County Free Library 188 Seaside Circle Marina, CA 93933	94-6000524	Cov	6,219	0			California Reads
(24) Montery Park Bruggemeyer Library. 318 S Ramona Ave Montery Park, CA 91	95-6000747	Gov	7,500	0			Califronia Reads
(25) Moorpark City Library 699 Moorpark Ave Moorpark, CA 93021	95-3860962	09v	7,500	0			Califronia Reads
(26) Orange County Public Library	91-2159959	۸o၅	15,000	0			California Reads
(27) Riverside Public Library 3581 Mission Ave Riverside, CA 92501	l	,og	09'6	0			Califronia Reads
(28) Sacramento Public Library 8281 I St Sacramento, CA 95814	68-0332244	Gov	15,000	0			California Reads
(29) Co Library of San Bernardino	05 3710726	ילי	15,000	O			California Roads

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Name of the organization	:		:			Employer identification number	ation number
CALIFORNIA COUNCIL FOR THE HUMANITIES	INITIES					94-2952469	•
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	ind Other Ass	istance to Gove	rnments and Or	ganizations in th	e United States		
(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
(30) San Bernardino Public Library. 555 W 6th St San Bernardino, CA 92410	95-6000772	Gov	8,000	0			Califronia Reads
(31) San Diego Co Library 5555 Overland Ave #110 San Diego, CA	95-6000934	Gov	15,000	0			California Reads
(32) San Diego Public Library 820 E St San Diego, CA 92101	33-0959608	Gov	15,000	0			California Reads
(33) Santa Clara Co Library 14600 Winchester Biv Los Gatos, CA 94	35-2345011	Gov	5,330	0			California Reads
(34) Santa Clanta Pub Library 23743 Valencia Biv Santa Clanta, CA 91	95-4133918	Gov	7,500	0			California Reads
(3s) Shasta Public Library 777 Cypress Ave Redding, CA 96001	94-6000401	Gov	7,500	0			California Reads
(36) Stockton San Joaquin Co Pub Libra 605 N El Dorado St Stockton, CA 95202	94-6000436	Gov	15,000	0			California Reads
(37) Sunnyvale Public Library 665 W Olive Ave Sunnyvale, CA 94086	94-6000438	Gov	5,845	0			Califronia Reads
(38) About Productions 45 N Raymond Ave Passadena, CA 9110	95-4192086	501(c)(3)	10,000	0			Special Project
(39) Oakland Asian Cultural Center 388 (th St #290 Oakland, CA 94607	73-1649335	501(c)(3)	10,000	O		:	Special Project
(40) Avenue Studio 131 N Avenue 50 Highland Park, CA 900	54-2088575	501(c)(3)	10,000	0			Special Project
(41) Center for Oral & Pub History P O Box 34080 Fullerton, CA 92834	33-0567945	501(c)(3)	10,000	0			Special Project
(42) Center for Study of Political Graphic 8124 W 3rd St #211 Los Angeles, CA 90	95-4209671	501(c)(3)	10,000	0			Special Project
(43) Chinese Historical Society of Amerid 965 Clay St San Francisco, CA 94108	94-6122446	501(c)(3)	10,000	0		į	Special Project
(44) Circle X Theatre 814 N Fuller Ave Los Angeles, CA 90046	95-4582474	501(c)(3)	10,000	0			Special Project
(4s) Cornerstone Theater Company 708 Traction Ave Los Angeles, CA 90013	95-4493498	501(c)(3)	10,000	0		:	Special Project
(46) Earth Alert Inc P O Box 1210 Port Hueneme, CA 93041	95-3939000	501(c)(3)	9,665	0			Special Project

Continuation Sheet for Schedule I (Form 990)	_
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ANITIES  and Other Assist  (b) EIN  80-0001152  94-2950743  94-2950743  94-3268357  94-3268357  77-0597758  77-0597758  20-4124161  20-4124161  20-4124161  20-4124161  20-4124161	tance to Governments and C (c) IRC section if applicable       (d) Amount of cash grant         501(c)(3)       10,00         501(c)(3)       10,00         501(c)(3)       10,00         501(c)(3)       10,00         501(c)(3)       10,00	and Organizations in the of cash (e) Amount of non-cash assistance (10,000 0 0 10,000 0 0 0 0 0 0 0 0 0 0 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance or ass Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr Special Pr	(h) Purpose of grant or assistance Special Project Special Project
CALIFORNIA COUNCIL FOR THE HUMANITIES           Part II Continuation of Grants and Other Assistance to organization or government or govern	Ince to Governments and applicable grant grant bold (a) Amount of ca applicable grant bold (b) (c) (d) (d) Amount of ca applicable grant bold (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Organizations in the cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance Special Project Special Project
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(61) San Diego U Library. 5500 Campanile Dr San Diego, CA 9218 63-0868418 501(c)(3	501(c)(3) 10,	10,000			Special Project
(ez) Citizen Film, Inc 2180 Bryant St #201 San Francisco, CA 81-0621889 501(c)(3	501(c)(3) 10,	10,000			Special Project
(63) Crafton Hills College 11711 Sand Canyon Rd Yucaipa, CA 92; 95-6002754 Gov		10,000			Special Project

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Name of the organization						Employer identification number	ication number
CALIFORNIA COUNCIL FOR THE HUMANITIES	ANITIES					94-2952469	•
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	and Other Ass	sistance to Gove	rnments and Org	ganizations in the	ne United States		
(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
(64) Estriaa Foundatiom 5301 Adeline St Oakland, CA 94608	27-3639013	501(c)(3)	10,000	0			Special Project
(65) Fresno Art Museum 2233 N First St Fresno, CA 93703	94-1358318	501(c)(3)	10,000	0			Special Project
(66) Friend of Peralta Hacienda Hist Park P O Box 7172 Oakland, CA 94601	94-3317442	501(c)(3)	10,000	0			Special Project
(67) Friend of Eastern Calif Museum P.O. Box 33 Independence, CA 93526	77-0114655	501(c)(3)	10,000	0			Special Project
(68) International Rescue Committee 405 14th St Oakland, CA 94612	13-5660870	501(c)(3)	10,000	0			Special Project
(69) Lodestone Theatre Ensemble 4139 Clayton Ave Los Angeles, CA 9002	91-4760393	501(c)(3)	10,000	0			Special Project
(70) N Columbia Schoolhouse Cultural C 17894 Tyler Foote Rd Nevada City, CA 9	ļ	501(c)(3)	10,000	0			Special Project
(71) West Marin Commons P O Box 127 Point Reves Station, CA 94	48-1271532	501(c)(3)	10.000	0			Special Project
(72) Pacific Islander Health Partneership 12900 Garden Grove Blvd #214A Garden	1	501(c)(3)	10.000	0	i		Special Project
(73) Purple Moon Dance Project 1385 Mission St #340 San Francisco, CA		501(c)(3)	10,000	0			Special Project
(74) Regents UCSD 9500 Gilman Dr La Jolla, CA 92093		501(c)(3)	10,000	0			Special Project
(75) So Cal Library for Social Research 6120 S Vermont Ave Los Angeles, CA 90		501(c)(3)	10,000	0			Special Project
(76) Timber Hertage Association P.O. Box 6399 Eureka, CA 95502		501(c)(3)	10,000	0			Special Project
(77) Umbuntu Green 2614 36th St Sacramento, CA 95817	61-1598725	501(c)(3)	10,000	0			Special Project
(78) The Wende Museum 5741 Buckingham Pky #E Culver City, C.		501(c)(3)	10,000	0			Special Project
(79) CCNMA 727 W 27th St #201 Los Angeles, CA 90	95-3020829	501(c)(3)	40,000	0	:		Special Project
(80) Center for Independent Documentar	04 0720460	501(0)(3)	000 07	C			Opposed Droing

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Name of the organization						Employer identification number	ication number
CALIFORNIA COUNCIL FOR THE HUMANITIES	ANITIES					94-2952469	•
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	and Other Ass	sistance to Gove	rnments and Or	ganizations in th	ne United States		
(a) Name and address of organization or government	(p) 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
(81) International Documentary Assoc 1201 W 5th St #W270 Los Angeles, CA 9	95-3911227	501(c)(3)	30,000	0			Special Project
(82) KCET 4401 Sunset Blvd Los Angeles, CA 9002	95-2211661	501(c)(3)	20,000	0			Special Project
(83) Kovno Communications 2600 10th St #628 Berkeley, CA 94710		501(c)(3)	40,000	0		:	Special Project
(84) Los Angeles Film Forum 143 N Commonwealth Ave #3 Los Angel		501(c)(3)	30,000	0			Special Project
(85) The Moenkopi Group, Inc. 1936 University Ave #355 Berkeley, CA §		501(c)(3)	30,000	0			Special Project
(86) Nortwestern Film Forum 1515 12th Avenue Seattle, WA 98122	91-1702331	501(c)(3)	20,000	0			Special Project
(87) San Francisco Film Society 39 Mesa St #110 The Presidio San France	94-2348632	501(c)(3)	000'29	0			Special Project
(88) UCLA Film & TV Archive 302 E Meintz Hall, Box 4951323 Los Ang	95-6006143	501(c)(3)	20,000	0			Special Project
(89) Visual Communications 120 Judge John Aiso St Los Angeles, CA	23-7108393	501(c)(3)	000'29	0			Special Project
(90) Open Eye Pictures, Inc 2656 Bridgeway #202 Sausalito, CA 9490		501(c)(3)	10,000	0			Special Project
(91) OurLA 2454 Lyric Ave Los Angeles, CA 90027		501()c)(3)	10,000	0			Special Project
(92) Arhoolie Foundation 10341 San Pablo Ave El Cerito, CA 9453	68-0351651	501(c)(3)	10,000	0			Special Project
(93) Catticus Corporation 2600 Tenth St #319 Berkeley, CA 94710	95-3579940	501)c)(3)	17,000	0			Special Project
(94) Advocate for Indigenous Calif 221 Idora Ave Vallejo, CA 94591		501(c)(3)	000'2	0			
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Name of the organization					Employer identification number
CALIFORNIA COUNCIL FOR THE HUMANITIES PART III Continuation of Grants and Ott	er Assistance to	Individuals in the United States	ited States		94-2952469
		(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

CALIFORNIA COUNCIL FOR THE HUMANITIES 94-2952469 **Questions Regarding Compensation** No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a Any related organization? . . 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

Regulations section 53.4958-6(c)?

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Page 2

# CALIFORNIA COUNCIL FOR THE HUMANITIES

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the	listed	individual must equal t	total amount of	n 990, Part VII, S	ection A, line 1a, application	cable column (D) and	(E) amounts for that	ındıvıdual
		(B) Breakdown of W	W-2 and/or 1099-MISC	SC compensation	(C) Retirement and	(D) Nontexable	(F) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection Employer Identification number

94-2952469 CALIFORNIA COUNCIL FOR THE HUMANITIES Form 990, Part III, Line 4d: Program Service Expenses: 617,154, Grants and allocations: 0, Revenue 0 Various humanities programs 0 0 Form 990 Part III Line 4c (Continued) - Searching for Democracy - publishers, and critics Discussions are structured to stimulate thoughtful reflection of, and lively discussion among, friends and neighbors, families and strangers, about the past, present, and future of democracy. Form 990 Part VI Section B Line 11A The draft of the Form 990 is reviewed by the President/CEO and the CFO prior to signing Form 990 Part VI Section B Line 12c The board reviews bylaws including conflict of interest policy annually, as well as with each new incoming board member. All board members who participate in reviewing grant proposals are reminded of the policy. Form 990 Part VI Section B Line 15a&b The compensation for the President/CEO is reviewed by the Executive Committee of the Board of Directors. The committee uses comparable data from the Federation of State Humanities Councils and local sources along with performance, tenure and salary history. Approval of the salary is made by the board of directors. The same procedures are used for salaries of other officers and top management except that the procedures are performed by the the President/CEO. Form 990 Part VI Section C Line 19 The governing documents, conflict of interest policy and financial statements are made available upon request