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## Form 990

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

t black lung

2012

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

Open to Public Inspection

Form 990 (2012

AF	or the	2012 calendar year, or tax year beginning NOV 1, 2012 and el	laing (	CT 31, 2013	
B c	heck if oplicable	C Name of organization		D Employer identific	ation number
	Addres	OREGON COUNCIL FOR THE HUMANITIES			
	Name change	Doing Business As OREGON HUMANITIES		93-07	716419
	]Initial return		oom/suite	E Telephone number	
	Termin ated		02	503-2	241-0543
	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,041,701.
L	Application pendin	PORTLAND, OR 9/205-3114		H(a) is this a group ref	
	penun	F Name and address of principal officer.ADAM DAVIS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
		ompt status: X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1) or	527	If "No," attach a l	ist (see instructions)
		e: > WWW.OREGONHUMANITIES.ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1978 M	State of legal domicile: OR
Pa		Summary	<del></del>		
ė	1	Briefly describe the organization's mission or most significant activities. ${\color{red} { ext{SEE}} \ { ext{S}}}$	CHEDU	LE O	
& Governance					
/ern	_	Check this box  If the organization discontinued its operations or dispose	d of more	i i	
Gov		Number of voting members of the governing body (Part VI, line 1a)		3	14
8 (		Number of independent voting members of the governing body (Part VI, line 1b)		4	14
Activities		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	17
tivi		Total number of volunteers (estimate if necessary)		6	30
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Control stores and greats (Dort VIII line 1h)		Prior Year	Current Year
ī	l	Contributions and grants (Part VIII, line 1h)		1,075,919.	1,010,989.
Revenue	l	Program service revenue (Part VIII, line 2g)		13,551.	16,762.
Re	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,659. 2,326.	5,262.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>—</b>	1,094,455.	8,688. 1,041,701.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		80,728.	85,589.
		Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	03,369.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		639,716.	656,017.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	ļ	0.00	0.00,017.
ben		Total fundraising expenses (Part IX, column (A), line 25) 141, 14	8	•	
ΜX		Other expenses (Part IX, column (A), lines (Fig. 1) 17,249)	<del></del>	441,694.	402,341.
		Total expenses. Add lines 13-17 (must equal Part IX, column)(A), line 25)		1,162,138.	1,143,947.
				-67,683.	-102,246.
es Ses			Re	ginning of Current Year	End of Year
sets	20			791,494.	692,526.
Ass	21	Total liabilities (Part X, line 26) OGD FALL		61,228.	52,719.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		730,266.	639,807.
Pa	irt II	Signature Block			
Unde	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
		A 10		5/5/2019	
Sıgı	n	Signature of officer		Date	
Her		ADAM DAVIS, EXECUTIVE DIRECTOR			
		Type or print name and title		_	
		Print/Type preparer's name Preparer'e signature	,	Date Check	PTIN
Paid	l	YEE LEE LO	<u> </u>	#2814 self-employe	P01294356
Prep	arer	Firm's name GARY MCGEE & CO. LLP		Firm's EIN	
Use	Only	Firm's address 808 S.W. THIRD AVENUE, SUITE 700			
		PORTLAND, OR 97204		Phone no. (!	503) 222-2515
May	the II	RS discuss this return with the preparer shown above? (see instructions)			Yes No

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

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				l
	le the assessment of december 1 and the section 1504(a)(0) or 4047(a)(4) (attended to a provide foundation)(2)	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 12	
3	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			
7	during the tax year? If "Yes," complete Schedule C, Part II	4	х	į
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			ļ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			İ
	If "Yes," complete Schedule D, Part IV	9		X
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	Х	
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	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	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			<b>.</b>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footbote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···		
124	Schedule D, Parts XI and XII	12a	X	
ь	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 and XII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>

			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,	00		х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			<b></b>
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₹.
	Schedule K. If "No", go to line 25	24a	<u>-</u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			•
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			<b></b>
	Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	<u> </u>	
28				-
_	instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
С	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			<del></del>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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		х
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	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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	L	L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 52 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 17 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes." enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 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 as charitable contributions? Х 6a 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N 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? N/ 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A8 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? N/A 9a N/A Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter-10 N/A a initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 N/A a 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 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

Form 990 (2012)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) OREGON COUNCIL FOR THE HUMANITIES 93-0716419 Page 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			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	<u>4</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ا		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	4		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	ļ	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	ļ	X
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?	7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1	
	persons other than the governing body?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			İ
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	The state of the s	12a	X	
b		12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	1
13	Did the organization have a written whistleblower policy?	13	_X	ļ
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	<b> </b>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ļ
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
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	avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation	<b>-</b> _	
	CAROLE SHELLHART - 503-241-0543			
	813 S.W. ALDER STREET, SUITE 702, PORTLAND, OR 97205-3114			

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Posi heck i ss pe	more rson	than is both	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SONA KARENTZ ANDREWS	0.50								_	
DIRECTOR		X						0.	0.	0.
(2) STEPHEN MARC BEAUDOIN	0.50	<b>↓</b>								
DIRECTOR		X	_		<u> </u>			0.	0.	0.
(3) MIRIAM FEUERLE	0.50	<b> </b>						•		_
DIRECTOR		X	_		_			0.	0.	0.
(4) DAVID GUTTERMAN	0.50	<b>-</b>								•
DIRECTOR	0.50	X	├			-		0.	0.	0.
(5) JEREMY KAYE	0.50	٠								•
DIRECTOR	0 50	X	-		<del> </del>	<u> </u>		0.	0.	0.
(6) WIN MCCORMACK	0.50	₩.						0.	0.	0.
DIRECTOR	0.50	X	-		-	-		0.	0.	<u> </u>
(7) ROBERT Z. MELNICK	0.50	X	1					0.	0.	0.
DIRECTOR/PAST CHAIR	0.50	^		├─	-	$\vdash$		0.		
(8) JENNIFER VIVIANO	0.30	x				1		0.	0.	0
DIRECTOR (9) RICH WANDSCHNEIDER	0.50	^		<del>                                     </del>	╁	<del>                                     </del>		•	•	0
DIRECTOR	0.30	x						0.	0.	0
(10) DAVE WEICH	0.50	1	$\vdash$	1						
DIRECTOR	0.00	X			İ			0.	0.	0
(11) JOHN FROHNMAYER	2.00									
CHAIR		$\mathbf{x}$		X				0.	0.	0.
(12) CHRISTINE DUPRES	0.50					Г				
VICE-CHAIR	, ,	X		X				0.	0.	0.
(13) PAUL DUDEN	0.50									
VICE-CHAIR		X		X				0.	0.	0.
(14) BARBARA MAHONEY	0.50									
SECRETARY		X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0 .
(15) ED BATTISTELLA	0.50									
TREASURER		X		X	$oxed{oxed}$			0.	0.	0.
(16) CARA UNGAR	40.00	1								
EXECUTIVE DIRECTOR		$\vdash$	_	X	ऻ	ļ	<u> </u>	75,542.	0.	11,224
(17) ADAM DAVIS	40.00	-							_	
EXECUTIVE DIRECTOR		Щ,		X	<u>L_</u>	<u></u>	<u> </u>	0.	0.	0 . Form <b>990</b> (2012

Form 990 (2012) OREGON CO									93-07	<u> 16</u>	<u>419</u>	Pa	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			((	C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Est	ımate	ed
	hours per	box	, unle	heck ss pe	rson	ıs bot	h an	compensation	compensation	n	am	ount o	of
week officer and a director/tr					or/trus	tee)	from	from related		c	other		
	(list any	Ę			ļ			the	organizations	3	comp	ensa	tion
	hours for	l g		İ	1	<u> </u>		organization	(W-2/1099-MIS	C)	fro	m the	е
hours for related organizations below line)    Delow line   Former   Former line   For								orga	ınızatı	ion			
	organizations	量	盲		9	g _					and	relate	ed
	below	individual trustee or director	Institutional trustee	ja .	Key employee	loyer	틸		;		orgai	nızatı	ons
	line)	횰	턀	Officer	ķ	き	Former						
(18) CAROLE SHELLHART	40.00	1								_			
FINANCE & OP. DIR./INTERIM EXEC. DIR	ļ	├	-	X			<u> </u>	56,041.		0.	4	1,7	<u>34.</u>
		+											
		╁	<del> </del>			-	-						
		1											
		_	<del>                                     </del>			<b>†</b>							
				ļ.,	<u> </u>		_						
					ŀ								
		-	ļ	<u> </u>		ــــ	-						
		-											
		┼	-			$\vdash$	-						
		1											
		1	<del>                                     </del>										
		1											
							[						
						Ļ		404 500					
1b Sub-total .								131,583.		0.	15	5,9	
c Total from continuation sheets to Part V	II, Section A							131,583.		0.	10	5,9	<u>0.</u>
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	at limited to the		Liet	od a	bov	اس ده		<del></del>	000 of reportable		1.5	), Э	<u> 56.</u>
compensation from the organization	iot iiriitea to ti	1056	1151	eu a	DOV	e) w	no r	eceived more than \$100	J,000 of reportable	e			C
Compensation from the organization	· ·										$\neg \neg$	Yes	No
3 Did the organization list any former officer,	director, or tr	uste	e. ke	ev er	olan	ovee	. or	highest compensated e	emplovee on				
line 1a? If "Yes," complete Schedule J for s			•	,	•		•	, , , , , , , ,	1 -3		3	ĺ	Х
4 For any individual listed on line 1a, is the su			omp	ensa	atior	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15									_		4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	tion :	from	any	y uni	relat	ted organization or indiv	ridual for services				
rendered to the organization? If "Yes," com	nplete Schedu	le J i	for s	uch	per	son					5	J	X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	pens	ation fr	om	
the organization. Report compensation for	the calendar y	/ear	end	ıng v	vith	or w	<u>/ithir</u>		year.				
(A) Name and business	address	B.T.	O D T	-				( <b>B)</b> Description of	SADVICAS	_	(C) compen		n
	addiess	14	ON:	<u>Ľ</u>			$\dashv$	Description of	36111063		ompen	341101	-
	•												
									ŀ				
2 Total number of independent contractors (	<del>-</del>	not li	ımıte	ed to		_	stec	d above) who received r	nore than				
\$100,000 of compensation from the organi	zation 🟲					0		<del> </del>	<u></u>			<del></del>	2040

		Check if Schedule O conta	ains a response	to any question i	n this Part VIII			
		5.55			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns	1a					
e a	1	Membership dues	. 1b					
A,C	(	Fundraising events	1c					
를 즐		d Related organizations	1d					
JS,	•	e Government grants (contributi	ons) 1e	794,967.		i		
흔	1	f All other contributions, gifts, grant	s, and					
호美		similar amounts not included abov	/e <b>1f</b>	216,022.				
걸	!	9 Noncash contributions included in lines	1a-1f \$	<u> 1,466</u> .				
<u>8 0</u>	1	h Total. Add lines 1a-1f			1,010,989.			
				Business Code				
Se	2	a <u>REGISTRATION FE</u>	ES	900099	16,762.	16,762.		
ervi Ie		b	<del> </del>				····	
n St ent		c						
ran ?ev	1	d						ļ
Program Service Revenue		e						<u> </u>
Ь		f All other program service rever	nue					
		g Total. Add lines 2a-2f		<b>•</b>	16,762.			
	3	Investment income (including	dividends, inter	est, and	- 0.50			5 050
		other similar amounts)			5,262.			5,262.
	4	Income from investment of tax	e-exempt bond p	proceeds	4 500	4 500		
	5	Royalties		<u> </u>	1,738.	1,738.		
			(ı) Real	(II) Personal				
	6	a Gross rents		-		[		
		b Less: rental expenses						
		c Rental income or (loss)		L				
		d Net rental income or (loss)			-			
	7	a Gross amount from sales of	(ı) Securities	(II) Other	,			
		assets other than inventory		ļ				
		b Less cost or other basis						
		and sales expenses						•
		c Gain or (loss)		L				
		d Net gain or (loss)			-			<u> </u>
e	8	a Gross income from fundraising	,		•			
Ven		including \$	of					
æ		contributions reported on line	•					
Other Reven		Part IV, line 18	a					
ŏ		<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from fund</li></ul>	b Iraieina evente	`L				
		<ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ac</li> </ul>			= =			
	9	Part IV, line 19	a a					
		b Less: direct expenses	b					
		c Net income or (loss) from gam		<b>———</b>				
		a Gross sales of inventory, less						<del> </del>
		and allowances						
		b Less: cost of goods sold	b					
		c Net income or (loss) from sales		<b>•</b>				
		Miscellaneous Revenue		Business Code				
	11	a OTHER INCOME		900099	6,950.			6,950.
		b			2,2230			1,2000
		d All other revenue						
		e Total. Add lines 11a-11d		<b></b>	6,950.			
	12	Total revenue See instructions.		<b>&gt;</b>	1,041,701.	18,500.	0	. 12,212.

Section	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon	se to any question in thi			
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	85,589.	<u>85,589.</u>		<del></del>
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16		<u> </u>		
	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.40.040	0.7.000	05.654	00 000
	trustees, and key employees	148,842.	27,898.	97,651.	23,293.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	205 202	055 540	76 706	62 100
7	Other salaries and wages	395,383.	255,549.	76,726.	63,108.
8	Pension plan accruals and contributions (include	05 310	17 264	2 645	4 200
	section 401(k) and 403(b) employer contributions)	25,319.	17,364.	3,647.	4,308.
9	Other employee benefits	35,557.	20,106.	6,251.	9,200.
10	Payroll taxes	50,916.	21,558.	22,929.	6,429.
11	Fees for services (non-employees):				
	Management .		<del>"</del> "		
	Legal	15 605		15 607	** *
	Accounting	15,627.		15,627.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	110 505	100 064	0 545	6 906
	column (A) amount, list line 11g expenses on Sch O.)	118,505.	102,064.	9,545.	6,896. 150.
12	Advertising and promotion	2,900. 88,565.	2,529. 56,133.	221. 25,708.	6,724.
13	Office expenses	00,303.	36,133.	25,700.	0,124.
14	Information technology				
15	Royalties	61,021.	1,041.	59,980.	<del></del> -
16	Occupancy	78,103.	59,367.	17,452.	1,284.
17	Travel	70,103.		11,432.	1,204.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			· ·	· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings			-	
20	Interest Payments to affiliates				
21	Payments to affiliates	10,170.		10,170.	
22	Depreciation, depletion, and amortization	1,551.		1,551.	
23	Other expenses. Itemize expenses not covered	1,331.		1,331.	
24	above. (List miscellaneous expenses not covered 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 0.)				
а	DUES AND SUBSCRIPTIONS	18,931.	3,475.	14,793.	663.
b	OTHER	6,968.	5,243.	1,048.	677.
c	IND. COST ALLOCATION	0,	101,594.	-120,010.	18,416.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,143,947.	759,510.	243,289.	141,148.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				<u></u>

Form 990 (2012)
Part X Balance Sheet

Par	t X	Balance Sheet			_	· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response to any question in this Pa	ırt X		- 1	(E)
			li .	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		23,078.	1	17,705.
- 1	2	Savings and temporary cash investments		570,693.	2	430,987
	3	Pledges and grants receivable, net		57,106.	3	90,034
ŀ	4	Accounts receivable, net		2,976.	4	3,289
Ì	5	Loans and other receivables from current and former officers, direct	tors,			
	•	trustees, key employees, and highest compensated employees. Co				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as def	fined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	Į.			
		employers and sponsoring organizations of section 501(c)(9) volunt				
		employees' beneficiary organizations (see instr). Complete Part II of			6	
န္တ	7	Notes and loans receivable, net	-		7	
Assets	8	Inventories for sale or use	<u> </u>		8	
۹ ا	9	Prepaid expenses and deferred charges	<u> </u>	14,560.	9	20,447
1	-	Land, buildings, and equipment cost or other	<u> </u>			
	104		78,501.			
	b		53,302.	32,720.	10c	25,199
	11	Investments - publicly traded securities	33,332.		11	
	12	Investments - other securities. See Part IV, line 11	F		12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	F		14	
	15	Other assets. See Part IV, line 11		90,361.	15	104,865
	16	Total assets. Add lines 1 through 15 (must equal line 34)	F	791,494.	16	692,526
	17	Accounts payable and accrued expenses		61,228.	17	52,719
	18	Grants payable	ļ-		18	
	19	Deferred revenue	F		19	
	20	Tax-exempt bond liabilities	Ţ		20	
(A	21	Escrow or custodial account liability. Complete Part IV of Schedule	n	-	21	
Liabilities	22	Loans and other payables to current and former officers, directors,	_			
<u> </u>		key employees, highest compensated employees, and disqualified				
ا ڌ		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>		24	
	25	Other liabilities (including federal income tax, payables to related th	urd			
	20	parties, and other liabilities not included on lines 17-24). Complete I				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		61,228.	26	52,719
		Organizations that follow SFAS 117 (ASC 958), check here ▶	X and			
,		complete lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		637,260.	27	509,822
alar	28	Temporarily restricted net assets	1	69,690.	28	59,735
ĕ	29	Permanently restricted net assets	-	23,316.	$\overline{}$	70,250
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check he	re ▶□ 「			, 2
֡֡֡֡֡֡֡֡֡֡֡֡֡		and complete lines 30 through 34.				
ر ا	30	Capital stock or trust principal, or current funds			30	
ခွဲ့		Paid in or capital surplus, or land, building, or equipment fund	<u> </u>		31	
<u> </u>	31	Retained earnings, endowment, accumulated income, or other fund	1e		32	
و	32 33	Total net assets or fund balances	<b>~</b> `  -	730,266.		639,807
-		rougerial goatia de junio Dalantoa	1	, 50, 400		000,001

Part XI   Reconciliation of Net Assets   Check if Schedule O contains a response to any question in this Part XI		990 (2012) OREGON COUNCIL FOR THE HUMANITIES	93-0	716419	Pag	<sub>le</sub> 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -102, 246. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Conated services and use of facilities 7 Investment expenses 8 Prop period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 11,787. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 Cash 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? 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidat	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -102, 2466.  Net unrealized gains (losses) on investments 5		Check if Schedule O contains a response to any question in this Part XI				<u>X</u>
Column (B))  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XIII  1 Accounting method used to prepare the Form 990	2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	2 3 4 5 6 7 8	1,143 -102 730	3,9,2,2,0 ),2	47. 46. 66.
Check if Schedule O contains a response to any question in this Part XII  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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X	10		40	630	3 8	07
Check if Schedule O contains a response to any question in this Part XIII  Yes No  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.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Begin to be the organization's financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  Separate basis  Accrual Other.  Yes No   Yes No   Accrual Other.  Begin The organization in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit and 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	Pai		101_		,, 0	<u> </u>
Accounting method used to prepare the Form 990		<del></del>				
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?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X		Officer if Schedule O contains a response to any question in this variation			Yes	No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X	1		• O.	-		
separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  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  X Separate basis  Both consolidated and separate basis  Both consolidated and separate basis  Both consolidated and separate basis  2c X  3a X  Sa X		separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a		.,	
consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X	b			2b	<u> </u>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X	c	consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit  Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X		,		2c	<u>X</u>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b X	3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		32	x	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_	•	ured audit	Ja		
of addits, explain why in concedic o and decembe any stope taken to and age deen addite	a		anda addit	3b	$_{\mathbf{x}}$	
		or addition organization of the december any otope taken to analyge cost addition				(2012)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Employer identification number

Name of t	the organizati	on						E	mployer	identificati	on nu	mber	
		OREGON	COUNCIL FOR	THE H	INAMU	TIES			9	3-0716	<u>419</u>		
Part I	Reason	for Public Char	ity Status (Ali organız	ations mu	st complet	e this part	.) See inst	ructions.					
The organ	ization is not a	private foundation	because it is: (For lines 1	through '	_ 11, check (	only one b	ox)						
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)									
з 🔲	A hospital or	a cooperative hospi	tal service organization of	described	ın section	170(b)(1)	A)(iii).						
4			operated in conjunction					(b)(1)(A)(i	ii). Enter t	the hospital	s nam	e,	
· —	city, and stat	-											
5 🔲			benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental un	it describ	ed in			
	-	(b)(1)(A)(iv). (Comple		•	·	_	_						
6 🗀			ent or governmental unit	t describe	d ın sectio	n 170(b)(¹	I)(A)(v).						
7 X	•	•	eives a substantial part					r from the	general	public desc	ribed i	n	
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🗌			ection 170(b)(1)(A)(vi).	(Complete	Part II)								
9 🔲	•		eives. (1) more than 33 1			rom contri	butions, m	embersh	ıp fees, a	nd gross red	eipts	from	
	-	-	nctions - subject to certa										
			axable income (less sect										
		509(a)(2). (Complete											
10 🗀	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See <b>sect</b> io	n 509(a)(4	<b>!).</b>					
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit i	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	f one	or	
	more publicly	supported organiza	ations described in section	on 509(a)(	1) or section	on 509(a)(2	?). See <b>se</b> c	tion 509(	(a)(3). Ch	eck the box	that		
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.							
	a Type	ı <b>ь</b> 🗔 т	ype II c T	ype III - Fu	nctionally i	integrated	d	ı ∐Тур	e III - No	n-functionall	y integ	grated	
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r ındırectiy	by one or	more dis	qualified	persons oth	er tha	n	
	foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 50	9(a)(1) or	section 509	(a)(2).		
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	HI					
		rganization, check th											
g			organization accepted ar									1	
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and	(III) below	I	Yes	No	
	•		upported organization?							11g(i)		-	
		•	n described in (i) above?							11g(ii)			
			person described in (i) o							11g(iii)	<u> </u>	l	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)								
			········	I	<del></del>	1		()	o tho	<u> </u>			
	of supported	(ii) EIN	(iii) Type of organization		organization sted in your			(vi) la organizati	on in col. I	(vii) Amount		netary	
orga	anızatıon		(described on lines 1-9 above or IRC section		document?			(i) organi U.S	zed in the	sup	port		
			(see instructions))	Yes	No	Yes	No	Yes	No				
			<del> </del>	103	110	103	110	100	110				
				ļ									
					<u> </u>	<u> </u>			<del> </del>				
	·				<u> </u>								
				1									
			-	İ		· · · · · · · · · · · · · · · · · · ·							
Total													

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1,019,303,	1,058,075.	1,179,110.	1,075,919.	1,010,989.	5,343,396.			
2	Tax revenues levied for the organ-	,								
	ızatıon's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1,019,303,	1,058,075.	1,179,110,	1,075,919,	1,010,989,	5,343,396,			
5	The portion of total contributions	•	, ,							
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						47,662.			
6	Public support. Subtract line 5 from line 4						5,295,734,			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4	1,019,303,	1,058,075,	1,179,110.	1,075,919.	1,010,989.	5,343,396.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties					-				
	and income from similar sources	6,030.	1,585.	1,015.	2,659.	5,262.	16,551.			
9	Net income from unrelated business		-,							
•	activities, whether or not the					,				
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)					6,950.	6,950.			
11	Total support. Add lines 7 through 10					.,	5,366,897.			
	Gross receipts from related activities,	etc (see instruction	ons)			12	97,062.			
	First five years. If the Form 990 is for	•	•	d. fourth. or fifth ta	ıx vear as a sectio		<u> </u>			
	organization, check this box and stor	-		<u> </u>	,	(-)(-)	ightharpoons			
Se	ction C. Computation of Publ	ic Support Per	rcentage				<u> </u>			
	Public support percentage for 2012 (			olumn (f))		14	98.67 %			
15	Public support percentage from 2011	Schedule A, Part	II, line 14	``'		15	98.78 %			
	33 1/3% support test - 2012. If the c			n line 13, and line	14 is 33 1/3% or n	nore, check this bo				
	stop here. The organization qualifies					,	►X			
b	33 1/3% support test - 2011. If the		-		line 15 is 33 1/3%	or more, check th				
	and stop here. The organization qual	=					▶□			
17:	10% -facts-and-circumstances tes	•		-	13. 16a. or 16b. a	and line 14 is 10%	or more.			
		-					•			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
	10% -facts-and-circumstances tes	•	•		•	17a and line 15 is 1	<b>₽</b> 10% or			
	more, and if the organization meets the	•					.070 01			
	organization meets the "facts-and-circ				•					
10	Private foundation. If the organization		_		-					
_10	rivate roundation, it the organization	ar are not critick a	DUA VITILIO 13, 10	<u>u, 100, 174, 01 171</u>	, GIICGK UIIS DUX 8	and acc manuchons	·			

## Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-	<b>j</b>					
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				İ		
5 The value of services or facilities						
furnished by a governmental unit to			1			
the organization without charge	}					
6 Total. Add lines 1 through 5				1		
7a Amounts included on lines 1, 2, and					=	
3 received from disqualified persons	1	1				
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	<u> </u>					•
amount on line 13 for the year						
c Add lines 7a and 7b	·					
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	l .		1	
<del></del>	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2009	(6) 2010	(4) 2011	(e) 2012	(i) iotai
9 Amounts from line 6 10a Gross income from interest,				<del> </del>		
dividends, payments received on		1				
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						-
c Add lines 10a and 10b					<del> </del>	1
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on				-	<del> </del>	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						<del>                                     </del>
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>				L
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Pub						
15 Public support percentage for 2012			column (f))		15	%
16 Public support percentage from 201			<del></del>	- <del></del>	16	%
Section D. Computation of Inve					<del></del>	
17 Investment income percentage for 2	012 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	<u>%</u>
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2012. If the						17 is not
more than 33 1/3%, check this box a						ightharpoons
b 33 1/3% support tests - 2011. If the						and
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anızatıon qualıfıes	as a publicly sup	ported organization	<b>▶</b> □
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ii	nstructions	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2012 OREGON COUNCIL FOR THE HUMANITIES	93-0716419 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, lin	e 10, Part II, line 17a or 17b,
and Part III, line 12. Also complete this part for any additional information. (See instructions)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME	:
MISCELLANEOUS REVENUES	
2012 AMOUNT: \$ 6,950.	
	····
	···

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

➤ See separate instructions.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

• ;	•	01(c)(4), (5), or (6) organizat	ions Complete Part III.	Tux,, or Torrit ood EL	i, rait v, iiie ood (rroxy r	ax,, alon
	ne of orgai		iono oompioto ( art iii		Emple	oyer identification number
		OREGON	COUNCIL FOR THE	HUMANITIES		93-0716419
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2		expenditures	ation's direct and indirect politica	al campaign activities ir	n Part IV. ▶\$	
Pa	art I-B	Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the		incurred by the organization und		▶\$	
2	Enter the	amount of any excise tax	incurred by organization manage	ers under section 4955	▶\$	
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	a Was a co	prrection made?		·		Yes No
b	If "Yes,"	describe in Part IV				
Pa	art I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 501(	c)(3).
1	Enter the	amount directly expended	by the filing organization for sec	tion 527 exempt funct	ion activities > \$	
2	Enter the	amount of the filing organ	zation's funds contributed to oth	ner organizations for se	ction 527	
	exempt f	unction activities			▶\$	
3	Total exe	empt function expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-POL,		
	line 17b				▶\$	
4	Did the f	ling organization file Form	1120-POL for this year?			Yes No
5	Enter the	names, addresses and er	nployer identification number (Ell	N) of all section 527 pol	litical organizations to whic	h the filing organization
	made pa	yments For each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds Also enter th	e amount of political
			omptly and directly delivered to a		•	te segregated fund or a
	political	action committee (PAC). If	additional space is needed, prov	ide information in Part i	IV.	
		(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
	_					

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedule C (Form 990 or 990 EZ) 2012  Part II-A   Complete if the org	OREGON COUN	CIL FOR THE	HUMANITIES	93-0	716419 Page 2
Part II-A Complete if the org		npt under section	n 50 r(c)(s) and m	ea Form 5706	
A Check In the filing organiza expenses, and share	tion belongs to an affili re of excess lobbying e	xpenditures).		group member's nam	e, address, EIN,
Limi	tion checked box A an ts on Lobbying Expen ditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (g	rass roots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bod	y (dırect lobbyıng)		20,629.	
c Total lobbying expenditures (add li	nes 1a and 1b)			20,629.	
d Other exempt purpose expenditure	es .			982,170.	
e Total exempt purpose expenditure	s (add lines 1c and 1d	)	.	1,002,799.	
f Lobbying nontaxable amount Enter	er the amount from the	following table in both	h columns	<u> 175,280.</u>	
If the amount on line 1e, column (a) o	r (b) is: The lobt	ying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000					
Over \$1,000,000 but not over \$1,5					
Over \$1,500,000 but not over \$17,					
Over \$17,000,000					
				i	
g Grassroots nontaxable amount (er	iter 25% of line 1f)			43,820.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?			_ [.	Yes No
	4-Year Ave ations that made a so lumns below. See the		n do not have to comp		
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	148,922.	172,660.	176,443.	175,280.	673,305.
b Lobbying ceiling amount					1 000 050
(150% of line 2a, column(e))				<del></del>	1,009,958.
c Total lobbying expenditures	9,669.	20,641.	34,349.	20,629.	85,288.
d Grassroots nontaxable amount	37,231.	43,165.	44,111.	43,820.	168,327.
e Grassroots ceiling amount (150% of line 2d, column (e))					252,491.
			1		1

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 OREGON COUNCIL FOR THE HUMANITIES Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? Total, Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

_	200mm, 10=(a)	i i	i
	expenses for which the section 527(f) tax was paid).	<u> </u>	
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	<u> </u>

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

2012
Open to Public Inspection

Name of the organization

OREGON COUNCIL FOR THE HUMANITIES

Employer identification number 93-0716419

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
<b></b>	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		<del></del>
Ü	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	do da	Yes No
Par		ganization answered "Yes" to Form 990. Part	· · · · · · · · · · · · · · · · · · ·
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	<del></del>	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
<b>u</b>	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	
•	year >	,	,
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year > \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990. Part X		<b>▶</b> \$

Sche	dule D (Form 990) 2012 OREGON (	COUNCIL FOR	R THE HUMA	NITIES		93-07	16419 Page 2
Par					Other S	Similar Asset	ts(continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are	a signif	icant use of its	collection items
	(check all that apply)						
а	Public exhibition	d	Loan or excl	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's	exempt	purpose in Part	XIII.
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other si	mılar ass	sets	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes	" to For	m 990, Part IV, I	ine 9, or
	reported an amount on Form 990, Par	t X, line 21.		···			
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets	not incl	uded	
	on Form 990, Part X?					L_	YesNo
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:						
	Amount						
С	Beginning balance				]	1c	
d	Additions during the year				ļ	1d	
е	Distributions during the year				ļ	1e	
f	Ending balance				l	1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				」Yes      No
<u>b</u>	If "Yes," explain the arrangement in Part XIII						
Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" to Fo	rm 990, Part IV, I	ine 10		
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d)	Three years back	(e) Four years back
1a	Beginning of year balance	91,661,	89,388,	90.4	49.	83,940.	86,436.
b	Contributions	46,934.	1,300.				
С	Net investment earnings, gains, and losses	11,787,	4,692.	2,4	52.	9,837.	-861.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	3,917.	3,719,	3.5	13.	3,328.	1,635,
f	Administrative expenses		.,				
g	End of year balance .	146,465.	91,661,	89,3	88.	90,449,	83,940,
2	Provide the estimated percentage of the curi	rent year end balanc	e (line 1g, column (a	a)) held as:			
а	Board designated or quasi-endowment	49.42	_%				
b	Permanent endowment ► 47.96	%					
С	Temporarily restricted endowment ▶	<b>2.62</b> %					
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%					
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	for the c	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b
_4	Describe in Part XIII the intended uses of the			<u> </u>			
Par	t VI   Land, Buildings, and Equipm	<b>ent.</b> See Form 990	, Part X, line 10.				
	Description of property	(a) Cost or of basis (investing	, , ,	or other (other)	( <b>c</b> ) Accu depred	<b>I</b>	(d) Book value
1a	Land .						
b	Buildings						
С	Leasehold improvements		1	0,870.		5,888.	4,982.
d	Equipment		6	7,631.	4	7,414.	20,217.
е							
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10(c).)			25,199.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

	edule D	(Form 990) 2012 OREGON COUNCIL FOR THE HUMA Reconciliation of Revenue per Audited Financial Statemer			0716419 Pag	<u>e 4</u>
1		revenue, gains, and other support per audited financial statements		1	1,072,67	8
2		ints included on line 1 but not on Form 990, Part VIII, line 12:			1,012,01	<u> </u>
		nrealized gains on investments	2a			
	_	ted services and use of facilities	2b 19,190.			
b			2c 15,150.			
C		veries of prior year grants	2d 11,787.			
		(Describe in Part XIII )	20 11,707.	0-	30,97	7
		ines 2a through 2d	•	2e 3	1,041,70	
3		ract line 2e from line 1	•	-3-		<del></del>
4		ints included on Form 990, Part VIII, line 12, but not on line 1	1.			
<b>a</b>		tment expenses not included on Form 990, Part VIII, line 7b	4a			
þ		(Describe in Part XIII.)	4b			^
_		ines 4a and 4b		4c		<u>0.</u>
<u>5</u>		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	nto With Evnences nor	Dotu		<del>_</del> •
	rt XII	1	ints with Expenses per			
1		expenses and losses per audited financial statements		1	1,163,13	<u>/•</u>
2		ints included on line 1 but not on Form 990, Part IX, line 25.	1 10 100			
а		ted services and use of facilities	2a 19,190.			
b	Prior	year adjustments	2b			
С		rlosses	2c			
d	Other	r (Describe in Part XIII.)			10.10	_
е	Add I	ines 2a through 2d		_2e	19,19	
3	Subtr	ract line 2e from line 1		3	1,143,94	<u>7.</u>
4	Amou	unts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	1		
b	Other	r (Describe in Part XIII )	4b			
С	Add I	ines 4a and 4b		4c		<u>o.</u>
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,143,94	<u>7.</u>
Pa	rt XII	Supplemental Information				
X, lın	e 2; Pa	his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to part XI, LINE 4: THE PURPOSE OF THE ENDOWMENT	provide any additional informat		2b; Part V, line 4, Pa	ırt —_
UNI	RESI	TRICTED FINANCIAL SUPPORT TO THE ORGANIZ	ATION.			
PAI	RT X	KI, LINE 2D - OTHER ADJUSTMENTS:				
NE'	T I	NCREASE IN THE BENEFICIAL INTEREST IN AS	SETS HELD BY			
OC:	F				11,78	<u>7.</u>

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047 2012

Open to Public Inspection

Employer identification number

93-0716419

▶ Attach to Form 990.

**2** X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States OREGON COUNCIL FOR THE HUMANITIES General Information on Grants and Assistance criteria used to award the grants or assistance? Part I

Part II   Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recognization and other parts and other transments that recognize the first parts and the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts and the first parts are the first parts are the first parts and the first parts are the first parts and the first parts are th	Governments and	d Organizations in the	United States. Connal space is need	omplete if the orga led.	nization answered "Y	es" to Form 990, Part	v, line 21, tor any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF JACKSON COUNTY 769 SPRING STREET WEDFORD OR 97504-6109	93-0576632	501(C)3	7,500,	0			PROGRAM COSTS
PORTLAND STATE UNIVERSITY P.O. BOX 751	48-1278529	PITRI.IC UNIVERSITY	7 200	0			PROGRAM COSTS
JLTUF 162N	03-1310007	501(0)3	6 400	0			PROGRAM COSTS
FRIENDS OF THE OREGON CAVES P.O. BOX 2195 GRANTS PASS OR 97258-0276	26-2620939	501(C)3	6,000.	0			PROGRAM COSTS
WASHINGTON COUNTY MUSEUM P.O. BOX 3790 HILLSBORO, OR 97123	93-6031454	501(C)3	6,000.	0.			PROGRAM COSTS
Tree to the major of contractions	20 +1000	the instance lies and in the	leted in the line 1 table				
2 Forter total number of section 50 I(C)(3) al			שבים - ישבוני				

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

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

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 93-0716419 Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed OREGON HUMANITIES STAFF, AS TIME AND THEY PART I, LINE 2: THE ORGANIZATION REQUIRES THAT GRANTEE PROJECT FINAL NARRATIVE AND FINANCIAL REPORTS HAVE TO BE SUBMITTED WITHIN 90 DAYS MUST SUBMIT THESE AGREEMENTS TO OREGON HUMANITIES BEFORE THE FIRST DAY OF EVENTS FUNDED BY OREGON HUMANITIES AT LEAST ONE MONTH BEFORE EVENT DATES THE GRANT PERIOD; THEY ALSO MUST SUBMIT EVENT CONFIRMATION FORMS FOR ALL DIRECTORS AND AUTHORIZING OFFICIALS SIGN A PROJECT AGREEMENT VERIFYING THEIR ELIGIBILITY, AND A CERTIFICATION FOR THE USE OF FEDERAL FUNDS. (d) Amount of non-cash assistance TRAVEL ALLOWS, ATTEND GRANT FUNDED EVENTS AROUND THE STATE. OREGON COUNCIL FOR THE HUMANITIES (c) Amount of cash grant (b) Number of recipients OF THE FINAL DAY OF THE GRANT PERIOD. (a) Type of grant or assistance Schedule I (Form 990) (2012) SCHEDULE I, PartIII

232102 12-18-12

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

OREGON COUNCIL FOR THE HUMANITIES

Employer identification number 93-0716419

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OREGON HUMANITIES IS AN INDEPENDENT NONPROFIT ORGANIZATION FORMED IN
1978. OREGON HUMANITIES CONNECTS OREGONIANS TO IDEAS THAT TRANSFORM
LIVES AND COMMUNITIES. THE IMPACT OF THIS WORK IS PROFOUND:
PARTICIPANTS LISTEN, QUESTION, RETHINK, AND CONSIDER MORE DEEPLY AND,
AS A RESULT, ACT FROM A PLACE OF KNOWLEDGE, COMPASSION, CONNECTEDNESS,
AND PERSONAL RESPONSIBILITY.
OREGON HUMANITIES IS AN INDEPENDENT AFFILIATE OF THE NATIONAL ENDOWMENT
FOR THE HUMANITIES (NEH) AND IS SUPPORTED BY GRANTS FROM NEH AND GIFTS
FROM INDIVIDUALS AND FOUNDATIONS THROUGHOUT OREGON.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CONTINUED FROM PAGE 2
OREGON HUMANITIES PARTNERS WITH APPROXIMATELY 22 PUBLIC AND PRIVATE
SCHOOLS ANNUALLY TO OFFER IDEA LAB SUMMER INSTITUTE, A THREE-DAY SUMMER
CAMP ON THE CAMPUS OF THE UNIVERSITY OF PORTLAND. 167 OREGON TEEN
SCHOLARS USE THE HUMANITIES TO CONSIDER THE PURSUIT OF HAPPINESS AND
HOW IT SHAPES OUR CULTURE. IN 2013, TWENTY-FOUR TEACHERS ENGAGED IN
PROFESSIONAL DEVELOPMENT EARNING FORTY-FIVE HOURS OF CONTINUING
EDUCATION CREDIT.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CONTINUED FROM PAGE 2

30

PUBLIC PROGRAMS - THINK & DRINK IS A HAPPY-HOUR SERIES IN PORTLAND THAT

FORM 990, PART VI. SECTION B. LINE 15: THE ORGANIZATION DETERMINES STAFF SALARIES BASED ON COMPARISON INFORMATION PROVIDED BY THE FEDERATION OF STATE HUMANITIES COUNCILS AND LOCAL LIKE SIZED NONPROFIT ORGANIZATIONS. THE EXECUTIVE DIRECTOR REVIEWS SALARIES ANNUALLY FOR ALL STAFF. THE BOARD 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or	990-EZ) (2012)				Page 2
Name of the organization	OREGON COUN	CIL FOR THE	HUMANITIE	S	Employer identification number 93-0716419
REVIEWS THE E	XECUTIVE SAL	ARY ANNUAL	DURING EXE	CUTIVE REVI	EW.
<del></del>					
FORM 990, PAR	T VI, SECTIO	N C, LINE 1	L9: THE ORG	ANIZATION M	AKES ITS
GOVERNING DOC	UMENTS, CONF	LICT OF INT	TEREST POLI	CY, AND FIN	NANCIAL STATEMENTS
AVAILABLE TO	THE PUBLIC U	PON REQUEST	Γ.		
FORM 990, PAF	RT XI, LINE 9	, CHANGES	IN NET ASSE	TS:	
NET INCREASE	IN THE BENEF	CIAL INTER	REST IN ASS	ETS HELD BY	
THE OCF					11,787.
<del></del>					
<del></del>			·-····		
		<del></del>			
_					·····
					······································
					···
		·			

#### Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

ightharpoons

• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
Do not c	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a	a corporation	
required	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	ile Form 88	368 to reques	t an extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated W	ith Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing o	f this form,	
visit www	v.irs gov/efile and click on e-file for Chanties & Nonprofits		•				
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded)			
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I onl	у					▶ □	
	corporations (including 1120-C filers), partnerships, REM ome tax retums.	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
Type or	or Name of exempt organization or other filer, see instructions				Employer identification number (EIN) or		
print							
Ed. S. Ab.	OREGON COUNCIL FOR THE HUMANITIES				93-0716419		
File by the due date for filing your	l l				Social security number (SSN)		
return See	ee 013 B.W. Allbill Birthill, NO. 702					<del></del>	
instructions	PORTLAND, OR 97205-3114	oreign add	ress, see instructions.				
Enter the Return code for the return that this application is for (file a separate application for each return)						0 1	
Applicat	ion	Return	Application	<del>-</del> · · · ·		Return	
Application Is For		Code	Is For				
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
			813 S.W. ALDER STR	тяя	SIITTE 7		
	ooks are in the care of $\triangleright$ PORTLAND, OR 9°		3114				
	none No ► 503-241-0543		FAX No. ▶				
	organization does not have an office or place of business				•	▶ 🗀	
_	is for a Group Return, enter the organization's four digit						
box 🕨	. If it is for part of the group, check this box				ers the exten	sion is for	
1 Ire	equest an automatic 3-month (6 months for a corporation						
JUNE 16, 2014 , to file the exempt organization return for the organization named above. The extension							
IS 1	is for the organization's return for.						
	calendar year or						
•	X tax year beginning NOV 1, 2012	, an	nd ending <u>OCT 31, 2013</u>		<u> </u>		
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period							
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
<u>no</u>	nrefundable credits. See instructions			3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
est	imated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line 3a Include your pa	yment wit	th this form, if required,				
by using EFTPS (Electronic Federal Tax Payment System) See instructions.				3c	\$	0.	
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payme		
	or Privacy Act and Paperwork Reduction Act Notice,			<del></del>		368 (Rev. 1-2013)	