

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



DLN: 93493357002089

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form **990**

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

Open to Public Inspection

		2008 c a applicable		C Name of organization			D Employer	identification number
	dress cl	•	Please use IRS	INTERINDUSTRY ECONOMIC RESEAR	CCH FUND INC		52-0907	
⊢ Na	me cha	ange	label or print or	Doing Business As			E Telephone	number
Inı	tıal retu	ırn	type. See Specific	Number and street (or P O box if ma	all is not delivered to street addres	s) Room/suite	(301) 40	
Te	mınatı	on	Instruc- tions.	P O BOX 451			G Gross rece	eipts \$ 858,383
_ An	nended	return		City or town, state or country, and Z COLLEGE PARK, MD 20740	IP + 4			
_ Ap	plicatio	n pending		COLLEGE PARK, MD 20740				
				ne and address of Principal Offic	er	H(a) Is this		
			J WERL 12987	QUEEN CHAPEL		affiliat	es?	⊤Yes 🔽 No
				BRIDGE, VA 22193		H(b) Are all	affiliates inclu	uded?
Tax-exempt status J Web site: ▶			У 501(c)) (3) ◀ (insert no)	or 527			st See instructions)
J W	eb sit	te: 🟲				H(c) Group	Exemption I	Number F
 К Тур	e of or	ganızatıon	✓ Corporat	ion trust association other		L Year of For	nation 2000	M State of legal domicile
		,				1		MD
Pa	rt I		mary	. ,	<u> </u>			
	1			e organization's mission or most		. a la		
ညိ		Promot	es econom	ıc research ın ınterındustry and c	current economic research to	OOIS		
Governance								
<u>ş</u>	2	Check	this box 🗀	ıf the organization discontinued i	its operations or disposed of	more than 25	5% of its ass	ets
ခဲ့ သော	3		,	members of the governing body (I				5
	4		_	ndent voting members of the gove				1
Activities &	5			nployees (Part V, line 2a)		,		
1	6			plunteers (estimate if necessary)			5	
ş	72			ted business revenue from Part \		7a		
•		_		iness taxable income from Form 9	•	71		
	"	Wet um	elated busi	mess taxable income nomi form.	990-1, lille 34	Prio	· Year	Current Year
	8	Contri	ibutions and	d grants (Part VIII, line 1h)		7110	i cui	0
ē	9			revenue (Part VIII, line 2g)			549,432	
Revenu	10			me (Part VIII, column (A), lines :			-16	
Æ	11			art VIII, column (A), lines 5, 6d			-10	0
	12			dd lines 8 through 11 (must equa				
	12	12)	revenue u	du illes o tillough 11 (must eque	arr art viii, column (A), mie		549,416	858,383
	13	Grant	s and sımıla	ar amounts paıd (Part IX, column	(A), lines 1-3)		445,500	390,000
	14	Benef	its paid to c	or for members (Part IX, column ((A), line 4)			0
ø	15		es, other co	ompensation, employee benefits	-	247.265	244.042	
<u>8</u>	16a	10)	cional fund	raising fees (Part IX, column (A)		247,265	344,812	
Expenses	b			penses, Part IX, column (D), line 25 $\frac{0}{1}$, nne ile)			0
Ĭ	17		-	penses, Part IX, column (D), line 25 <u> </u>)		63,158	112,545
	18			add lines 13–17 (must equal Pa			755,923	
	19			penses Subtract line 18 from line			-206,507	
<u>%</u> %	1.5	1/6 / 61	.ac 1033 EX	Jon Jon Subtract file 10 from file		Reginnis	g of Year	End of Year
Net Assets or Fund Balances	20	Total	accoto /Do	rt X, line 16)		Degiiiili	115,030	+
35.E								•
38	21		•	Part X, line 26)			112	
	22	_		id balances Subtract line 21 fror	n line 20		114,918	125,944
Pa	rt II		ature Bl					- Al b
				erjury, I declare that I have examined the correct, and complete Declaration of pro-				
Plea		***	***			2009-	12-22	
Sign		Sign	ature of office	er				
Her	e		REY WERLIN					
		Тур	e or print nam	ne and title				
		Pre	parer's 🛦		Date	Check If	Preparer's P	TIN (See Gen Inst)
Pai	d		nature E	ILEEN EDWARDS	2009-12-22	self- empolyed F	,	
	pare		,	L				
Use		ıf s	n's name (or elf-employed)	i, ₽			EIN Þ	
Onl	y		lress, and ZIP				LIN F	
				2002 FOREST DALE DR				
							Phone no	(301) 434-0983
		1		SILVER SPRING, MD 20903			1	

		 				
1	Briefly describe the organizati	on's mission				
	Contributions - UMD/INFORU	М				
2	Did the organization un the prior Form 990 or 9			ervices during the year	which were not listed on	Yes ✓ No
	If "Yes," describe these	e new services on Scl	nedule O			
3	Did the organization ce	ase conducting or ma	ike significan	t changes in how it cor	nducts any program	Yes 🗸 No
	If "Yes," describe these	· · · · · · · ·			,	res p No
		_				
4		(4) organizations and	4947(a)(1)	trusts are required to r	largest program services by expreport the amount of grants and a ed	
4a	(Code) (Expenses \$	815,941	ıncludıng grants of \$	390,000) (Revenue \$)
ти	Contributions - UMD/INFOR		013,511	melauming grants or \$	330,000) (Nevenue \$,
	,					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	es (Describe in Sche	dule O)			
	(Expenses \$	ınclu	dıng grants o	f \$) (Revenue \$)
4e	Total program service	expenses \$	815,94	1 Must equal Part IX,	Line 25, column (B).	

Part IV 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)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
9	complete Schedule D, Part III	8		N o
	provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		No

1 01111	330 (2000)			raye
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 2			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
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			
L	return			
ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		
ь	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 to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	_		
	year?	8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
47-		47-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
U	year			

Section A. Governing Body and Management

No

Νo

Νo

No No

Νo

Νo

Yes

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,
	processes, or changes in Schedule O. See instructions.
а	Enter the number of voting members of the governing body

b	Enter the number of voting members that are independent	1b	1								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?										
1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a material diversion of the org	anızatı	on's assets?	5							

;	Did the organization become aware during the year of a material diversion of the organization's assets?	
,	Does the organization have members or stockholders?	
		Г

Does the organization have membe	is of stockholders		
Does the organization have membe	rs, stockholders, o	r other persons who may	elect one or more members of the
governing body?			

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
	year by the following	

	Dia the organization c	 CITIP	, 0 , 4	 	,	, c a .	 	C	 95	 4 01	***	 ucc	.0	, u.,	u c i	cuic	. I I G	4 1111	9	_
	year by the following																			
а	the governing body?																			

		_	•												
b	each comm	nittee	with	authority	to act on b	ehalf of th	e governing l	body?		•			•		
	Does the o	raaniz	zatioi	n have loc	alchanter	hranche	s or affiliate	c ?							

	•	'	,	•
b	If "Yes," does the organization h	ave writte	en policies	and procedures governing the activities of such chapters,
	affiliates, and branches to ensur	e their op	erations a	re consistent with those of the organization?

10	10 Was a copy of the Form 990 provided to the organization's governing body before it was	s filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Fo	rm 990

11	Is there any officer, director or 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

8a	Yes	
8b		Νo
9a		Νo
9b		
10	Yes	
11		No

6

7a

7b

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DOUGLAS NYHUS 4511 KNOX RD STE 301 COLLEGE PARK, MD 20740 (301) 405-4609

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

	·	Posit	(C) chec	k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
C ALMON , CHAIRMAN	1 00	Х						0	0	3,000
D MEADE , VP/SECY	20 00	Х		Х				74,357	0	0
D NYHUS , VP/TREASURER	10 00	Х		Χ				36,945	0	0
J WERLING , PRESIDENT	20 00	Х		Χ				77,800	0	0
M MCCARTHY , VP	1 00	X		Х				0	0	0

Part VII Continued

			(tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
			-		_		-			
1b Total							►	189,102	2	3,000

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2. Total number of independent contractors (including those in 1) who received more than \$	100 000 in compensation	1

Contributions, gifts, grants and other similar amounts

Program Service Revenue

Other Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
1a	Federated campaigns 1a		Revenue		312,313,01314
ь		-			
6	Membership dues	_			
С	Fundraising events				
	1c	_			
d	Related organizations1d	_			
e	Government grants (contributions) 1e				
f	All other contributions, gifts, grants, and	<u> </u>	<u> </u>		
•	sımılar amounts not ıncluded above	—			
	1f				
g	Noncash contributions included in				
h	lines 1a-1f \$ Total (Add lines 1a-1f)				
ļ. <u>"</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	Business Co	de			
2a	Economic Research and Studies 541,	900 858,275	858,275		
ь					
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f	•			
3	► \$ 858,275 Investment income (including dividends, interest				1
			108		+
	other sımılar amounts)	>	130		
4	Income from investment of tax-exempt bond proceeds $oldsymbol{\cdot}$	<u>.</u>			
5	Royalties	*			
		<u>'</u>			
_	(I) Real (II) Persona	<u></u>			
6a	Gross Rents	_			
b	Less rental expenses				
С	Rental income				
	or (loss)	\dashv			
d	Net rental income or (loss)	<u>*</u>			
	(ı) Securities (ıı) Other				
7a	Gross amount				
	from sales of assets other				
	than inventory				
b	Less cost or other basis and				
	sales expenses				
C	Gain or (loss)				
d	Net gain or (loss)	.			
8a	Gross income from fundraising	-			
•	events (not including				
	\$				
	of contributions reported on line				
	1c) See Part IV, line 18 Attach Schedule G if total exceeds				
	\$15,000				
h		\dashv			
b	Not upon or (loss) from fundraising events	\dashv			
С	Net income or (loss) from fundraising events .	<u>i-</u>			
9a	Gross income from gaming				
	activities See part IV, line 19				
	Complete Schedule G ıf total exceeds \$15,000				
	a				
ь	Less direct expensesb	\dashv			
C	Net income or (loss) from gaming activities	\dashv			
[• • •	 			
10a	Gross sales of inventory, less				
	returns and allowances .				
	а				
b	Less cost of goods sold b	7			
с	Net income or (loss) from sales of inventory .	<u>.</u> ►			
	Miscellaneous Revenue Business Co.				
11a		\dashv			
ь					+
					-
С					
d	All other revenue				
e	Total. Add lines 11a-11d	\$			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,	858,383	858,383		
	8c,	•			
	9c, 10c, and 11e	-	Ī	İ	I

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	390,000	390,000						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	0							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	283,051	260,262						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,954	36,954						
9	Other employee benefits	0							
10	Payroll taxes	24,807	24,807						
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	0							
c	Accounting	700		700					
d	Lobbying	0							
е	Professional fundraising See Part IV, line 17								
f	Investment management fees	0							
g	Other	95,239	95,000	239					
12	Advertising and promotion	0							
13	Office expenses	7,083		7,083					
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	2,456	2,456						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0							
19	Conferences, conventions and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	2,081	2,081						
23	Insurance	0							
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	Bank fees	34		34					
b	Dues, subscriptions, publications	1,703	1,703						
С	Printing, reproduction	450		450					
d	Workers comp	2,678	2,678						
e	Miscellaneous	121		121					
f	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24f	847,357	815,941	31,416	C				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

21,124

8,099

93,024

4,042

126,289

125,944

125,944

126,289

No

Νo

345

(B)

End of year

6,108

6,711

97,800

4,411

115,030

114,918

114,918

115,030

32

34

112 17

1

2

4

5

10c 11

12

13 14

15

16

19 20 21

22 23

Forn	n 990	(2008)						
Pa	rt X	Balance Sheet						
			(A) Beginning of year					
	1	Cash—non-interest-bearing	6,108					
	2	Savings and temporary cash investments	6,711					
	3	Pledges and grants receivable, net						
	4	Accounts receivable, net	97,800					
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L						
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L						
	7	Notes and loans receivable, net						
	8	Inventories for sale or use						
\$	9	Prepaid expenses and deferred charges						
Assets	10a	Land, buildings, and equipment cost basis 10a 69,735						
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	1					
	11	Investments—publicly traded securities						
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>						
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of $\it Schedule D$.						
	14	Intangible assets						
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	115,030					
	17	Accounts payable and accrued expenses .	112					
	18	Grants payable						
	19	Deferred revenue						
	20	Tax-exempt bond liabilities						
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D						
Liabilit	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L						
	23	Secured mortgages and notes payable to unrelated third parties						
	24	Unsecured notes and loans payable						
	25	Other liabilities Complete Part X of Schedule D						
	26	Total liabilities. Add lines 17 through 25	112					
ances		Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.						
Ĕ	27	Unrestricted net assets						

47	onsecured notes and loans payable		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	112	26	345
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► 🔽 and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	

			Yes
1	Accounting method used to prepare the Form 990		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	
b	Were the organization's financial statements audited by an independent accountant?	2b	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	

	addit, review, or compliation of its infancial statements and selection of an independent accountant?	
a	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?	

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Financial Statements and Reporting

Total liabilities and net assets/fund balances . . .

Net Assets or Fund Ball

32

33

34

Part XI

За

	2b	No
he		
	2c	
		Νo
	3a	
	3b	

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

> 1 2

3

10 11

h

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization INTERINDUSTRY ECONOMIC RESEARCH FUND INC

52-0907015 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally Integrated 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) If 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) I organız col (i) your go docur	ation in Isted in Verning	the orga ın col (i	ou notify nization) of your port?	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

11g(iii)

Part II	Support Schedule for Organizations Described in IRC 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.)

Ρι	ıblic Support		, , ,	,				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
_	include any "unusual grants ")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3							
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
	4							
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4		4,004					
8	Gross income from interest, dividends,							
	payments received on securities loans,	1,247	4,004	3,344	480		108	9,183
	rents, royalties and income from similar							
9	Sources Net income from unrelated business							
9	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)							0.403
	Total Support (Add lines 7 through 10)	<u> </u>						9,183
12	Gross receipts from related activities, etc					12		
13	First Five Years. If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)	(3)	. —
	organization, check this box and stop here							▶┌
<u> </u>	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		led by line 11 co	olumn (fl)		14		0 %
	Public Support Percentage for 2007 Sched		•	3141111 (17)			 	0 76
15	-	•	•			15		
16a	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as				3 1/3% or more,	cneck	this box	▶ □
b	33 1/3% Test - 2007. If the organization di				15 is 33 1/3% o	r more	. check th	· ·
_	box and stop here. The organization qualified			•	10 10 00 1,570 0		,	▶ □
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	and lin	e 14 ıs 10	
	more, and if the organization meets the "fac	ts and circums	tances" test, ch	eck this box and	d stop here. Exp	laın ın	Part IV h	
	organization meets the "facts and circumst							▶ □
ь	10% Facts and Circumstances Test - 2007.	_						
	more, and if the organization meets the "fact and circumstation meets the "facts and circumstation meets and circum							
18	the organization meets the "facts and circu Private Foundation. If the organization did		=	•			-	
	instructions	Shock the D		22, 202, 274 01	D, CCCR CIII3	20X U	5 0 0	▶ ┌

Support Schedule for Organizations Described in IRC 509(a)(2) Part III

	(Complete only if you check	kea the box or	ine 9 of Part	1.)			
	ction A. Public Support				, n 1		
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-	613,529	526,846	816,238	549,432	858,275	3,364,320
3	exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	642 520	526.046	016 220	540,422	050 275	2 264 220
6	Total Add lines 1-5	613,529	526,846	816,238	549,432	858,275	3,364,320
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
h	Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
C	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						3,364,320
	line 6)						
	tal Support ndar year (or fiscal year beginning in)	(-) 2004	(h) 200F	(-) 2006	(4) 2007	(-) 2000	(6) Tatal
	A mounts from line 6	(a) 2004 613,529	(b) 2005 526,846	(c) 2006 816,238	(d) 2007 549,432	(e) 2008 858,275	(f) Total 3,364,320
9	Gross income from interest, dividends,	013,323	320,010	010,250	315,152	030,273	3,301,320
10a	payments received on securities loans,						_
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total Support (Add lines 9, 10c, 11 and 12)						3,364,320
14	First Five Years If the Form 990 is for the contact this box and stop here		st, second, thırd	, fourth, or fifth	tax year as a 50	01(c)(3) organı	zation,
	mputation of Public Support Perce					T 1	
15	Public Support Percentage for 2008 (line 8	column (f) divid	ed by line 13 co	lumn (f))		15	100 000 %
16	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 27g			16	99 620 %
Co	mputation of Investment Income	Percentage					
17	Investment Income Percentage for 2008 (In		(f) divided by line	= 13 column (f))	1	17	0 %
18	Investment Income Percentage from 2007	Schedule A . Par	t IV-A, line 27h			18	0 380 %
	33 1/3% Tests - 2008. If the organization d				nore than 33 1/3		0 300 70
13a	17 is not more than 33 1/3%, check this bo						on ▶ ✓

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493357002089

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Service Name of the organization **Employer identification number** INTERINDUSTRY ECONOMIC RESEARCH FUND INC 52-0907015 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 Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? 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 pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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 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, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

-\$

Part	Organizations Maintaining Colle	ections of Art, His	tori	<u>cal Treasur</u>	es, or Othe	r Similar Asse	ts (cc	ontinued)
3	Using the organization's accession and other reitems (check all that apply)	ecords, check any of th	ie fol	lowing that are	a significant us	se of its collection		
а	Public exhibition	d	Γ	Loan or excha	ange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain hov	v the	y further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be					ılar 🕝	res (Г No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo				ization answ	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	n or other intermediary	for c	ontributions or	other assets r	ot	' es	Г No
b	If "Yes," explain why in Part XIV and complete	the following table						
						A mou	nt	
С.	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Forn	n 990, Part X, line 21?				Γ,	fes	✓ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if t						F V	Dl-
4	D	(a)Current Year (b)	Prior	rear (c) iwo	Years Back (d)	hree Years Back (e)	roul te	ears back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possessi	on of the organization	thata	are held and ad	ministered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		
_	(ii) related organizations					3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizations	•				3b		
4	Describe in Part XIV the intended uses of the c t VI Investments—Land, Buildings,				+ V l 10			
Par	t VI Investments—Land, Buildings,	and Equipment. S		<u>'</u>	,			
	Description of investment			a) Cost or other siss (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land					1		
b I	Buildings							
c I	Leasehold improvements							
d I	Equipment				69,735	65,693		4,042
	Other							
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Form</i>	990, Part X, column (B)	, line	10(c).)		, , ▶		4,042
						Schedule D (F	orm 9	90) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of C	hange in Net Assets from Fori	ո 990	to F	<u>inancial Stateme</u> i	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	858,383
2	Total expenses (Form 990, Par	rt IX, column (A), line 25)				2	847,357
3	Excess or (deficit) for the year Subtract line 2 from line 1						11,026
4	Excess of (deficity for the year Substitute III and II						
5	Donated services and use of fa-	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lii	nes 4 - 8				9	
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and	19		10	11,026
Pari	Reconciliation of Reconciliation	evenue per Audited Financial	State	men	ts With Revenue p	er R	eturn
1	Total revenue, gains, and othe	er support per audited financial stateme	ents .	•		1	
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	tments	. [2a			
b	Donated services and use of fa	acılıtıes	. [2b			
c	Recoveries of prior year grants	s	. [2c			
d	Other (Describe in Part XIV)		. [2d			
e	Add lines 2a through 2d .					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines 4a and 4b					4c	
5		d 4c. (This should equal Form 990, Par				5	
		xpenses per Audited Financia					Return
1		r audited financial statements				1	
2		it not on Form 990, Part IX, line 25		l <u>.</u>	1		
a		acılıtıes		2a		-	
b	, -			2b		4	
с	·	, Part IX, line 25		2c		4	
d	Other (Describe in Part XIV)		•	2d		┨ _	
е -	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1 .					3	
4		0, Part IX, line 25, but not on line 1:		4	I		
a		uded on Form 990, Part VIII, line 7b		4a		-	
b	Add lines 4a and 4b		•	4b		ا	
C E		nd 4c. (This should equal Form 990, Pa	e e ent I len			4c 5	
5 Par	t XIV Supplemental Inf		11.11	e 10)	<u> </u>	<u> </u>	<u> </u>
Con	nplete this part to provide the des	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference	,		Explanat	ion	
						-	

Part XIV Supplemental In	formation(continued)	
Ident if ier	Return Reference	Explanation

Schedule D (Form 990) 2008

DLN: 93493357002089

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ. Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** INTERINDUSTRY ECONOMIC RESEARCH FUND INC Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or Approved (e) In (g)Written from the (c)O riginal principal (a) Name of interested person and (d)Balance due default? by board or agreement? organization? purpose amount committee? From Τо Yes No Yes Yes No Total Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493357002089

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public Inspection

Name of	the o	organizat id	on	
INTERINDU	JSTRY	ECONOMIC	RESEARCH	FUND

 ${\bf Employer\ identification\ number}$

52-0907015

ldentifier	Return Reference	Explanation
990 VI	10	Form 990 was made available prior to and during organizations board meeting

ldentifier	Return Reference	Explanation
		for discussion

Identifier	Return Reference	Explanation
990 VI	19	Anyone with a valid reason can request to see the information

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51056K

INC

Schedule O (Form 990) 2008

DLN: 93493357002089

OMB No 1545-0172

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

Attachment Service See separate instructions. Attach to your tax return. Sequence No 67 Name(s) shown on return Identifying number Business or activity to which this form relates INTERINDUSTRY ECONOMIC RESEARCH FUND INC 52-0907015 **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 1,712 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 250,000 separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) **15** Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 1,739 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property 1,712 050 ΗY 200 DB 342 **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental 27 5 yrs property ММ S/L ΜМ S/L i Nonresidential real 39 yrs property S/L ΜМ Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (See instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 2,081 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the

23

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes Vo 24b If "Yes," is the evidence written?
☐ Yes
No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis period use use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? . Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your No employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? No 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the No vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . No Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Form **4797**

Department of the

Internal Revenue Service (99)

Name(s) shown on return

Treasury

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

Sequence No 27

Ident if ying number

INT	ERINDUSTRY ECONO	OMIC RESE	ARCH FUND	INC			52-0907	015			
1					for 2008 on Form(s) 10 10, or 20 (see instruct		1				
P					de or Business and perty Held More Tl						
	(a) Description of property (b) Date acquired (mo , day, yr) (c) Date sold (mo , day, yr) (d) Gross sales price (e) Depreciation allowed or allowed or allowable since acquisition (f) Cost or other basis, plus improvements and expense of sale								(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)		
2					·						
3	Gain, if any, from Fo	rm 4684, lı	ne 45					3			
4	Section 1231 gain f	from ınstallr	nent sales fro	om Form 6252, line 26	or 37			4			
5	Section 1231 gain o	or (loss) fro	m lıke-kınd e	xchanges from Form 8	824			5			
6	Gain, if any, from lin	e 32, from o	other than ca	sualty or theft				6			
7	Combine lines 2 thr	ough 6 Ent	er the gain oi	r (loss) here and on the	appropriate line as foll	ows .		7			
					ns. Report the gain or (I Schedule K, line 9 Skip						
	from line 7 on line 1 section 1231 losse	1 below and s, or they w	l skip lines 8 ere recapture	and 9 Ifline 7 is a ga ed in an earlier year, er	line 7 is zero or a loss, in and you did not have iter the gain from line 7 8, 9, 11, and 12 below	any prior y	ear				
8	Nonrecaptured net	section 123	1 losses from	n prior years (see insti	ructions)			8			
9	below If line 9 is m	ore than zer	o, enter the a	amount from line 8 on l	ro, enter the gain from li ine 12 below and enter n (see instructions)	the gain fro		9			
Pa	rt III Ordinary (Gains and	Losses (s	see instructions)							
10	Ordinary gains and	losses not i	ncluded on li	nes 11 through 16 (inc	clude property held 1 ye	ar or less)					
11	Loss, if any, from lir	ne 7						11	()		
12	Gain, if any, from lin	e 7, or amo	unt from line	8, if applicable				12			
13	Gain, if any, from lin	e 31						13			
14	Net gaın or (loss) fr	om Form 46	84, lines 37	and 44a				14			
15	15 Ordinary gain from installment sales from Form 6252, line 25 or 36										
16	Ordinary gain or (lo	ss) from like	e-kınd excha	nges from Form 8824				16			
17	Combine lines 10 through 16										
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below										
а	Enter the part of the the loss from proper	loss from in	ncome-produ an employee	icing property on Sche on Schedule A (Form :	umn (b)(11), enter that pa dule A (Form 1040), lin 1040), line 23 Identify	e 28, and t as from "Fo	he part of orm	18a			
_											
Ь	_				, on line 18a Enter her		·	18b			

L9	(see instructions) (a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	operty							(b) Date acquired(mo , day, yr)	(c) Date sole (mo , day, yr)
A										
B C										
D										
Т	hese columns relate to the properties on lines 19A through 19D	.	Property A	P	ropert	у В	Prope	erty C	Pro	perty D
20	Gross sales price (Note: See line 1 before completing)	20								
21	Cost or other basis plus expense of sale	21								
2	Depreciation (or depletion) allowed or allowable	22								
3	Adjusted basis Subtract line 22 from line 21 .	23								
24	Total gain Subtract line 23 from line 20	24								
25	If section 1245 property:									
а	Depreciation allowed or allowable from line 22	25a								
b	Enter the smaller of line 24 or 25a	25b								
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
а	Additional depreciation after 1975 (see instructions)	26a								
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b								
С	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d	Additional depreciation after 1969 and before 1976	26d								
e f	Enter the smaller of line 26c or 26d Sections 291 amount (corporations only)	26e 26f		<u> </u>						
g	Add lines 26b, 26e, and 26f	26g								
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
b	Line 27a multiplied by applicable percentage (see instructions)	27b								
c	Enter the smaller of line 24 or 27 b	27c								
8	If section 1254 property:									
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a								
ь	Enter the smaller of line 24 or 28a	28b								
9	If section 1255 property:									
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
ь	Enter the smaller of line 24 or 29a (see instructions)	29b								
	immary of Part III Gains. Complete prope			h D tl	rougl	ı lıne 2	9b befor		ing to line 3	30.
0	Total gains for all properties Add property column	ns A thi	ough D, line 24					30		
1	Add property columns A through D, lines 25b, 26g						F	31		
32	Subtract line 31 from line 30 Enter the portion from other than casualty or theft on Form 4		•			e 39 Er	nter the	32		
Pai	Recapture Amounts Under Sectio (see instructions)	ns 17	9 and 280F(b)	(2) V	Vhen			Dro		
							Section 179		(b) Sect 280F(b)	
3	Section 179 expense deduction or depreciation a	llowabl	e in prior years		33	<u>-</u>	_		1	· -/
4	Recomputed depreciation (see instructions) .				34				İ	

35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . 35