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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning 2012, and ending 20 13 D Employer identification number C Name of organization UTAH HUMANITIES COUNCIL Check if applicable Address change Doing Business As 87-0307076 Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change Initial return **202 WEST 300 NORTH** 801-359-9670 City, town or post office, state, and ZIP code Terminated Amended return **SALT LAKE CITY, UT 84103-1108** G Gross receipts \$ 1,244,602. Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? ☐ Yes ☑ No **KATHY HURST** SAME AS ENTITY H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or 501(c)(3) Tax-exempt status Website: ▶ **WWW.UTAHHUMANITIES ORG** H(c) Group exemption number ▶ Form of organization
☐ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: THE UTAH HUMANITIES COUNCIL PROVIDES LEADERSHIP BY EMPOWERING INDIVIDUALS AND GROUPS TO IMPROVE THEIR COMMUNITIES THROUGH ACTIVE Activities & Governance **ENGAGEMENT IN THE HUMANITIES.** Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 22 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 19 Total number of volunteers (estimate if necessary) 6 110 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h) . 1,110,050 1.242.188. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 2,414. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0. 0. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,112,016. 1,244,602. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 46,216. 64,005 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 506,624. 517,350 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 457,375 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,010,215 19 Revenue less expenses. Subtract line 18 from line 12 101,801 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 1,769,401 2.093,248 21 Total liabilities (Part X, line 26) . 87.282 128,705 Ś Net assets or fund balances. Subtract line 22 1,682,119 1,964,543 Part II Signature Block Under penalties of perjury, I declare that I have examined this and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than of which preparer has any knowledge Sign Executive Directa Here nthia Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Check I If self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2012)				Page 2
Part		atement of Program Service Ac			
			oonse to any question in this Pa	ırt III	
1,		escribe the organization's mission:			
				NDIVIDUALS AND GROUPS TO IMPROVE TH	
	COMMU	NITIES THROUGH ACTIVE ENGAGEM	IENT IN THE HUMANITIES.		
2	Did the	organization undertake any significa	ant program services during the	year which were not listed on the	_
		m 990 or 990-EZ?			 ✓ No
		describe these new services on Sc			
3		organization cease conducting,		how it conducts, any program	
		?		· · · · · · · · ·	✓ No
		describe these changes on Sched			
4				ts three largest program services, as measure	
		expenses, and revenue, if any, for		ort the amount of grants and allocations to	otners,
	the total	expenses, and revenue, it any, for	cach program service reported.		
4a	(Code:) (Expenses \$ 64	8.448 including grants of \$) (Revenue \$ 2,41	4)
	THE UTA	H HUMANITIES COUNCIL AWARDS I	MODEST GRANTS TO NONPROFIT	ORGANIZATIONS FOR PUBLIC HUMANITIES	.2 /
				IETIES, AND CULTURAL AND CIVIC GROUPS	
	PROVIDE	S OPPORTUNITIES FOR LIFELONG	LEARNING IN THE HUMANITIES; A	ND PRESENTS SPECIAL EVENTS, INCLUDIN	G AN
	ANNUAL	BOOK FESTIVAL.			
			••••		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			•••••		
		••••••			
					·
		······			
		••••••			
4c	(Code:) (Expenses \$	including grants of \$	\ (Revenue \$	· · · · · ·
40	(0000) (Expenses #	Including grants of \$	/ (Nevenue ψ	'
		•••••			
			•••••		
					·
4d		ogram services (Describe in Sched			
	(Expens	<u>-</u>	ts of \$) (Revenu	ue\$)	
4e	Total pr	ogram service expenses	649 449		

Part I	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	✓	İ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- -		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		 •
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		· j.,	
	VII, VIII, IX, or X as applicable.			′ . ا
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	✓	1
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	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	Ì
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	,	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
14 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		 •
J	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		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
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		V ✓
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			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	 	1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	 	├ ~
	in the to line and the organization attach a copy of its additional flations to this return?	1 = 00	1	ı

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		✓
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? <i>If "Yes," complete Schedule R, Part I </i>	33		~
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b 36		· ✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		
	Part VI	37		✓
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	✓	
				_

Part V

	Check if Schedule O contains a response to any question in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4.		/
b	If "Yes," enter the name of the foreign country:	4a		 •
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	<u> </u>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u></u>		Ė
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		✓
0				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		ļ
а	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		_	_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			1
_	_			
C 1/12	Did the constitution describe on the second of the second	145		-
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		√
ט	1. 100, has trilled a form 720 to report these payments: If INO, provide an explanation in scriedule O.	14b		

Statements Regarding Other IRS Filings and Tax Compliance

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
	Check if Schedule O contains a response to any question in this Part VI		•	. 🗸
Secti	on A. Governing Body and Management		Yes	1 11-
1a	Enter the number of voting members of the governing body at the end of the tax year		163	No
b 2	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint and or more members, of the governing body?	5 6		√ √
b	one or more members of the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13 14	1	
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?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	-
Secti	on C. Disclosure	ן יטט		
17 18	List the states with which a copy of this Form 990 is required to be filed UT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:	of the)	

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Page	•

Form 990 (2012)

Part VII	Compensation of Officers, I	Directors. Trustees.	Kev Employees.	Highest Compensated E	mplovees, and
سمعسم	•	,	,,,,		,
	Independent Contractors				

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

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

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

Check this boy if parther the organization per any related organization companyated any current officer, director, or tructon

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.
				•	C)					
(A)	(B)	(40 -	a+ a+		ition	e than o		(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from related	
	week (list any hours for	익方	ی	Q	<u>۵</u>	육분	Fo	from the	organizations	other compensation
	related	d five	titu	Officer	ĕ	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		tion	<u> </u>	Key employee	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(W-2/1099-MISC)		organization and related
	line)	`g	al tr) ye	ğ	Ï			organizations
		ĝ	Institutional trustee		-	Highest compensated employee				_
			Φ			řed				
40										
(1) DAVID ALLRED	1 50	,								
DIRECTOR	<u> </u>	/			_	<u> </u>	_	0.	0.	0.
(2) ARCHIE ARCHULETA	1.50					ł				
DIRECTOR	<u> </u>	<u> </u>	ļ		<u> </u>	ļ	<u> </u>	0.	0.	0.
(3) PHILIP BARLOW	1.50							1		
DIRECTOR		✓				ļ		0	0.	0.
(4) NANCY BENTLEY	1.50] .								
DIRECTOR		✓		<u> </u>		<u> </u>		0.	0.	0.
(5) JUDITH BILINGS	1 50	į				1				
DIRECTOR		✓				<u> </u>	_	0.	0.	0.
(6) AMI JO COMEFORD	1.50		1							
DIRECTOR		/				<u> </u>	<u> </u>		0.	0.
(7) MARIAH CUCH	1.50		1							
DIRECTOR	<u> </u>	1	<u> </u>	L				0	0.	0.
(8) EDWIN ESPINEL	1.50]								
DIRECTOR		✓						0	0.	0.
(9) IRENE FISHER	1.50		l							
VICE CHAIR				✓				0.	0.	0.
(10) DAVID GEE	1.50]		1						
DIRECTOR		✓					<u> </u>	0.	0.	0.
(11) JOSEPH HORTON	1.50									
DIRECTOR] ✓						0	O.	0.
(12) KATHY HURST	3.0									
CHAIR	T	1	İ	✓				O.	O.	0.
(13) BOB KING	1.50			П						
DIRECTOR	T	1 ✓		1				0.	0.	0.
(14) PETER KRAUS	1.50		<u> </u>							
DIRECTOR	<u> </u>] ✓]				0.	0.	O.

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	/ees			lighes	st C	ompensated E	mployees (cor	tinue	<u>d)</u>		
	•				•	C)								
	, (A)	(B)	(do n	ot ch		ntion	than c	ne	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportable				
		hours per week (list any		r and	_		or/trust	<u> </u>	compensation from	compensation fro related	m		ount of ther	
		hours for	우悥	ns	Officer	<u>6</u>	૱	Former	the	organizations			ensatro	n
		related	dre	ŧ	Cer	y en	Ples	me.	organization	(W-2/1099-MISC)		m the	
		organizations below dotted	당표	ion	, i	를	Highest compensated employee		[₹] (W-2/1099-MISC)				nizatior related	
		line)	Individual trustee or director	altr		Key employee	ğ						ization	
			i ee	Institutional trustee		"	sense							
				ō	<u> </u>		ē							
(15) M	ADONNE MINER	1.50												
PAST (CHAIR			_	✓	ļ	<u> </u>	ļ	0.		0.			0.
(16) K	REN MORGAN	1.50	_											
DIREC			✓	_		<u> </u>		<u> </u>	0.		0.			0.
	M PASSEY	1.50												
DIREC			/			<u> </u>		<u> </u>	0.		0.			<u>0.</u>
	CKIE THOMPSON	1.50	,											
DIREC			✓	\vdash		<u> </u>		-	0.		0.			<u> </u>
	LVIA TORTI	1.50	/								ا ا			•
DIREC		4.50			_		-	┢	0		0.			<u>0.</u>
	TIMA VERA	1.50	1						0.		0.			0
DIREC		1.50	<u> </u>		_	╁			<u> </u>		0.			
DIREC	RL WUNDERLI	1.50	1						0.		o.			0.
	NRY WURTS	1.50	<u> </u>		 	\vdash		\vdash	ļ	-	<u>"</u>			
	AGENT	1	i		1		ŀ	Ì	0		اه			0.
(23)	AGENT				Ė	 	<u> </u>	╁	 		┰			
129/		 	1			ļ								
(24)	·····				t		<u> </u>		 		1			
3=-17			1											
(25)				1				Ī			1			
3I			1	ļ							1			
1b	Sub-total			•	•			▶	0.		0.	•		0
С	Total from continuation sheets to Part	VII, Section	n A					▶	0.		0.			0.
d	Total (add lines 1b and 1c)							>	0.		0.			0.
2	Total number of individuals (including bu						above	e) w	ho received m	ore than \$100.	000 c	of .		
	reportable compensation from the organ													
													Yes	No
3	Did the organization list any former of						-	emp	ployee, or high	est compens	ated			
	employee on line 1a? If "Yes," complete							•			•	3		✓
4	For any individual listed on line 1a, is the													'
	organization and related organizations	greater th	an \$	150,	,000)? /	f "Ye	·s,"	complete Sch	nedule J for s	uch			,-
	individual			•	•			•		· . · · · .	•	4		✓_
5	Did any person listed on line 1a receive of										dual			ا ا
	for services rendered to the organization	? IT "Yes," (сотр	ete	Sci	nea	uie J	or:	sucn person		•	5		✓
	on B. Independent Contractors	 :					 -				100	200	,	
1	Complete this table for your five highest													.
	compensation from the organization. Re	port compe	insau	on i	Or ti	ne c	alenc	ıar	year ending wi	in or within the	orga	mzan	on s t	ах
	year.							Т	(m)			(0)		
	(A) Name and business add	dress							(B) Description of s	services	C	(C) ompen:		
								I^-						
								T						
	Total number of independent control	ara /imalicali	no b			1:	400	<u></u>	hana liated at	ovol who				
2	Total number of independent contractor received more than \$100,000 of compen							υtl	nose listed ab	ove, who				
				- 54					U					

Part	VIII	Statement of Reven	ue					
		Gheck if Schedule O co	ntains a resp	onse to any ques				
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a		···			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, C Am	С	Fundraising events						
Giff	d	Related organizations		ļ				
ns, simi	е	Government grants (contri		935,270.				
ıtioı er S	f	All other contributions, gifts						
ribu Cth	•	and similar amounts not inclu	<u> </u>	306,918				
onti nd (g	Noncash contributions included						
	h	Total. Add lines 1a-1f	<u> </u>	Business Code	1,242,188.			
une				Business Code				
Program Service Revenue	2a							
	b							
	C							
	d							
ran	e f	All other program service						
č	g	Total. Add lines 2a-2f		•				
	3	Investment income (in						
		and other similar amour	•		2,414.	2,414.		
	4	Income from investment of	of tax-exempt b	ond proceeds				
	5	Royalties		-				
		·	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (lo						
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	C.	Gain or (loss)					·	
	q	Net gain or (loss) .		•				
venue	8a	Gross income from funderents (not including \$						
Other Rever		of contributions reported See Part IV, line 18 .						
ŏ	1	Less: direct expenses		L	-		-	-
		Net income or (loss) fro Gross income from gam See Part IV, line 19 .	ning activities.		:			
	ь	Less: direct expenses		<u> </u>				
	C	Net income or (loss) fro			Ì			-
		Gross sales of inve						
		returns and allowances						
	ь	Less: cost of goods sol		·	i !			
	_ c	Net income or (loss) fro			1			
	_	Miscellaneous Rev		Business Code				
	11a			1	1			1
	b							
	C							
	d	All other revenue .						
	e	Total. Add lines 11a-1	1d	▶				
	12	Total revenue See ins	structions	•	1 244 602	2.412		1

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con			s must complete colu	mn (A).
	Check if Schedule O contains a respon	se to any question i	in this Part IX		
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	56,805.	56,805.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	7,200.	7,200.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	426912	255719	82320	88873
9	Other employee benefits	115716	70701	21865	23150
10	Payroll taxes	30665	16797	6703	7165
11 a	Fees for services (non-employees): Management				
b	Legal				
С	Accounting	24920	2898	22022	0
d	Lobbying	4029	0	4029	0
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14280	968	3290	10022
12	Advertising and promotion				
13	Office expenses	26916	13325	11249	2342
14	Information technology	19438	10678	8760	0
15	Royalties	2.22.2			
16 17	Occupancy	31500	15750	11025	4725
17 18	Travel	29692	22295	3854	3543
19	Conferences, conventions, and meetings .	20973	15943	5030	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1887	943	944	0
23	Insurance	1942	0	1942	0
24	Other expenses. Itemize 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 O.)				
a	Direct Program Expenses	148900	148900	0	0
b	Dues & Publications	12994	6384	5816	794
C	Other Consultants	16585	3142	12246	1197
d	All other expenses				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e				
25 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)	991,354	648,448	201,095	141,811

Form 990 (2012) Page 11 Part X **Balance Sheet** Gheck if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 27,467 31,310. 2 2 Savings and temporary cash investments 1,127,370 1,233,238. 3 401,827. 3 615,640. 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L. 6 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26.274 Less: accumulated depreciation 10b 10c h 20,405 4,678 5,869. 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 207,009 12 207,009. Investments—program-related. See Part IV, line 11. 13 13 14 14 Other assets. See Part IV, line 11 15 15 1,050. 182. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 1,769,401. 2,093,248. 17 Accounts payable and accrued expenses 17 54,491 95,349. 18 18 10,771. 33,356. 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 22,020. 0. 26 Total liabilities. Add lines 17 through 25 26 87,282. 128,705. Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,065,091. 1,175,988. 28 410,019. 28 581,546. 29 207,009. 207,009. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total net assets or fund balances

Total liabilities and net assets/fund balances

31

32

33

34

1,964,543.

2,093,248.

31

32

33

1,682,119.

1.694.878.

Part	XI Reconciliation of Net Assets						
	Gheck if Schedule O contains a response to any question in this Part XI		<u></u>	<u> </u>	✓		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,24	4,602.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		99	1,354.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,682,119.			
5	Net unrealized gains (losses) on investments	5		2	9,176.		
6	Donated services and use of facilities	6			0.		
7	Investment expenses	7					
8	Prior period adjustments	8			0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		1,96	4,543		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		<u> </u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain i	n				
_							
2a	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 compreviewed on a separate basis, consolidated basis, or both:	ollea c	<i>"</i> "		1		
					;		
	Separate basis Consolidated basis Both consolidated and separate basis				- —		
D	Were the organization's financial statements audited by an independent accountant?		. 2b	✓			
	separate basis, consolidated basis, or both:	u on	a				
	Separate basis Consolidated basis Both consolidated and separate basis				1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	oreiah	,,				
Ü	of the audit, review, or compilation of its financial statements and selection of an independent account			/			
	If the organization changed either its oversight process or selection process during the tax year, ex			-			
	Schedule O.	piuii i	''				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :	n				
	the Single Audit Act and OMB Circular A-133?		. 3a	1			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	7				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3b	🗸			
			For	n 990	(2012)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name	of the organization		-					Employer i	dentificatio	n number		
	HUMANITIES COL									307076		
Par			rity Status (All orga				•		nstruction	ons.		
The 6 1 2 3 4	A church, con A school desc A hospital or a A medical resc	vention of churc ribed in section a cooperative ho earch organization	ation because it is: (For hes, or association of 170(b)(1)(A)(ii). (Attact spital service organization operated in conjun-	churches ch Sched ation desc	s describe ule E.) cribed in s	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).		l (iii). Ente	er the	
5	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7	✓ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nıt or fror	n the ge	neral	public
8	☐ A community	trust described i	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ırt II.)						
	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrefer June 30, 1975. See	an 33¹/₃% ions—sul lated bus	of its subject to desiness tax	upport fro certain ex xable inc	come (le	s, and (2) ss sectio) no more	e than 3	31/3%	of its
	An organization	on organized ar one or more pub	operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	e benefit described	t of, to p	perform ion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S		
e f g	 a ☐ Type I b ☐ Type III c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box											
9	following pers		he organization accep	oled ally	girt or co	minoutio	11 110111 6	any Or and	,			
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported of								Yes	No
	(ii) A family m (iii) A 35% cor	ember of a persentrolled entity of	on described in (i) abo a person described in	ove? ı (ı) or (ıı) a	 above? .					11g(ii 11g(ii	i)	
<u>h</u>			on about the support			·				,		
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization is col (i) of your support?		nization in of your			(vii) Amou	int of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)	, -			-								
Total	· · · <u>-</u> -				-							

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 Calendar year (or fiscal year beginning in) ▶ (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 1109949 1169758 1153383 1110050 1242188 5785328. revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 1109949 1169758. 1153383. 1110050 1242188 5785328. The portion of total contributions by person (other governmental unıt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 5785328 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 1109949 1169758. 1153383. 1110050. 1242188. 5785328. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 18118. 13028 4706 1966. 2414 40232. 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.) Total support. Add lines 7 through 10 11 5825560. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 99 31 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 98 77 % 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support						
Calen	dar 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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		ļ				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			-			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<u>-</u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					1	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000				i	1	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					-	
	line 6.)	* *				, ,	
Secti	on B. Total Support			<u>, </u>			
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	İ		ļ			
	activities not included in line 10b, whether or not the business is regularly carried on						
40							
12	Other income. Do not include gain or loss from the sale of capital assets	i		:			
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					> 🗀
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2012 (line		-				<u>%</u>
16	Public support percentage from 2011 Sc			<u></u>		16	<u>%</u>
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2012			-			<u>%</u>
18	Investment income percentage from 201						% and line
19a	331/3% support tests—2012. If the organ 17 is not more than 331/3%, check this box						
L	33 ¹ / ₃ % support tests—2011. If the organization		_	•		-	
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

	form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	motractions).	
		-
		 -
		
		
		
		-
••••		
••••		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

	=	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	inizations: Complete Part III		Employer ider	ntification number
	J				
Part	HUMANITIES COUNCIL Complete if the	e organization is exempt unde	er section 501(c		87-0307076 organization
1		the organization's direct and indire			organization.
2	•		•	•	
3	Volunteer hours				
•					
Part	-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			3
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$)
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
_				•	·
2		filing organization's funds contrib	-		
_		vities			
3		expenditures. Add lines 1 and 2.			
		n file Form 1120-POL for this year		· · · · · · · · · · · · · · · · · · ·	Yes No
4					
5		ses and employer identification nur ents. For each organization listed, o			
		ontributions received that were pro-			
		fund or a political action committee			
	(a) Name	(h) Adduss	(a) FIN	(d) Amount poul from	(-) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
				· · · · · · · · · · · · · · · · · · ·	
(5)					
(6)		<u> </u>			1

_	
Page	2

							r age 2		
	art II-A	Complete if the organizat section 501(h)).							
A	Check	eck ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's							
		name, address, EIN, exp				•			
B	Check	▶ ☐ if the filing organization of			trol" provisions	apply.			
			bbying Expendit		_	(a) Filing	(b) Affiliated		
		(The term "expenditures"		<u> </u>		organization's totals	group totals		
1		I lobbying expenditures to influen							
	b Tota	I lobbying expenditures to influen	ce a legislative bo	ody (direct lobbying	g)				
		I lobbying expenditures (add lines	•						
		er exempt purpose expenditures							
		l exempt purpose expenditures (a							
	f Lobb	oying nontaxable amount. Ente mns.	r the amount to	rom the following	g table in both		<u> </u>		
	If the	amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:				
	Not o	ver \$500,000	20% of the ar	mount on line 1e.					
		\$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.				
		\$1,000,000 but not over \$1,500,000		10% of the excess					
		\$1,500,000 but not over \$17,000,000		5 5% of the excess o	ver \$1,500,000		1		
_		\$17,000,000	\$1,000,000.						
	-	sroots nontaxable amount (enter	•						
		tract line 1g from line 1a. If zero o	•						
		tract line 1f from line 1c. If zero or	•	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		L 5 4700			
	•	ere is an amount other than ze rting section 4911 tax for this ye			the organization		Yes No		
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)								
		Lobbyi	ng Expenditures	During 4-Year A	veraging Period				
	C	alendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2	2a Lobb	oying nontaxable amount							
		oying ceiling amount % of line 2a, column (e))							
	c Tota	l lobbying expenditures							
	d Gras	ssroots nontaxable amount							
		sroots ceiling amount % of line 2d, column (e))							
	f Gras	ssroots lobbying expenditures							
		<u> </u>				Sabadula C /Farra	990 or 990-EZ) 2012		

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	ı	•
For	each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed	(6	a)		(b)	
	ription of the lobbying activity.	Yes	No	А	moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local		-	••••		
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		-			
C	Media advertisements?					
d e	Mailings to members, legislators, or the public?					_
f	Grants to other organizations for lobbying purposes?	-				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	✓				4,029
j	Total. Add lines 1c through 1i		_ :			4,029
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 d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5). d	or se	ction		
	501(c)(6).	, (- <i>i</i>)				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	ļ	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3 Post	Did the organization agree to carry over lobbying and political expenditures from the prior year? . III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."		Part		line	3, is
1 2	Dues, assessments and similar amounts from members	of	1			
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
5	and political expenditure next year?	•	4			
Par	* *	<u> </u>	5			
	elete 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	I-A (af	filiated	arou	D
	art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.		, (3	1-
PART	II-B, LINE 1, LOBBYING ACTIVITIES:					
THE L	TAH HUMANITIES COUNCIL PAID ANNUAL DUES TO THE FEDERATION OF STATE HUMANITIES COUNC	ILS A	ND PA	ID TO	SUPP	ORT
TUC 0	CAICWAL OF A COUNTY WIDE TAY TO CURDOD OUR TUDAL AND DECDEATIONAL ACTIVITIES					
THE P	ENEWAL OF A COUNTY-WIDE TAX TO SUPPORT CULTURAL AND RECREATIONAL ACTIVITIES.				·- -	
						•

	m 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	
	•	
		·····
		·
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number Name of the organization **UTAH HUMANITIES COUNCIL** 87-0307076 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

Page	2

Part	III Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of th	e follow	ring that are a sig	gnificant use of its
а	☐ Public exhibition		d 🔲 Loan	-			
b	Scholarly research		e 🗌 Othei	r 			
С	Preservation for future generations						
4	Provide a description of the organizat	tion's collections a	and explain how t	hey further	the orga	anızatıon's exemp	ot purpose in Part
_	XIII.						
5	During the year, did the organization assets to be sold to raise funds rather						
Part							
rait	line 9, or reported an amoun			jai iizalioi i	aiiswei	ed les loroi	m 990, Fait IV,
1a	Is the organization an agent, trustee,			or contribut	ions or	other assets not	
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following to	able:			
	. ,	·	•			Am	nount
C	Beginning balance				1c		
d	Additions during the year				1d		· · · · · · · · · · · · · · · · · · ·
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amoun						
b Pari	If "Yes," explain the arrangement in Part Endowment Funds. Complete						
rai	Endownient Funds. Comple	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	
1a	Beginning of year balance	207,009.	207,009.	<u> </u>	07,009.	207,009.	130,000.
b	Contributions	207,003.	207,003.		07,003.	207,003.	77,009.
c	Net investment earnings, gains, and						77,000.
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance	207,009.	207,009.		07,009.	<u>207,009.</u>	207,009.
2	Provide the estimated percentage of t Board designated or quasi-endowmer			i, column (a)) neid a	IS:	
a b	Permanent endowment	%	70				
c	Temporarily restricted endowment ▶	· ^{/°}					
_	The percentages in lines 2a, 2b, and 2		0%.				
За	Are there endowment funds not in the			at are held	and adr	ninistered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
b	If "Yes" to 3a(II), are the related organi						3b
4 Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip					 	
Pari	Description of property	(a) Cost or ot		or other basis	(a) A	ccumulated	(d) Book value
	Description of property	(investm		ther)		preciation	(d) Book value
1a	Land				-3 × ×	× 4.	
b	Buildings						
C	Leasehold improvements						
d	Equipment			26,274.		20,405.	5,869.
е	Other	<u>. </u>		1			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9.	90, Part X, columr	n (B), line 10)(c).) .	<u></u> ▶	5,869.

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(;	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financia	derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A) SECU	RITIES AND OTHER INVESTMENTS	207,009.	COST	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)	(1) 15 (200 D 1) 1 (D) 1			
	(b) must equal Form 990, Part X, col (B) line 12)	207,009.	<u> </u>	
Part VIII	Investments - Program Related		I'	-
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
_(1)				
(2)				
_(3)				
_(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
<u>(9)</u> (10)		<u></u> .		
	(b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	ert X. line 15.	<u> </u>	
) Description	(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, co		<u> ▶ </u>	
Part X	Other Liabilities. See Form 990,			
1. (1) Fodorol	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			}	
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25)			
		text of the footnote to the org	l anization's financial statements that reports the org	
liability for un	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of		
		,	· · · · · · · · · · · · · · · · · · ·	· · Ш

Schedu	e D (Form 990) 2012		Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,102,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	261,387
3	Subtract line 2e from line 1	3	840,864
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	403,738
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,244,602
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return	ı
1	Total expenses and losses per audited financial statements	1	991,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	991,354
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	991,354
Part	XIII Supplemental Information		
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to ation. XI, LINE 2d - OTHER		
RESTI	RICTIONS SATISFIED BY PAYMENT		232,211.
REPR	SENTS NET ASSETS RELEASED FROM RESTRICTIONS.		
	^		
PART	XI, LINE 4b - OTHER		

REPRESENTS TEMPORARILY RESTRICTED CONTRIBUTIONS.

TEMPORARILY RESTRICTED CONTRIBUTIONS

Scriedule D (Fo	m 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
	•	
·		
	•••••	
	·	
	•	
••••		
	•••••••••••••••••••••••••••••••••••••••	

••••••		
		••••••

SCHEDULE I (Form 990)

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

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

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

Name of the organization					-		Employer identifica	tion number
UTAH HUMANITIES COUNCIL							87-030	07076
Part I General Information								
Does the organization main			unt of the grants o	r assistance, the (grantees' eligibility fo	or the grants or a		_
the selection criteria used t	-			•	•		🗹	Yes □ No
2 Describe in Part IV the orga								
Part II Grants and Other A					ated if additional			s" to Form 990,
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 non-cash assist		rurpose of grant rassistance
(1)								
(2)								
(3)				1,31-,				
(4)			1					
(5)								-u.e
(6)								
(7)		-						
(8)		-				 		
(9)								
(10)								
(11)			-					
(12)				_				
2 Enter total number of secti				line 1 table	•		<u> </u>	
3 Enter total number of other For Paperwork Reduction Act Notice			e	(Cat No 50055P	•	Sched	ule I (Form 990) (2012

Grants and Other Assistance Part III can be duplicated if add			mplete if the organiz	zation answered "Yes" to	Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistan

Supplemental Information, Co.	omplete this part to pro-	vide the informati	on required in Part I	, line 2, Part III, column (b)	and any other additional
information.					,,
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED
Information. ARE SET UP AS PAYABLES ONCE A GR	REANTEE HAS RETURNED	A SIGNED GRANT A	AGREEMENT, A PAYME	NT OF UP TO 90% OF THE GR	ANT MAY BE REQUESTED

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization **UTAH HUMANITIES COUNCIL** 87-0307076

FORM 990, PART VI, SECTION B, LINE 11: THE UHC AUDIT AND INVESTMENT COMMITTEE REVIEWS THE ENTIRE FORM 990 AND
REPORTS TO THE FULL BOARD OF DIRECTORS ANY ITEMS THEY RECOMMEND FOR DISCUSSION.
FORM 990, PART VI, SECTION B, LINE 12C: UHC REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH
THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS SIGN A PLEDGE TO ABIDE BY THE POLICY, AND CONFLICTS ARE IDENTIFIED
PRIOR TO EVERY GRANT REVIEW SESSION AND ANY INVESTMENT DECISIONS.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR RECOMMENDS STAFF COMPENSATION AMOUNTS TO THE
EXECUTIVE COMMITTEE ANNUALLY, AND PROVIDES COMPARABILITY DATA ANNUALLY FROM THEIR NATIONAL MEMEBERSHIP
ASSOCIATION AND, AS AVAILABLE, FROM THE UTAH NONPROFITS ASSOCIATION. THE EXECUTIVE COMMITTEE'S DECISIONS ARE
SUMMARAIZED IN MEETING MINUTES.
EODM 900 DADT VI SECTION C LINE 10. ON WEDSITE AND BY DECLIEST
FORM 990, PART VI, SECTION C, LINE 19: ON WEBSITE AND BY REQUEST.
FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS
DURING THE TAX YEAR.
FORM 990, PART 1, LINE 5:
THE ORGANIZATION HAS A REGULAR STAFF OF 9 INDIVIDUALS; HOWEVER, W-2s ARE PROVIDED TO 10 INDIVIDUALS WHO WORK ON A
TEMPORARY BASIS AS NEEDED TO SUPPORT THE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION.

Name of the organization Employer Identification number The organization is a second or a second organization organization is a second organization organization is a second organization	Schedule O (Form 990 or 990-EZ) (2012)	Page 2
	Name of the organization	Employer identification number
	·	
	······································	

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Form **4562**

Depreciation and Amortization

Business or activity to which this form relates

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

Identifying number

UTA	HUMANITIES COUN			M 990, PAGE 10				87-0307076
Pai			rtain Property U					
	Note: If you	have any liste	ed property, comp	lete Part V be	efore you co	omplete Part I.		
1	Maximum amount (s	see instruction	s)				1	500,000.
2							2	
3						tions)	3	2,000,000.
4							4	
5						er -0 If married filing		
	separately, see insti						5	_
6_	(a) De	a) Description of property (b) Cost (business use only) (c) Elected cost]
								Ì
	Charles E.		f " 00					-
′	Listed property. Ent					· <u>-</u>	T =	
8	Total elected cost o						8	
9	Tentative deduction						9	
10							10	ļ
11	Section 179 expens					line 5 (see instructions)	11	
12	Carryover of disallor					13	12	
	: Do not use Part II					13		<u> </u>
						clude listed property.)	(\$00	instructions)
14	Special depreciation	n allowance t	for qualified proper	ty (other than	listed prop	erty) placed in service		
	during the tax year						14	
15	-		•				15	
						<u> </u>	16	1,887.
Par	t III MACRS Dep	preciation (D	o not include liste	ed property.)	(See instruc	ctions.)	1.0	1,007.
		 		Section A	<u> </u>			
17	MACRS deductions	for assets pla	ced in service in tax	years beginni	ng before 20	12	17	
18	If you are electing t	o group any a	ssets placed in ser	vice during the	e tax year in	to one or more general		
	asset accounts, che							
	Section B				ear Using th	ne General Depreciation	Syst	tem
(a) (Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Conventi	on (f) Method	(g) [Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
	25-year property		· · · · · · · · · · · · · · · · · · ·	25 yrs		S/L	ļ	
h	Residential rental			275 yrs	MM	S/L		
	property			275 yrs	MM	9/L	ļ	
	Nonresidential real			39 yrs	MM	5/L	ļ	
	property		<u> </u>		MM			
		-Assets Place	d in Service During	2012 Tax Ye	ar Using the	Alternative Depreciation	on Sy	stem
	Class life			10::::		5/L	 	
	12-year			12 yrs	1,11,1	5/L	 	
_	40-year	See instruction)nc)	40 yrs	MM	5/L	<u>1</u>	····
	Listed property Ent						04	
	Listed property. Ent				 20 in colum	n (g), and line 21. Enter	21	
	here and on the app						22	
23	For assets shown a						22	1,887.
	portion of the basis					23		

Form	4562 (2012)				_											Page 😕	
Pa			(Include auto			tain ot	her ve	ehicle	s, c	ertair	n con	nputer	s, and	prop	erty us	ed for	
			reation, or amu		•												
			le for which you ough (c) of Section									lease (expense	e, com	olete or	ily 24a,	
			on and Other In									for no	congor	autom	obdos 1		
24:			t the business/inve				Yes								☐ Yes	□ No	
2-70	(a)	(b) D	(c)	Junioni u	Jo Oldinic	(e)	163	(f)	<u>~~~</u>		3)	1000	(h)		<u> </u>	<u> </u>	
	of property (list	Date placed invest	usiness/ (stment use Cost or o	d) other bas		for depre		Recove		Meth			reciation	EI	ected sect	tion 179	
'	ehicles first)	I in service i	rcentage	Allor Das	13 (00311	use only		period	d	Conve	ention	de	duction		cost		
25			ance for qualifi											2			
	-		re than 50% in a				e (see	ınstruc	ctions	s) .	25			231	Projection of the control of the con	2 3.5	
26	Property use	ed more than 5	50% in a qualifie	d busir	ness use	e:											
			%						-								
		ļ <u></u> ļ	<u>%</u> %				-		+								
27	Property use	d 50% or less	s in a qualified bi	isiness	. 1180.							<u> </u>					
	1 Toporty use	1 0070 01 1033	%	23111030	T use.		· · · · · [•	e	5/L -				්ජ		SHIP OF	
			%							5/L -					2.00%		
			%						18	6/L -				- 5			
28	Add amount	s ın column (h)), lines 25 throuç	gh 27. I	Enter he	ere and	on line	21, pa	ige 1		28			1.5	是非国	神默治	
29	Add amount	s in column (i),	, line 26. Enter h								· .	<u></u>	. :	29			
Cam	plata this assti	an for volucion				mation					. "	datad n	If		مراطمط ب	ممامنطم	
			used by a sole po e questions in Se													enicies	
				T	(a)		b)	1	(c)	1		d)	(6	-	1	f)	
30	Total business	s/investment mi	les driven during		ncle 1		icle 2	Ve	ehicle (з		cle 4	Vehi		Vehi		
		ot include com															
31	Total commut	ing miles driven	during the year														
32		personal (r	noncommuting)														
	miles driven					ļ		ļ		_							
33			the year. Add														
34	lines 30 thro	-	e for personal	Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes	No	
~		ff-duty hours?	•	103	110	+ 103	110	103	 	+	103	110	103	140	103	140	
35	_	-	arily by a more			<u> </u>		 	-	$\neg \uparrow$					 		
		ner or related p															
36	Is another veh	icle available fo													<u> </u>		
			—Questions for														
			rmine if you mee		-	to con	npleting	g Secti	ion B	for v	ehicles	s used	by emp	loyees	who ar	e not	
			d persons (see in policy statemer			o all no	reanal	uso of	f vob	ıcloc	ınolud	ling oo	mmutin	a by	Yes	No	
3,	your employ		policy statemen			s an pe								y, by	103	110	
38	• •		policy statemen	nt that	prohibit	ts perso	onal us	e of v	ehicle	es, ex	cept (commu	ting, by	/ vour			
			uctions for vehic														
39	Do you treat	all use of vehi	icles by employe	es as	persona	al use?											
40	• •		five vehicles to	-			taın ınf	ormati	on fr	om y	our en	nployee	es abou	t the			
_			tain the informat								• •			• •	ļ		
41	•	•	ents concerning	•									•			. M 1	
D۵	note: If you		7, 38, 39, 40, or 4	41 IS "Y	es," ao	not coi	mpiete	Section	on B	tor the	e cove	rea vel	nicles.		"唐"像	随权 。, + 1 ;	
ιē	Allior	uzalivii	n,									(e)					
		a) on of costs	(b) Date amortiz	ation	۸ma	(c) ortizable ai	mount			(d) section		Amortiza		Amortic-	(f)	ue veer	
	Descriptio	// VI UUSIS	begins		AIIIO	" (IZADIE A	nount		Jude	3001101	"	period percent	- 1	AHORIZ	ation for th	no yedi	
42	Amortization	of costs that	begins during yo	our 201	2 tax ye	ear (see	instruc	ctions)	:								
													$ \tau$				

43 Amortization of costs that began before your 2012 tax year
 44 Total. Add amounts in column (f). See the instructions for where to report

43 44