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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A	F	or the	2008 ca	lendar year, or tax year begi	nning SEP 1, 2008	and	ending P	UG 31, 2009					
В		heck if	Please	C Name of organization				D Employer identifi	cation number				
٦		Addres change		Institute for I	Humane Studies								
į		Name change	type	Doing Business As				94-1	623852				
Ĩ		Initial return	See	Number and street (or P 0	box if mail is not delivered to stree	t address)	Room/suite	E Telephone number					
[Termin- ation	Instruc-	3301 North Fair	rfax Drive		440	703-	993-4880				
Į		Amend		City or town, state or cour				G Gross receipts \$	8,004,799.				
l		Application pending		Arlington, VA	22201	. —		H(a) is this a group re					
				me and address of principal of NE as above	micer: Gar A rerr			for affiliates?	Yes X No				
-	Т	27-070			insert no) 4947(a)(1) or	527		H(b) Are all affiliates inc	cluded? Yes No				
j				w.theihs.org	111361(110) L 3 4341(a)(1) 01	<u> </u>		H(c) Group exemption	•				
K			organizatio		ist Association Othe	er 🕨	L Year		M State of legal domicile CA				
			Summ										
	ا يو				sion or most significant activities								
	au	_	•		rts students, so								
JAN 2 0 2010	Ē				ation discontinued its operation	ns or dispo	sed of more	1	1				
0	် ဗ			of voting members of the gove		0 1 413		3	12				
20	න් ග			or independent voting membe ober of employees (Part V, line	rs of the governing body (Part \	/I, line 16)		5	64				
e :	Ë			nber of volunteers (estimate if				6	0				
c7 :	ੇ ਹੋ				e from Part VIII, line 12, column	(C)		7a	0.				
A N	۲		-	ated business taxable income		(-/		7b	0.				
_					· · · · · · · · · · · · · · · · · · ·			Prior Year	Current Year				
	<u>و</u> ا	8 (Contribut	ions and grants (Part VIII, line	1h)			5,764,591.	6,058,741.				
Z	Revenue	9	rogram	service revenue (Part VIII, line	2g)			738,683.	742,818.				
₹ 1	&			nt income (Part VIII, column (A				105,134.	<4,634.>				
SCANNED					es 5, 6d, 8c, 9c, 10c, and 11e)			5,425.	6 706 025				
<i>90</i> _	\dashv			enue · add lines 8 through 11 nd similar amounts paid (Part	(must equal Part VIII, column (A), line 12)		6,613,833. 567,068.	6,796,925.				
				paid to or for members (Part I)				307,000.	033/130.				
	S				ee benefits (Part IX, column (A),	lines 5·10)		2,493,329.	2,749,883.				
	Expenses			nal fundraising fees (Part IX, o									
	xbe			draising expenses (Part IX, co		495,4	66.						
1	ш			oenses (Part IX, column (A), Iir			_	3,839,316.	3,720,563.				
		18	Total exp	enses. Add lines 13-17 (must	equal Par IX, Courn AT Ine 2	5)	<u> </u>	6,899,713.	7,169,944.				
_	S	19	Revenue	less expenses Subtract line	18 from line 12	10		<285,880.	<u> </u>				
4	d Balances	20 -	F=4=1 ===	-A- (DA V I) 40\	JAN 1 5 2010	IRS-OS(-	Beginning of Year 3,963,341.	End of Year 3,398,587.				
Acce	<u> </u>			ets (Part X, line 16) ilities (Part X, line 26)	1 1 2 2 0 10	တ္ထု		359,478.	185,502.				
Nat	Į.			ts or fund balances. Subtract	{	J≝¦		3,603,863.	3,213,085.				
	Pa	rt II		ture Block	L'OUDEN, UI								
_			Under pena	alties of perjury, I declare that I have exa	amined this return, including accompanyin officer) is based on all information of which	g schedules a	nd statements,	and to the best of my knowled	ige and belief, it is true, correct,				
					oned is based on an information of which	propuler has	any knowledge		1110				
	igr		<u>Cur</u>	/ O LM /					11-10				
۲	ler	e		nature of officer VX	uror			Date					
				ary Leff, Treas	urer			· · · · · · · · · · · · · · · · · · ·					
-			Preparer'			Date	Ch		rer's identifying number				
	aid		signature			01/0	7/10 se	ı≰_ (see≀r	structions)				
		arer's	Firm's name (or Rogers & Company PLLC										
U	36	Only	self-employ		Boulevard, Suit	e 600							
_			ZIP + 4	Vienna, VA	22182			Phone no ► 7	03-893-0300				
_					r shown above? (see instruction				X Yes No				
8	3200	01 12-18	3-08 L.Ի	1A For Privacy Act and Pap	erwork Reduction Act Notice.	see the s	eparate ins	tructions.	Form 990 (2008)				

Form 990 (2008)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	_ 8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	V	Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		v	
40	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
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	10	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 13	Λ	Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	х	
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	140		
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	Х	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
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	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ر	any tax-exempt bonds?	24c	ļ	
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Section 501(a)(3) and 501(a)(4) organizations. Did the organization organization are accomplished by the organization of	24d		-
2 38	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	208		<u> </u>
J	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
			000	

Form 990 (2008)

Institute for Humane Studies

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 IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28ь		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	1		Ì
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	i		
	contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X

Form **990** (2008)

4.	Fatantha aughar and de Bar C of Fara 1000 A and Comment of Table 1		Yes	No
ıa	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 342			
.				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			İ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
20	filed for the calendar year ending with or within the year covered by this return 2a 64			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		Х
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		
За		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_	<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:	40		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
5a		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	00		<u> </u>
	Tax Shelter Transaction?	5c		ł
6a	Did the organization solicit any contributions that were not tax deductible?	ва		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		
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			İ
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			İ
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		ļ
10	Section 501(c)(7) organizations. Enter: N/A			ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter: N/A			ĺ
a	Gross income from members or shareholders 11a			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
40-	amounts due or received from them.)			ĺ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			i

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

	mema record								
Sec	tion A. Governing Body and Management	 							
	Formand IIVanii maanaan ta kana 0.75 balaan aaddaa IIAlaii maanaa ta kan 0.00 da da da da da da da da da da da da da			Yes	No				
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the circumstances,							
4	processes, or changes in Schedule O. See instructions	1a 12							
1a	Enter the number of voting members of the governing body	1 /	5						
ь	Enter the number of voting members that are independent		-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other		Х					
2	officer, director, trustee, or key employee?	l	2	^					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			v				
4	of officers, directors or trustees, or key employees to a management company or other person?	000 61 . 10	3		X				
4	Did the organization make any significant changes to its organizational documents since the prior Fo		4		X				
5	Did the organization become aware during the year of a material diversion of the organization's asset	s,	5		X				
6									
/ a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
_									
	Are any decisions of the governing body subject to approval by members, stockholders, or other per		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year							
_	by the following:			v					
a	The governing body?		8a	X					
b O-	Each committee with authority to act on behalf of the governing body?		8b	Λ	Х				
9a _	Does the organization have local chapters, branches, or affiliates?		9a						
ь	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapters, affiliates,	۵.						
10	and branches to ensure their operations are consistent with those of the organization?		9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization is School to O the process of case the organization was to reverse the Copy of the process of case the organization was to reverse the copy of the organization of the organization was to reverse the copy of the organization of the orga	ganizations must	40	Х					
11	describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Λ					
•••	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eached at the			Х				
Sec	tion B. Policies		11						
<u> </u>	uon b. i onoica			Yes	No				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	.140				
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ild aive rice	120						
_	to conflicts?	ila give rise	12b	Х					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Ves " describe	120						
•	in Schedule O how this is done	res, describe	12c	х					
13	Does the organization have a written whistleblower policy?		13	X					
14	Does the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approva	il by independent	1.7						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	n by independent							
а	The organization's CEO, Executive Director, or top management official?		15a	х					
h	Other officers or key employees of the organization?		15b	X					
-	Describe the process in Schedule O. (see instructions)		130						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a							
	taxable entity during the year?	Hent with a	16a		Х				
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate its participation	108						
_	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization								
	exempt status with respect to such arrangements?	anization 5	16b						
Sec	tion C. Disclosure		100						
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, AZ, CA, C	O,CT,DC,DE,F	GA	, HI	. IA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T			,	,				
•	public inspection Indicate how you make these available. Check all that apply.	((-)(-)- sinj arandon	- 101						
	Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest policy s	nd fina	ncial					
	statements available to the public.	ormor or interest policy, a		. ioiai					
20	State the name, physical address, and telephone number of the person who possesses the books are	nd records of the organize	ation •	•					
	The Institute - 703-993-4880	.a .oooroo or the organiza							
	3301 North Fairfax Drive, #440, Arlington, VA 222	01							
832000	Coo Cabadula O for full link of mining								

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	(B)	(C)						(D)	(E)	(F)
Name and Title	Average			Posi	-			Reportable	Reportable	Estimated
	hours	(c				арр	iy)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
John Blundell										
Director	1.00	Х				1		0.	0.	0.
Donald J. Boudreaux										
Director	1.00	Х						0.	0.	0.
Timothy Otis Browne										
Director	1.00	Х						0.	0.	0.
Tyler Cowen										
Vice-Chairman	1.00	Х		Х				0.	0.	0.
Richard H. Fink										
Director	1.00	Х						0.	0.	0.
Jerome M. Fullinwider										
Director	1.00	X						0.	0.	0.
David C. Humphreys										
Director	1.00	Х						0.	0.	0.
Charles G. Koch										
Chairman	1.00	X		X				0.	0.	0.
Eric S. O'Keefe										
Director	1.00	X	<u> </u>	L		_	_	0.	0.	0.
James Arthur Pope									_	
Director	1.00	X		_	L	<u> </u>	L	0.	0.	0.
William O. Sumner					ļ				_	_
Director	1.00	X		<u> </u>	_	ļ	_	0.	0.	0.
Kristine J. Kendall										
Director	1.00	X	<u> </u>	_	<u> </u>	ļ	Ļ	0.	0.	0.
Marty Zupan	40.00							005 000	_	2 224
President	40.00			X			 	225,000.	0.	3,094.
Gary D Leff	20 00						1	75 000		2 675
Secretary & Treasurer	20.00	_	_	X		ļ	-	75,000.	0.	3,675.
Leonard P Liggio	10 00			,,				10.046	_	1 176
Distinguished Sr. Schola	10.00	-		X	-	 	<u> </u>	19,846.	0.	1,176.
Ronald C. Thevenot Vice President & COO	40.00			v				122 000	_	0 050
Jonathan Fortier	40.00	-	-	Х	-	-	-	133,000.	0.	8,852.
Dir. Academic Programs	40.00					Х		122,500.	0.	3,094.
DIL. MCAGEMIC FLOGRAMS	40.00		<u> </u>	<u> </u>	L	_ A	<u> </u>	122,300.	<u> </u>	5,094.

Form 990 (2008) Institute									94-16	6238	52	Pa	age 8
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	<u>est</u>	1	ees (continued)				
(A)	(B)			(C Posi	C)			(D)	(E)	İ	Г	(F)	1
Name and title	Average hours	(ci				appl	ly)	Reportable compensation	Reportable compensatio			timate iount	
	per					ľΤ		from	from related	1		other	
	week	offec				8		the	organization:			oensa	
		Ste	Tustee			ensat		organization (W-2/1099-MISC)	(W-2/1099-MIS	, O		om the anizat	
		lal ft	Jonal t		as old	R comp		(**************************************		1	_	relat	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome				orga	nızatı	ons
- "-			-		-		_						
					_					_			
			_	:	<u> </u>								
		\vdash			_					-+			
		<u> </u>											
		<u> </u>											
			_										
			 					· · · · · · · · · · · · · · · · ·					
1b Total		•				>		575,346.		0.	19	9,8	91.
2 Total number of individuals (including those	ın 1a) who re	ceiv	ed n	nore	tha	n \$10	00,	000 in reportable					
compensation from the organization									. <u>-</u>	<u> </u>		V	3
										г		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			, ke	y em	plo	yee,	or t	highest compensated er	nployee on	ŀ			Х
4 For any individual listed on line 1a, is the su			ama	ones	ation	and	l ot	her compensation from	the organization	<u> </u>	3		Λ
and related organizations greater than \$150	•		•					•	the organization		4	х	i
5 Did any person listed on line 1a receive or a									ices rendered to				
the organization? If "Yes," complete Sched											5		X
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated ind	depe	ende	ent c	ontr	acto	rs t	that received more than	\$100,000 of com	npensa	tion fi	rom	
the organization								(D)					
(A) Name and business	address							(B) Description of s	services	Co	C) mper	<i>)</i> isatio	n
The Hinkey Company													
9058 Euclid Avenue, Manas	ssas, V	A 2	20:	110))	Mailing serv	ices		14	4,6	41.
Pantheon Software, 2020 N	North 14	4tl	n S	Sti	cee	et,	,					Ī	
Suite 700, Arlington, VA								Website deve	lopment		14	4,0	05.
Aptify, 1850 K St. N.W., Third Floor,													
Washington, DC 20006 Database development 113, Total Fulfillment Services											3,2	56.	
		ىلىڭ	0.6	561	11			TT Consultin	_		10	1 . 1	25
126 Monroe Turnpike, Trumbull, CT 06611 IT Consulting 10											- / -		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization

Form 990 (2008)

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	··· ···	САРСПЗЕЗ	general expenses	expenses
	organizations in the U.S. See Part IV, line 21	41,618.	41,618.		
2	Grants and other assistance to individuals in	·····•		***************************************	······································
	the U.S. See Part IV, line 22	567,880.	567,880.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	90,000.	90,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	471,924.	372,373.	59,476.	40,075.
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	Other salaries and wages	1,956,344.	1,542,720.	247,155.	166,469.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	151,406.	121,194.	17,979.	12,233.
10	Payroll taxes	170,209.	142,504.	13,304.	14,401.
11	Fees for services (non-employees):				
а					
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	389,219.	324,682.	40,321.	24,216.
12	Advertising and promotion	17,821.	17,821.		
13	Office expenses	451,495.	288,728.	15,194.	147,573.
14	Information technology				
15	Royalties	14,940.	8,950.		5,990.
16	Occupancy	568,886.	432,353.	79,644.	56,889.
17	Travel	279,741.	275,936.	1,985.	1,820.
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,742,124.	1,735,481.	4,933.	1,710.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	198,687.	151,002.	27,816.	19,869.
23	Insurance	13,513.	10,270.	1,892.	1,351.
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	Miscellaneous	22,089.	15,680.	4,043.	2,366.
b	Software	16,210.	16,050.	115.	45.
c	Property tax	4,593.	3,491.	643.	459.
d	Employee recruiting	1,245.	1,245.		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,169,944.	6,159,978.	514,500.	495,466.
26	Joint Costs Check here 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				

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	491,409.	1	347,647.
	2	Savings and temporary cash investments	985,156.	2	1,053,924.
	3	Pledges and grants receivable, net	645,500.	3	975,877.
	4	Accounts receivable, net	471,239.	4	135,294.
	5	Receivables from current and former officers, directors, trustees, key	2,27227	1	100/2510
		employees, or other related parties. Complete Part II of Schedule L		5	
	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		6	
ठ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	771.11	8	· · · · · · · · · · · · · · · · · · ·
ĕ	9	Prepaid expenses and deferred charges	69,723.	9	29,052.
	10a	Land, buildings, and equipment: cost basis 10a 1,498,747.			······································
	ь	Less. accumulated depreciation. Complete			
		Part VI of Schedule D 10b 852,015.	675,736.	10c	646,732.
	11	Investments - publicly traded securities	513,814.	11	117,056. 62,353.
	12	Investments - other securities. See Part IV, line 11	80,112.	12	62,353.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	30,652.	15	30,652.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,963,341.	16	3,398,587.
	17	Accounts payable and accrued expenses	326,911.	17	135,581.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable	20 563	24	40.001
	25	Other liabilities. Complete Part X of Schedule D	32,567.	25	49,921.
	26	Total liabilities. Add lines 17 through 25	359,478.	26	185,502.
		Organizations that follow SFAS 117, check here X and complete			
ces		lines 27 through 29, and lines 33 and 34.	1 225 600		072 220
_	27	Unrestricted net assets	1,325,699.		973,330.
8	28	Temporarily restricted net assets	2,160,670. 117,494.	28	2,122,261.
Ę	29	Permanently restricted net assets	11/,474.	29	117,494.
Ē		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
Net Assets or Fund Bala	30	Capital stock or trust principal, or current funds		20	
)Se	31	Paid-in or capital surplus, or land, building, or equipment fund	***	30 31	
Ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	3,603,863.	33	3,213,085.
	34	Total liabilities and net assets/fund balances	3,963,341.	34	3,398,587.
Pai	rt XI		3/303/3416	34	3/320/30/.
L.3		- manda statements and noperang			Yes No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual	Other		
		the organization's financial statements compiled or reviewed by an independent			2a X
b		the organization's financial statements audited by an independent accountant?			2b X
		es* to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of the	audit.	
		w, or compilation of its financial statements and selection of an independent according		,	2c X
3a		result of a federal award, was the organization required to undergo an audit or aud		ile Aud	
		ind OMB Circular A-133?	21113		3a X
b	If "Ye	es," did the organization undergo the required audit or audits?			3b
	1 12-18				Form 990 (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

			te for Human						94	-1623	852	
Part I	Reason	for Public Char	ity Status (All organia	zations mu	st complet	e this par	t.) (see ins	tructions)				
The organi	zation is not a	private foundation	because it is: (Please ch	neck only o	ne organiz	zation)						
1 🔲			s, or association of chur				(Б)(1)(А)(і	١.				
2			'0(b)(1)(A)(ii). (Attach So				· (-/(·/(· /(·	,				
3			tal service organization		ın saction	170/6\/1\	(A\(\)ii\ \(\) \(\)	tach Scha	dulo H \			
ĭ =			operated in conjunction						-	المفرمماء		
→			operated in conjunction	With a 1105	pital desci	inea iii se	ction 170	יוואלאלוו אלפוי	ŋ. Enter th	e nospitai	s nam	ie,
- C	city, and stat											
5 📖			benefit of a college or u	niversity o	wnea or op	perated by	a governi	mental uni	t described	d in		
		(b)(1)(A)(iv). (Comple	•									
6 🖳		-	ent or governmental uni									
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general pu	ıblıc desci	ribed i	ın
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲			eives: (1) more than 33			rom contri	ibutions, n	nembershi	o fees, and	aross rec	eipts	from
			nctions · subject to certa									
			axable income (less sec									
		509(a)(2). (Complete			,		qu	y the orga	. neathor an		0, 107	•
10 🔲			perated exclusively to te	et for nubl	ic eafaty S	See sectio	n 500/a\/	1) (600 100	tructions)			
11 🗔			perated exclusively for the								.	
												Oi
			ations described in secti				2) See se	ction 509(a)(3). Cnec	k the box	tnat	
			organization and compl		•				. — .			
	a L Type I		• •		e III - Func	-	_			Type III - C		
e			t the organization is not									ın
			han one or more publicl						9(a)(1) or se	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									L
9	Since August	t 17, 2006, has the c	organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing pers	sons?			,
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (i	III) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	97					11g(iii)		
h	Provide the fo	ollowing information	about the organizations	the organ	ization suc	ports				L		
		ū		· · · · · · · · · · · · · · · · · · ·								
(i) Name	of supported	(ii) FINI	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	u notify the	(vi) Is	the	4 .13 4		
	of supported nization	(ii) EIN	organization		sted in your			organizatio	on in col	(vii) Am		ıΤ
viya	inzation		(described on lines 1-9	governing			r support?	(i) organiz U S		supp	JUIL	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
	_		(000 1101120110110))									
				1								
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				1								
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							1					
				<u> </u>								
									-			

Total

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.) Section A. Public Support Calendar 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 2933555. 2935448. 5917448. 5764591. 6058741.23609783. 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 2933555. 2935448. 5917448. 5764591. 6058741.23609783. 4 Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6162076. 17447707. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 2933555 2935448 5917448 5764591. 6058741.23609783. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 91,917. 121,681. 19,255. 105,134. <4,634.>333,353. and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 960. 25,642. 3,044. 5,425. 35,071. assets (Explain in Part IV.) 23978207 11 Total support. Add lines 7 through 10 2,770,375 12 Gross receipts from related activities, etc. (see instructions) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 72.76 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 83.11 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. 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 organization b 10% -facts-and-circumstances test - 2007. 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 supported organization

Schedule A (Form 9	990 or 9	90-EZ	2008
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Part III Support Schedule for	Organizations	Described in	Section 500/a	1/2) /0		Page 3
Section A. Public Support	Organizations	Described III	Section Sosta	//~/ (Complete onl	y IT you checked the b	ox on line 9 of Part I
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(0) 200	(3) 2000	(9/2000	(4) 2001	(6) 2000	ti) Total
• • • •			_			
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
				-	 	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities					<u> </u>	
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 · 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		1]			<u> </u>
14 First five years. If the Form 990 is for	or the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						<u> </u>
Section C. Computation of Pub					T:	
15 Public support percentage for 2008			column (f))		15	%
16 Public support percentage from 200					16	%
Section D. Computation of Inve					147	
17 Investment income percentage for 2	•	•			17	<u>%</u>
18 Investment income percentage from				- 15 is the	23.1/20/ and line 1	<u>%</u>
19a 33 1/3% support tests - 2008. If the						i / is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2007. If the	=		, ,	• • •		and
line 18 is not more than 33 1/3%, ch	-					
20 Private foundation. If the organizati					•	▶ □
					hedule A (Form 99	0 or 990-FZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2008
Open to Public Inspection

Name of the organization

Institute for Humane Studies

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

Employer identification number 94-1623852

Schedule D (Form 990) 2008

Pa	1 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible pr	ivate benefit? Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certif	led historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a con	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
¢	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations, a	ınd
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year l	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year 🏲 🕏	<u> </u>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ed	•	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
Ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

		te for Hum			 					2 Page 2
Par	t III Organizations Maintaining C	ollections of A	<u>rt, Hi</u>	<u>storical Tr</u>	easures, o	r Othe	r Simila	ar Asse	ts (cont	nued)
3	Using the organization's accession and other	r records, check any	y of the	following tha	at are a signific	ant use	of its coll	ection ite	ms (chec	k all
	that apply)			_						
а	Public exhibition	c	, <u>L</u>	Loan or exc	hange progra	ms				
þ	Scholarly research	€	•	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how	they further t	he organizatio	n's exer	npt purpo	se in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art,	historical trea	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	Trust, Escrow and Custodial reported an amount on Form 990, Par	Arrangements t X, line 21.	. Com	plete if organi	ization answe	red "Yes	s" to Form	990, Par	t IV, line	9, or
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary fo	r contribution	s or other ass	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
		•							Amoun	1
С	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 amount on Fo	orm 990, Part X, line	21?						Yes	☐ No
<u>b</u>	if "Yes," explain the arrangement in Part XIV									
Par	TV Endowment Funds. Complete in	f organization answ	ered "Y	es" to Form 9	990, Part IV, II	ne 10.				
		(a) Current year	(b)	Prior year	(c) Two years	back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	117,494.								
b	Contributions									
c	Investment earnings or losses	<151.	>							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance	117,343.								
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment ► 100.00	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation t	hat are held a	ınd admınıster	ed for th	ne organiz	ation		
	by:									Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	Х
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sch	edule R?					3ь	
4	Describe in Part XIV the intended uses of the	organization's end	owmer	it funds.						
Pa	t VI Investments - Land, Building	s, and Equipm	ent.	See Form 990	, Part X, line 1	0.				
	Description of investment	(a) Cost or o		1	or other (other)	(c) De	epreciatio	n	(d) Boo	k value
1a	Land			T						
b	Buildings									
	Leasehold improvements			12	5,000.	1	25,00	00.		0.
	Equipment				3,747.		727,0		64	6,732.
	Other			1	•		L			0.
	Add lines 1a-1e (Column (d) should equal Fo	orm 000 Part Y col	umo /P	1 //20 10/01 1					64	6.732

	for Humane Studio	es _	94-1623852 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category	(b) Book value	(c) Method o	of valuation.
(including name of security)	(b) Book value	Cost or end-of-ye	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other		<u>-</u> . r	****
<u> </u>		×	
		11	
	 		
Total (Col (b) should equal Form 990, Part X, col (B) line 12)	-		
Part VIII Investments - Program Related.	See Form 990. Part X. line 13		
		(c) Method o	of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-ye	

		<u> </u>	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Description		(b) Book value

Total. (Column (b) should equal Form 990, Part X, col (B)	line 15)		_ >
Part X Other Liabilities. See Form 990, Part X	k, line 25.		
(a) Description of liability	(D)	Amount	
Federal Income taxes			
Gift annuities		27,425.	
Deferred rent		22,496.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

49,921.

Total. (Column (b) should equal Form 990, Part X, coi (B) line 25)

Sche	dule D (Form 990) 2008	Institute	for Humane	Studie	S			94-	1623852	Page 4
Pai	t XI Reconciliati	on of Change in Ne	t Assets from Forn	n 990 to l	Finan	cial State	ements			
1	Total revenue (Form 99	0, Part VIII, column (A), li	ne 12)				1		6,796	,925.
2	Total expenses (Form 9	90, Part IX, column (A), li	ne 25)				2		7,169	,944.
3	Excess or (deficit) for th	ne year. Subtract line 2 fr	om line 1				3			,019.
4	Net unrealized gains (lo	sses) on investments					4		<17	759.
5	Donated services and u	use of facilities					5			
6	Investment expenses						6			
7	Prior period adjustment	ts					7			
8	Other (Describe in Part	XIV)					8			
9	Total adjustments (net)						9		<17	759.
10		ne year per financial state				=	10			778.
		on of Revenue per		Statemer	its W	ith Rever	nue per l	Return		
1		nd other support per aud						1	6,779	,166.
2		ne 1 but not on Form 990), Part VIII, line 12.		1 1	.1	7 750			
а	Net unrealized gains or				2a	<1	7,759	•		
Ь	Donated services and u				2b			-		
С	Recoveries of prior yea	•			2c			-		
d	Other (Describe in Part	=			2d			- 1	.15	750
е	Add lines 2a through 2							2e	<17, 6,796,	, /59 ·
3	Subtract line 2e from lin							3	6,796	,925.
4		orm 990, Part VIII, line 12			1 1					
а	•	ot included on Form 990	, Part VIII, line 7b		4a			4 1		
ь	Other (Describe in Part	XIV)			4b			- 1		•
	Add lines 4a and 4b							4c	6 706	0.
5 Do		s 3 and 4c. (This should			mto M	lith Even		5 Dot:	6 , 796	,925.
		on of Expenses per		Stateme	nts v	viin Expe	nses pe	1 1	7,169,	011
1		ses per audited financial						1	7,109	, , , 44 .
	Donated services and i	ne 1 but not on Form 990), Part IA, line 25.		2a					
a		ise of facilities			2b			1 1		
b	Prior year adjustments	rm 000 Port IV line 05			2c			1 1		
d	Losses reported on For Other (Describe in Part				2d			1 1		
	Add lines 2a through 2	·			_ 20			1		0
е 3	Subtract line 2e from lii							2e	7,169	944
J ∕1		Form 990, Part IX, line 25,	but not on line 1:						1,100	, , , , , ,
7		of included on Form 990			4a					
ь ь	Other (Describe in Part		, rait viii, line 7D		4b			1]		
	Add lines 4a and 4b	AIV)					·	4c		0.
5		nes 3 and 4c. (This should	d equal Form 990 Part I	line 18 \				5	7,169	
	t XIV Supplement		s oquar i omi soo, i ait i,	1110 10.7				1 9 1	.,	, , , , ,
		the descriptions require s 2d and 4b; and Part XII		d 9; Part III,	lines 1	a and 4; Pa	irt IV, lines	1b and 2	2b, Part V, line	4, Part
	100									
						·				

Schedule F (Form 990)

Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Schedule F (Form 990) 2008

Lns	stitute for H	umane St	udies		94-1623	3852
_	rt I General Info	rmation on A		side the United States. Comple		
	to Form 990, Par	t IV, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of the gr	rants or assistance, the	
				selection criteria used to award the gra		X Yes No
	grantoto onglomity for th	, o granto or acco	, , , , , , , , , , , , , , , , , , ,	gradulation and a graduate and are the gra		
_	E	out - D A IV/Ab				
2	For grantmakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of g	rant funds outside the United	l States.
3	Activities per Region. (U	se Schedule F-1	(Form 990) if ad	ditional space is needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	0	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
		in the region	agents in	program services, grants to	describe specific type	in region
		in the region	region	recipients located in the region)	of service(s) in region	iii rogion
			region	resipiente lecated in the region,		
						
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 94-1623852 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Institute for Humane Studies (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed (c) Region Enter total number of other organizations or entitles (b) IRS code section and EIN (if applicable) section 501(c)(3) equivalency letter Schedule F (Form 990) 2008 (a) Name of organization N

Page 3

94-1623852

Institute for Humane Studies

Use Schedule F-1 (Form 990) if additional space is needed

Use Schedule F-1 (Form 990) if additional space is needed	ioj ii additional space is n	eeded					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Humane Studies Fellowships	Argentina	2	4,000.check	Check	0.		
Humane Studies Fellowships	Austria	1	2,000.Check	Check	0		•
Humane Studies Fellowships	Canada	41	8,000,Check	Съеск	.0		
Humane Studies Fellowships	France		2,000,Check	Check	0		
Humane Studies Fellowships	Germany	2	10,000.Check	Check	0		
Humane Studies Fellowships	Italy	1	2,000.Check	Съеск	0		
Humane Studies Fellowships	Poland	1	4,000.check	check	.0		
Humane Studies Fellowships	Slovakia	r-d	2,000.	Electronic funds transfer	o		
Humane Studies Fellowshins	United Kinadom	œ	95	Electronic funds 56 000 transfer/check	G		
					<u> </u>	Schedul	Schedule F (Form 990) 2008

Schedule F	(Forr	n <u>990)</u>	2008	Tus	titute	9 10	or Human	ne s	tuales	. <u>-</u>	94-1623	852	Page 4
Part IV	Su	ppler	nental this part i	Intor	mation	format	tion required b	v Dart I	line 2, and any other	r additio	nal information		
	COI	пріете	uns part	io prov	vide (ile ili)	oma	non required b	y Fari I,	inie z, and any othe	auditio	nai miormation.		
Schedu	le	F,	Part	Ι,	Line	2:_	Grants	are	monitored	via	collaboration	and	
contac	+ ,	i + 1	h +ho	or	ania:	2+ i /	One						
contac	<u> </u>	WI CI	ı cne	OI.	ganiza	a C I V	Olis.						
													
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SCHEDULE								OMB No 1545-0047
(066 11101)			Govern	Governments, and Individuals in the U.S.	uals in the U.S.	.		2008
Department of the Treasury Internal Revenue Service		► Comp	► Complete if the organizatio	in answered "Yes," on F ► Attach to Form 990.	" on Form 990, Pe n 990.	rganization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization	s organization Institute for Humane	for Huma	ne Studies					Employer identification number 94-1623852
1 Does the organization	Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance the	grantage, elicibility	for the grants or ses	the grants or assistance the grantees' eligibility for the grants or assistance, and the selection	
criteria used to a	criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for month	toring the use of grant	funds in the United	States]
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. C	omplete if the orga	nization answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000 Check this	box if no one recipier	it received more th	an \$5,000 Use Pa	rt IV and Schedule I-	(Form 990) if addition	al space is needed
1 (a) Name and ad or gov	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
George Mason University	ersity							
4400 University Drive	rive							In support of educational
Fairfax, VA 22030		54-0836354	501(c)(3)	7,000.	0			activities.
								In support of internship
State Policy Network	ork							activities with
2020 North 14th Street,	treet, Suite 250							state-based research
Arlington, VA 22201	0.1	57-0952531	501(c)(3)	34,618.	0			centers.
	Enter total number of section 501(c)(3) and government organizations	id government orç	ganizations					
S Enter total number	Enter total number of other organizations	And Madine	1 - 1 - 1 - 1	000				A
	For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	tion Act Notice,	See the Instructions 1	or Form 990.				Schedule I (Form 990) 2008

94-1623852 Institute for Humane Studies Schedule I (Form 990) 2008

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed Part III

(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 assistance
Charles G. Koch Summer Fellow Program	47	16,150.	.0		•
MFA Fellowships	11	39,000.	0.		•
Summer Graduate Research	10	10,000.	0		
Humane Studies Fellowships	129	488,000.			
Hayek Fund for Scholars	23	14,730.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I, I	ine 2, and any other	additional information	

Schedule I, Part I, Line 2: Grants are monitored via collaboration and

contact with the organizations.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Institute for Humane Studies

Employer identification number 94-1623852

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? X 5a Any related organization? X 5b If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III Х 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2008

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C)	(D)	(E) Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	3	150,00	75,00		0	3,094.	228,094.	0
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Schedule J (Form 990) 2008

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.

2008
Open to Public Inspection

Name of the organization

Institute for Humane Studies

Employer identification number 94-1623852

Form 990, Part I, Line 1, Description of Organization Mission:
who maintain the highest standard of academic excellence and who share
an interest in the principles of the classical liberal tradition.
Form 990, Part III, Line 4d, Other Program Services:
Student Marketing - markets the Institute's programs to students and
introduces new audiences to the ideas of liberty through printed
materials, e-mails, websites, direct mail, networking, and paid
advertisements.
Expenses \$ 547769. including grants of \$ 0. Revenue \$ 0.
Public Affairs - seeks to inform alumni, faculty, and supporters about
the efforts of the Institute and build communication that develops a
network of individuals interested in liberty.
Expenses \$ 411473. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section A, line 2: Richard Fink is Executive Vice
President of Koch Industries, Inc. Charles G. Koch is Chairman and CEO of
Koch Industries, Inc.
Form 990, Part VI, Section A, line 10: Draft 990 is prepared by the
independent accountants and provided to the Vice Chairman of the Board for
review prior to filing.
Form 990, Part VI, Section B, Line 12c: Disclosure is required
contemporaneously with any potential conflicts.

SCHEDULE O

D------

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.

2008
Open to Public Inspection

Name of the organization

Institute for Humane Studies

Employer identification number 94-1623852

Form 990, Part VI, Section B, Line 15: Compensation for officers is set by
the Executive Committee of the Board of Directors. Management provides the
Committee with comparability data to consider in their review of
compensation. The Chairman of the Board of Directors communicates to
Management in writing with the decisions of the Committee on officer
compensation.
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS
MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WY
Form 990, Part VI, Section C, Line 19: The Institute's financial
statements and governing documents are available upon request to those with
a bona fide business purpose.
Form 990, Part XI, Line 2c
This process has not changed since the prior year.