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# Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

2009

Open to Public Inspection

			yea	C Name of organization	and ending 12-31-20	09	D Employer ide	ntification number	
_	eck if ap Iress ch	oplicable Please use IRS		Humanity United			26-258337		
_	ness char	label o	r	Doing Business As	E Telephone nu				
_		type. S	ee				(650) 587-2	2000	
_	ıal retur mınated	Instruc		Number and street (or P O box if mail is 1991 Broadway Street	s not delivered to street addr	ess) Room/suite	<b>G</b> Gross receipts :		
_				City or town state or country, and 7ID.				_	
_	ended r			City or town, state or country, and ZIP + Redwood City, CA 94063	+ 4				
App	lication	pending					J		
			Nan	ne and address of principal officer			is a group return ates?	for	
						dillil	ates	1 163 P NO	
						1 ' '	ll affiliates include	·	
r Tax	x-exem	pt status 🔽 50	)1(c)	(4) ◀ (insert no )			o," attach a list up exemption nui	(see instructions)	
		: ► www humar				H(c) GIO	ap exemption nai	ilibel F	
						1			
K Forn Pa	_		orat	ion Trust Association Other		<b>L</b> Year of fo	ormation 2008 M	State of legal domicile CA	
Ра		Summary Briefly describe	e the	e organization's mission or most sig	inificant activities				
		Humanity Unite	ed's	mission is to build peace and adva	nce human freedom We			with a broad network o	
3		efforts, ideas, a	and	organizations that share our vision	of a world free of conflic	t and injustice			
Governance									
<u>ē</u>									
<u></u>	2	Check this box	►	if the organization discontinued its	s operations or dispose	d of more than	25% of its net a	ssets	
ø.	3	Number of voti	ng n	nembers of the governing body (Par	t VI, lıne 1a)		3	3	
<u> </u>	4	Number of inde	pen	dent voting members of the govern	ing body (Part VI, line 1	b)	. 4	3	
Activities	5	Total number o	fen	nployees (Part V , line 2a)			5	31	
ş	6	Total number o	fvo	lunteers (estimate if necessary)			6		
		_		ted business revenue from Part VII			7a		
	b	Net unrelated b	usı	ness taxable income from Form 990		7b			
a a						or Year	Current Year		
	8			d grants (Part VIII, line 1h)		•	13,741,165	24,000,000	
enu	9			revenue (Part VIII, line 2g)	•		0		
Ravenue	10			ne (Part VIII, column (A), lines 3, 4	•	75,955	4,272		
_	11			art VIII, column (A), lines 5, 6d, 8d dd lines 8 through 11 (must equal P				0	
	12			dd imes o through 11 (must equal P	, , , , , , , , , , , , , , , , , , , ,	Te	13,817,120	24,004,272	
	13			ar amounts paid (Part IX, column (A			9,437,303	16,250,301	
	14	Benefits paid	to o	r for members (Part IX, column (A),	, lıne 4)			0	
ø	15		rco	empensation, employee benefits (Pa	rt IX, column (A), lines	5 –	1 520 721	2 0 2 2 0 1 2	
38. 18.	16-	10)		The second factor (Double IV. column (A.) III	ma 11a\		1,538,721	3,833,813	
Expenses	16a			raising fees (Part IX, column (A), lii	ne lle)			0	
Δ	ь 17			enses (Part IX, column (D), line 25) <b>▶</b> 0 Part IX, column (A), lines 11a–11c		1,458,248	2,946,565		
	18	-		Add lines 13–17 (must equal Part I		•	12,434,272	23,030,679	
	19	·		penses Subtract line 18 from line 1			1,382,848	973,593	
æ ø			- ^ P	The state of the s		Beginnin	g of Current	, , , , , , , , , , , , , , , , , , ,	
Net Assets or Fund Balances						_	rear	End of Year	
35.45 B.35.45	20			t X, line 16)			2,431,465	5,640,942	
<u> </u>	21			Part X, line 26)			1,048,617	3,284,501	
	22			d balances Subtract line 21 from li	ne 20		1,382,848	2,356,441	
Par	t II	Signature							
				rgury, I declare that I have examined this recorrect, and complete Declaration of prepa					
		<u> </u>							
Sign Here		******	office	or .		2010 Date	-10-25		
	•	[, ]	Signature of officer						
		Randy Newco Type or print		President & CEO e and title					
		<b>     </b>			Date	Check if	Preparer's identif	ving number	
Paid		Preparer's Ro	ger	V Hansen	Date	self-	(see instructions)		
	arer's	,		A Comprehensia Financial Mai		empolyed 🕨			
Use (		Firm's name (or y if self-employed),	,	<b>•</b>			EIN 🕨		
	<b>y</b>	address, and ZIP	+ 4	720 University Ave 200			Phone no h /4/	ne) 250_221 <i>6</i>	
				Los Gatos, CA 95032			Phone no 🕨 (40	<u>'</u>	
				rn with the preparer shown above? (				L Vas L No	

Cat No 11282Y

# Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's missio

Humanity United's mission is to build peace and advance human freedom	n We lead, support, and collaborate with a broad network of efforts
ideas, and organizations that share our vision of a world free of conflict ar	nd injustice

4e	Total program serv	/ice expenses►\$	20,276,30!	5		
	(Expenses \$	2,390,588 inc	luding grants of	· · · · · ·	922 ) (Revenue \$	)
4d		vices (Describe in Sch	•			
•	In 2009, Humanity Uni efforts in the United St international communit improving good govern parties in northern and whether South Sudan valong the border between been made in the follo address critical issues vand 3) development of	ited's program service in regarates engaged in supporting to in promoting peaceful charance, journalism, and civil southern Sudan implement would separate and become een northern and southern Siwing areas 1) support for the well in advance of the Janual frobust Diaspora movement	ards to ending mas the resolution of co nge in Sudan Incresociety in the semithe Comprehensive an independent standam Given both the parties to impler ry 2011 referendunts engaging in prom	is atrocities in Sudan/East Annifict in their home country easingly in late 2009, Human autonomous region of Soule Peace Agreement, and in late. Humanity United also the early stages of this world ment the Comprehensive Pin, 2) peacebuilding efforts toting peace in Sudan, as early stages and success the sudan, as early stages and success the success that is a success to the success that is a success that is a success to the success that is a success that is a success to the success that is a success to the success that is a success to the success that is a success that is a success that is a success to the success that is a success that is a success that is a success to the success that is a success that is a success	africa focused on continuing to provid as well as to efforts to continue to samity United also began developing of them Sudan, while at the same time particular commitments to hold a re- focused increased attention on peace of and the longer-term timeframe of eace Agreement, and in particular ef- along the north-south border in both evidenced by the formal incorporation for promoting peace and reconstruct	spur the engagement of the apacity of local institutions for supporting efforts to help ferendum in January 2011 on abuilding initiatives in areas this work, notable progress harforts to get the parties to Southern Kordofan and Abyen of the National Lost Boys and
4c	(Code	) (Expenses \$	3,838,830	ıncludıng grants of \$	3,076,606 ) (Revenue \$	)
עד	In 2009, Humanity Uni facilitating collaboration United facilitated regul collectively on several coalition, Humanity Un exploratory grantmakin extensive research to i	Ited's program service regard n among US-based organizat ar meetings of a broad range projects and formally launch lited also provided financial s ng to promote greater corpor	ling modern-day slitions working on the e of organizations (led the coalition as support to most coarate accountability or future anti-slaver	avery fell into three main on its issue, and considerable princluding International Just Alliance to End Slavery and illtion members Second, Hoto address forced labor in my activities. In November 2	ategories of activity First, Humanity progress was made in this respect. The Mission (IJM), Polaris Project, an I Trafficking (ATEST). In addition to dumanity United continued to develop multinational supply chains. Finally, History, Humanity United made a decision.	United continued to focus on hroughout 2009, Humanity d Vital Voices) to work convening and managing the p a strategy and to engage in lumanity United also engaged
	(Code	) (Expenses \$	4,642,827	including grants of \$	3,720,965 ) (Revenue \$	)
	Other program services	s strategically chosen to pron	note the mission of	f Humanity United, and var	ious employee gift matching contribu	itions totaling \$65,870
4a	(Code	) (Expenses \$	9,404,060	ıncludıng grants of \$	7,536,809 ) (Revenue \$	)
4	Section 501(c)(3) a		ions and sectio	n 4947(a)(1) trusts a	largest program services by e re required to report the amou service reported	
	If "Yes," describe th	nese changes on Sched	ule O			
3		n cease conducting, or r · · · · · ·		t changes in how it coi		_ Yes ✓ No
	If "Yes," describe th	nese new services on So	chedule O			
	the prior Form 990			rvices during the year		Yes ▼ No

Dart TV	Char	·blict	Λf	Required	Schadul	_
	Cire	KIISL	UI.	<b>Reuu</b> ii eu	Scheuun	= :

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "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		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		No
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form	990 (2009)					Page!
Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					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		27		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0		
С	Did the organization comply with backup withholding rules for reportable payments gaming (gambling) winnings to prize winners?		dors and reportable	. 10	:	No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a		31		
b	If at least one is reported on line 2a, did the organization file all required federal em <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-fi instructions)			21:	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	nedule	0	3Ł	•	No
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a	1	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,  Financial Accounts	Repor	t of Foreign Bank and			
_				<u> </u>	1	<del>+</del>

1991 Broadway Street Suite 320 Redwood City, CA 94063

(650) 587-2000

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body   1a   3			
b	Enter the number of voting members that are independent 1b 3			
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?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νo
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	res	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		100	
_	to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		Νo
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its 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. Another's website. Upon request			
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	ie orga	ınızatıor	n <b>)-</b>
	Kevin Luu			-

# 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

(A) Name and Title	(B) A verage hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Susan McCue Trustee	2 00	X						0	0	0
Susan Lomabardı Mgr Admin Svcs	0					х		110,358	0	15,402
Shannon Sedgwick Davis Trustee	2 00	Х						0	0	0
Rory Eakın Assoc Dır of Inves	40 00					х		137,048	0	19,656
Roberta Riga COO	40 00				Х			224,808	0	27,062
Randy Newcomb President & CEO	40 00			Х				389,608	0	39,480
Peter Chun GC & Secretary	40 00			Х				163,776	0	21,484
Pamela Omidyar Chairman	2 00	Х						0	0	0
Mike Boyer Dir of Communicati	40 00					х		128,864	0	20,136
Kevin Luu Head of Finance	40 00			Х				159,979	0	30,618
Horacio Trujillo Dir of Research	40 00					×		244,492	0	23,157
Ed Marcum Dır Investments	40 00				Х			216,362	0	25,210
David Mozersky Assoc Dir of Inves	40 00					х		120,737	0	26,182

Forr	m 990 (2009)			Page <b>8</b>
1b	Total			248,387
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶12			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 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 individual	4	Yes	
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		No
S	ection 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		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0		form 996	(2009)

Form 99						Page <b>9</b>
	<b>/</b>	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
報告	1a	Federated campaigns 1a	_			
E To	ь	Membership dues 1b	_			
ું."	c	Fundraising events 1c	_			
<u>#</u> _ह	d	Related organizations 1d	_			
E S	e	Government grants (contributions) 1e	_			
ı ۱۳	f	All other contributions, gifts, grants, and similar amounts not included above	00			
ē≹.	g	Noncash contributions included in	_			
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$				
ပိုန်	h	Total. Add lines 1a-1f	24,000,000			
<u> </u>		Business Code	2			
Program Service Revenue	2a					
Æ	ь					
92	c					
Z.	d					
Ξ	e					
Š.	f	All other program service revenue				
Š	g	Total. A dd lines 2a−2f	0			
	3	Investment income (including dividends, interest				
		and other similar amounts)	4,272			4,272
	4	Income from investment of tax-exempt bond proceeds $\blacktriangleright$	0			
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a   .	Gross Rents Less rental	_			
	Ь	expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	_	(i) Securities (ii) Other Gross amount	_			
	7a	from sales of				
		assets other than inventory				
	Ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)	_			
	d	Net gain or (loss)	0			
	8a	Gross income from fundraising				
n e		events (not including				
ᅙ		\$ of contributions reported on line 1c)				
e e		See Part IV, line 18				
Ψ		a	_			
Other Revenue	b c	Net income or (loss) from fundraising events				
_	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	b	Less direct expenses b				
	10a	Net income or (loss) from gaming activities				
		returns and allowances .				
		a				
	ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory •  Miscellaneous Revenue Business Code				
	11a	miscenaneous Revenue Business Code	<u>-</u>			
	ь					
	c d	All other revenue				
	e e	Total. Add lines 11a-11d				
		<b>*</b>	0			
	12	Total revenue. See Instructions	24,004,272			4,272

	990 (2009)				Page <b>10</b>
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(</b> 5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	13,672,996	13,672,996		
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	2,577,305	2,577,305		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,298,387	670,660	627,727	
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	1,871,431	1,070,868	800,563	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	465,272	251,404	213,868	
10	Payroll taxes	198,723	114,847	<del>                                     </del>	
11	Fees for services (non-employees)			==,=:0	
 a	Management	0			
h	Legal	143,783		143,783	
c	Accounting	50,000		50,000	
d	Lobbying	0		30,000	
u	Professional fundraising See Part IV, line 17	0			
£		0			
f	Investment management fees		146 706	40.247	-
g 42	Other	196,053	146,706	<del>                                     </del>	
12	Advertising and promotion	631,019	588,159	<del>'  </del>	
13	Office expenses	47,297	6,943	<del>                                     </del>	
14	Information technology	103,096	5,510	97,586	
15	Royalties	0			
16	Occupancy	58,803	27,769	31,034	
17 18	Travel	0			
	state, or local public officials	0			
19	Conferences, conventions, and meetings	21,735	21,735		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	53,774		53,774	
23	Insurance	11,990		11,990	_
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	Travel & Meeting Expenses	662,336	543,148	119,188	
b	The Action Group	237,591	237,591		_
с	Employee Welfare	95,127	46,681	48,446	
d		140,089	129,720	<del>                                     </del>	
e	Business License & Taxes	184,739	,	184,739	
f	All other expenses	309,133	164,263	<del>'  </del>	
25	Total functional expenses. Add lines 1 through 24f	23,030,679	20,276,305	<u> </u>	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	23,030,019	20,270,303	2,734,374	
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			54,122	1	789,890
	2	Savings and temporary cash investments			1,881,824	2	4,490,050
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			234,827	4	0
	5	Receivables from current and former officers, directors, trustees, highest compensated employees  Complete Part II of					
		Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	0
Assets	7	Notes and loans receivable, net				7	0
Š.	8	Inventories for sale or use				8	0
⋖	9	Prepaid expenses and deferred charges			25,650	9	133,933
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	302,128			
	ь	Less accumulated depreciation	10b	75,059	235,042	10c	227,069
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,431,465	16	5,640,942
	17	Accounts payable and accrued expenses .			712,617	17	2,064,501
	18	Grants payable			336,000	18	1,220,000
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
မ	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
굨		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 to unrelated third parties .				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,048,617	26	3,284,501
s e		Organizations that follow SFAS 117, check here ▶ ☐ and complethrough 29, and lines 33 and 34.	ete lir	nes 27			
- S	27	Unrestricted net assets				27	
<u> </u>	28	Temporarily restricted net assets				28	
or Fund Balance	29	Permanently restricted net assets				29	
<u>.</u> 5		Organizations that do not follow SFAS 117, check here ▶	l comp	olet e			
=		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .	•			31	
	32	Retained earnings, endowment, accumulated income, or other fur	nds		1,382,848	32	2,356,441
Ř	33	Total net assets or fund balances			1,382,848	33	2,356,441
-	34	Total liabilities and net assets/fund balances			2,431,465	34	5,640,942

#### Part XI Financial Statements and Reporting

			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No	
b	Were the organization's financial statements audited by an independent accountant?				
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No	

Form **990** (2009)

#### **Additional Data**

Software ID:

**Software Version:** EIN: 26-2583379

Name: Humanity United

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Travel & Meeting Expenses	662,336	543,148	119,188	
The Action Group	237,591	237,591		
Employee Welfare	95,127	46,681	48,446	
Contract & Temp Services	140,089	129,720	10,369	
Business License & Taxes	184,739		184,739	

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As Filed Data -

DLN: 93493298006050

OMB No 1545-0047

2009

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization
Humanity United

Employer identification number
26-2583379

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete

	organization answered "Yes" to Form	(a) Donor advised funds	1 4	(h) Eunda and	d other accou	nte
1	Total number at end of year	(a) Donor advised lunds	<u> </u>	יעשן unus and	u otner accou	111.5
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
3 4	Aggregate value at end of year					
5	Did the organization inform all donors and donor actions are the organization's property, subject to the			sed	☐ Yes	☐ No
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b conferring impermissible private benefit		•		☐ Yes	┌ No
Par	rt III Conservation Easements. Complet	te if the organization answered "Ye	es" to Forn	n 990, Part	IV, line 7.	
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qui	ation or pleasure) Preservation Preservation	of a certifie	d historic str	· ·	a
	easement on the last day of the tax year			Т		
				Held at t	he End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	nts	2b			
C	Number of conservation easements on a certified h	historic structure included in (a)	2c			
d	Number of conservation easements included in (c)	) acquired after 8/17/06	2d			
3	Number of conservation easements modified, trans the taxable year ▶	sferred, released, extinguished, or term	ninated by th	ne organizatio	on during	
4	Number of states where property subject to conse	rvation easement is located ►				
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		, handling of	violations, a	nd <b>F Yes</b>	┌ No
6	Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing conservation e	asements d	uring the yea	r <b>⊨</b>	
7	A mount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easer	ments durin	g the year ► :	\$	
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	e 2(d) above satisfy the requirements o	ofsection		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's fina	•		•	
Par	Complete if the organization answered			her Simila	r Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or re	search in fu			e,
	If the organization elected, as permitted under SFA	AS 116, to report in its revenue statem			orks of art,	
b	provide the following amounts relating to these item	or public exhibition, education, or resea ms	arch in furthe	erance of pub	lic service,	
b		ms	arch in furthe			
b	provide the following amounts relating to these iter (i) Revenues included in Form 990, Part VIII, line	ms	arch in furthe	<b>►</b> \$		
<b>b</b>	provide the following amounts relating to these iter	ems e 1 istorical treasures, or other similar ass		►\$ ►\$		

**b** Assets included in Form 990, Part X

	•••• Organizations Maintaining Co	Hections of Art	, HIS	tori	cai ir	<u>easui</u>	res, or o	tnei	Sillillai Asse	: <b>ts</b> (co	<u> intinued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing t	hat are	a significa	nt us	se of its collectio	n	
а	Public exhibition		d	Γ	Loan	rexch	ange progra	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	r the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						answered	Y" t	es" to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribut	tions o	r other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing ta	able		Г		A		
_							F	4 -	A mou	ınt	
c d	Beginning balance						<b>—</b>	1c 1d			
u e	Additions during the year  Distributions during the year						<b>—</b>	1a 1e			
f	·							16 1f			
	Ending balance	arm 000 Bart V III					L	41		Yes	Г №
2a h	Did the organization include an amount on Fo		e 21'						1	162	1 140
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete i		n anc	WOr	ad "Vo	:" to F	orm gan	Dart	FIV line 10		
ΓŒ	Endowment Funds. Complete	(a)Current Year		Prior \			Years Back			Four Y	ears Back
1a	Beginning of year balance										
b	Contributions										
c	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 yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment 🕨 %										
c	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	that a	re held	and ac	dministered	for	the		T -
	organization by								35/:)	Yes	No
	(i) unrelated organizations			•				•	3a(i)	$\vdash$	<del></del>
ь	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio				ule R?	· ·		٠. ٠	3b	<del>                                     </del>	
4	Describe in Part XIV the intended uses of th	•				-	•				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	90, Pa	rt X, lıne	<u> 10.</u>			
	Description of investment				Cost or (inves		( <b>b)</b> Cost or o		(c) Accumulated depreciation	( <b>d)</b> B	ook value
1a	Land			1							
Ь	Buildings										
С	Leasehold improvements										
d	Equipment						99	,457	30,260		69,197
_	Other						202	,671	44,799		157,872
е			•				202	,6/1	44,799		137,672

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

	<b>EXIT</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,004,272
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,030,679
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	973,593
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	973,593
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	24,169,272
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	165,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,004,272
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	24,004,272
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial	١.	23,195,679
	statements	1	
2	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	165,000
3	Subtract line 2e from line 1	3	23,030,679
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	ا_	23,030,079
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	23,030,679
	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493298006050

OMB No 1545-0047

\_\_\_\_

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

#### **Statement of Activities Outside the United States**

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

2009

Open to Public Inspection

iterna	l Revenue Service						<b>Inspection</b>
	ie of the organizatio ianity United	n				Emplo	yer identification number
	,					26-25	83379
Pa			mation on Ac		ide the United States	. Complete if the	organization answered
1					records to substantiate	the amount of the	grants or
					assistance, and the se		
2	For grant makers. United States	Descri	be in Part IV the	organization's pi	rocedures for monitoring th	ne use of grant funds	outside the
3	Activites per Reg	ıon (U:	se Schedule F-1	(Form 990) if ad	ditional space is needed )		
	(a) Region		( <b>b)</b> Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed is a program serv describe specific ty service(s) in reg	for region /pe of
uro	pe		0	0	Grants		1,134,346
an	ada		0	0	Grants		96,000
fric	:a		0	0	Grants		1,346,959

2,577,305

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe		134,346	Check			
		Europe		1,000,000	Wire			
		Canada		96,000	Check			
		A fric a		53,908	Check			
		A fric a		50,000	Check			
		A fric a		435,000	Check			
		A fric a		348,069	Check			
		A fric a		290,000	Wire			
		A fric a		25,000	Wire			
		A fric a		20,000	Wire			
		A fric a		124,982	Check			
tax-exempt b	y the IRS, or	for which the grant	sted above that are see or counsel has pr	ovided a section 50:	1(c)(3) equivalency	letter	· <b>*</b>	1
tax-exempt b	y the IRS, or	for which the grant		ovided a section 50:	1(c)(3) equivalency	letter	· <b>*</b>	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to	provide the information required	in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		Evaluation and monitoring of the grants is performed from grantee reporting to ensure that progress is made on agreed upon goals. Humanity United assesses whether the grantees spent the funds efficiently and within budget and if they met expectations. Humanity United extracts what has been learned for use in future projects.

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

DLN: 93493298006050

Inspection

lame of the organization I umanity United						Employer identification number		
						26-2583379		
Part I General Informati	on on Grants and	d Assistance						
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sistance?				•	∀Yes ┌ ſ	
Form 990, Part IV, li	ne 21 for any recip	nent that received r	nore than \$5,000. Ch	United States. Coneck this box if no one	recipient receive	d more than \$5,000.	. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	
See Additional Data Table								

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Evaluation and monitoring of the grants is performed from grantee reporting to ensure that progress is made on agreed upon goals. Humanity United assesses whether the grantees spent the funds efficiently and within budget and if they met expectations. Humanity United extracts what has been learned for use in future projects.

**Software ID:** 09000047

Software Version: 2009v1.3

**EIN:** 26-2583379

Name: Humanity United

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
World Affairs Council of NC 312 Sutter St Suite 200 San Francisco, CA 94108	94-3053917	501(c)(3)	120,000	0			Global Philanthropy forum
Women for women International4455 Connecticut Ave NW Ste200 Washington, DC 20008	52-1838756	501(c)(3)	10,000	0	0		General Support
Vital Voices1625 MassachusettsAve NW Ste850 Washington, DC 20036	52-2151557	501(c)(3)	330,000	0	0		Human rights on Slavery
Vıtal Voices1625 MassachusettsAve NW Ste850 Washington,DC 20036	52-2151557	501(c)(3)	20,000	0			Human rights on Slavery
Verite44 Belchertown Rd Amherst, MA 01002	04-3304538	501(c)(3)	390,000	0			Modern-Day Slaves project
Venture Beyond23462 Via Codomiz Coto de Caza, CA 92679	20-0841989	501(c)(3)	48,000	0			General Support
University of CA Berkeley HumRights 460 Stephen Hall 2300 Berkeley, CA 94720	94-6002123	501(c)(3)	242,100	0			Liberia Survey
UNDPOne United Nations Plaza New York, NY 10017		501(c)(3)	74,112	0			TO KTEN Program support
Trustees of Tufts College20 Professors Row Medford,MA 02155	04-2103634	501(c)(3)	500,000	0			Feinstein Intl Center
Tides CenterPO Box 29907 San Francisco, CA 94122	94-3213100	501(c)(3)	125,000	0			Desmond Tutu Legacy Project

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENPO Box 267 Sagamore, MA 02561	37-1497985	501(c)(3)	65,000	0			Fair trade cert, Cocoa ın Ghana
Sudan Reconstruct Skills Search1086 Avondale St Jackson, MS 39216	65-1258236	501(c)(3)	68,040	0			S Sudan Agricultural
Sudan Reconstruct Skills Search1086 Avondale St Jackson, MS 39216	65-1258236	501(c)(3)	50,000	0			Lost Boys/Gırls Network
Skylight Pictures 330 West 42nd St 24th floor New York, NY 10017	13-3089449	501(c)(3)	276,000	0			Distribution of "The Reckoning"
SF Bay Area Darfur Coalition 3919 Washington St San Francisco, CA 94118	36-4605099	501(c)(3)	12,000	0			General support
Search for Common Ground 1601 Connecticut Ave NW Washington, DC 20009	52-1257425	501(c)(3)	96,710	0			Assoc Liberian Radio Stns
Save Darfur Coalition2120 L St NW Washington, DC 20037	20-0841989	501(c)(3)	500,000	0			General Support
S Sudan Wmn&Yth Empowerment Ntw1819 West Van Buren Phoenix,AZ 85009	36-4581319	501(c)(3)	17,270	0			Sudan Youth Initiative
S Sudan wmn&yth Empowerment Ntw1918 West Van Buren Phoenix,AZ 85009	36-4581319	501(c)(3)	45,500	0			Sudanese Networking Workshop
RugMark Foundation2001 S StreetNW Suite 430 Washington, DC 20009	52-2042014	501(c)(3)	350,000	0			General support

Form 990, Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Resolve Uganda211 8th Street NE Washington, DC 20002	01-0891132	501(c)(3)	30,000	0			General support
Resolve Uganda211 8th St NE Studio Washington, DC 20002	01-0891132	501(c)(3)	127,000	0			General Support
Res Publica US inc857 Broadway Floor 3 New York, NY 10003	13-4286728	501(c)(3)	50,000	0			Dissemination Darfur refugees rpt
RAND Corp1776 Main Street Santa Monica, CA 90407	95-1958142	501(c)(3)	82,500	0			Referendum Project
RAND Corp1776 Main Street Santa Monica, CA 90407	95-1958142	501(c)(3)	82,500	0			Referendum Project
President & Fellows of Harvard C1350 Massachusetts Ave Room 620 Cambridge, MA 02138	42-1035800	501(c)(3)	165,000	0			Fair Trade Cert, Cocoa in Ghana
Polaris ProjectPO Box 77892 Washington, DC 20013	03-0391561	501(c)(3)	250,000	0			General Support
PeaceJam Foundation7530 Grandview Ave Arvada, CO 80002	84-1349666	5 501(c)(3)	· ·	0			Nobel Women's Initiative
Not for SalePO Box 371035 Montara, CA 94037	20-5659783	501(c)(3)	200,000	0			General support
Not for Sale122 Seacliff Ct Montara, CA 94037	20-5659783	501(c)(3)	50,000	0			Slavery Global Forum

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leadership Institute New Sudan1300 Washington St Denver, CO 80203	26-2141365	501(c)(3)	47,500	0			Leadership/Democracy Pilot
KUSH708 Highland Ave NW Washington, DC 20012	20-0472248	501(c)(3)	8,000	0		!	S Sudan Livelihood initiative
KUSH708 Highland Ave NW Washington, DC 20012	20-0472248	501(c)(3)	500,000	0			Sudan Inst Research/Analysis
JSI Research & Training Institut1616 Fort Meyer Dr 11th Fl Arlington, VA 22209	52-2351337	501(c)(3)	75,000	0			Liberia Philanthropy Sec
JSI Research & Training Institut1616 Fort Meyer Dr 11th Fl Arlington, VA 22209	52-2351337	501(c)(3)	116,000	0			Liberian Philanthropy Sec
JSI Research & Training Institut1616 Fort Meyer Dr 11th Fl Arlington, VA 22209	04-2679824	501(c)(3)	21,000	0			Liberian Philanthropy Sec
John Hopkins University Ste400WymanParkBldg3400NCharle Baltimore, MD 21201	52-0595110	501(c)(3)	125,000	0			Gatekeepers Liberia Trip
John Carroll University20700 N Park Blvd University Heights,OH 44118	34-0714681	501(c)(3)	10,000	0			Crisis Mapping Conf
Invisible Children1620 5th Ave Ste 400 San Diego, CA 92101	54-2164338	501(c)(3)	100,000	0			General Support
Intl Ctr for Transitional Justi5 Hanover Square Fl 24 New York, NC 10004	11-3580024	501(c)(3)	495,490	0			ICTJ's storytelling unit

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Intl Ctr for Trans Justice 5 11-3580024 0 Justice in Khartoum/N Hanover Square 24th Floor Sudan 202,921 New York, NY 10004 International Labor Rights 52-1497461 501(c)(3) 0 Free2Work ora Forum2001 S Street Suite 30,000 4201 Washington, DC 20009 52-1497461 501(c)(3) 0 Child/Forced Labor Prit International Labor Rights Forum2001 S Street Suite 170,000 4201 Washington, DC 20009 501(c)(3) International Justice Mission 54-1722887 Gvt Relations/Justice 1235 South Clark Suite Campaign 45,500 1400 Arlington, VA 22202 International Justice Mission 54-1722887 501(c)(3) 0 Gvt Relations/Justice 1235 South Clark Suite Campaign 454,500 1400 Arlington, VA 22202 75-3010560 501(c)(3) 0 Institute for Sustainable Leadership Peace3217 Montrose Development Wkshp 100,000 Houston, TX 77006 501(c)(3) Insight Collaborative 47 71-0986570 Interactive Radio Winter Street Ste 8 200,000 Boston, MA 02108 501(c)(3) 0 Independent Diplomat137 11-3816205 GoSS Project Second Ave 2nd Fl 50,000 New York, NY 10003 501(c)(3) Independent Diplomat137 11-3816205 0 GoSS Project Second Ave 2nd Fl 200,000 New York, NY 10003

251,654

0

General Support

Human Rights Watch350

Fifth Ave 34th floor

New York, NY 10118

13-2875808

501(c)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) 0 Global Giving Foundation 1816 30-0108263 Star Radio, Liberia 12th St NW 3rd Fl broadcasting 82,000 Washington, DC 20009 GI-Net1200 18th St Ste 320 20-2278405 501(c)(3) 0 Genocide Prevention Washington, DC 20036 Campaign 179,400 501(c)(3) 0 Genocide Intervention 20-2278405 General Support Network1333 H Street NW 9,694 First FI Washington, DC 20005 501(c)(3) Genocide Intervention 20-2278405 0 General Support Network1333 H Street NW 124,600 First FI Washington, DC 20005 501(c)(3) 0 TRC Demystification Fund for the City of New York 13-2612524 121 Ave of the Americas Forum 10,000 6thFlr New York, NY 10013 Spcl Adviser Genocide Fund for Peace1720 Eye 13-2550978 501(c)(3) 0 Street NW 7th Fl Prevention 200,000 Washington, DC 20006 Free the 56-2189635 501(c)(3) 0 General Support Slaves Anti Slavery Intl 1320 150,000 19th St NW Ste 600 Washington, DC 20036 Desmond Tutu Peace 13-4092458 501(c)(3) 0 Mpilo Ministries Trust Foundation205 East 64th St 100,000 Ste 503 New York, NY 10065 56-2460366 501(c)(3) 0 Political Accomodation Conflict Dynamics International111 Rice Street ın Sudan 49,535 Cambridge, MA 02140 Community Links Hawaii1003 41-2166810 501(c)(3) 0 General Support Bishop St Suite 2605 10,000 Honolulu, HI 96813

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CoalitiontoAbolishSlavery&Traff 5042 Wilshire Blvd Ste 586 Los Angeles, CA 90036	10-0008533	501(c)(3)	350,000	0			General Support	
Clinton Global Initiative610 President Clinton Ave Little Rock, AR 72201	31-1580204	501(c)(3)	19,000	0			General Support	
Cherish Our Children IntlPO Box 540007 Houston,TX 77254	76-0393617	501(c)(3)	100,000	0			Grassroots Engagement ıA ctıvısm	
Center for Global NonkillingPO Box 12232 Honolulu, HI 96828	99-0316626	501(c)(3)	300,000	0	_		General Support	
Center for American Progress 1333 H St 10th Fl Washington, DC 20005	30-0126510	501(c)(3)	2,250,000	0			Enough Project	
Carter Center453 Freedom Parkway Atlanta, GA 30307	58-1454716	501(c)(3)	1,000,000	0	_		Liberia Access to Justice prjct	
Carnegie Mellon University 5000 Forbes Avenue WH 401 Pittsburgh, PA 15213	25-0969449	501(c)(3)	144,377	0	_		Building A frican Capacity conf	
Caring for KaelaPO Box 285 Stevenson, MD 21153	65-1223148	501(c)(3)	43,101	0			Chad Peace to Keep Project	
A uschwitzI nstforPeace&Reconcili 870 5th A ve Ste 9H New York, NY 10065	20-4714242	501(c)(3)	10,552	0			Anti-Genocide Seminar	
AmCtr for Intl LaborSolidarity 888 16th St NW Suite 400 Washington, DC 20006	52-1984719	501(c)(3)	117,965	0			Trafficking & Migrant Workers	

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
A mCtr for Intl LaborSolidarity 888 16th St NW Suite 400 Washington, DC 20006	52-1984719	501(c)(3)	100,000	0			Trafficking/Forced Labor			
Alliance to Stop Slavery9200 W Sunset Blvd PH 22 Los Angeles, CA 90069	56-2677020	501(c)(3)	43,000	0			General Support			
All Africa Foundation920 M Street SE Washington, DC 20003	74-3015254	501(c)(3)	25,000	0			Liberian Education Trust			
Advocacy Project1326 14th Street NW Washington, DC 20005	52-2333129	501(c)(3)	50,000	0			General Support			

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DLN: 93493298006050

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

пuп	namity officed		26-2583379			
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	$\vdash$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenisement orprovision of all the expenses descr	-		1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		у			
	Compensation committee  Independent compensation consultant	।  -	Written employment contract Compensation survey or study			
	<ul> <li>✓ Independent compensation consultant</li> <li>✓ Form 990 of other organizations</li> </ul>	[   	Approval by the board or compensation committee			
	p 1 orini 9 90 or other organizations	,,	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a	Yes	
ь	Participate in, or receive payment from, a supplemen	ntal non	iqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro					
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com <sub>l</sub>	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	in Part III	i Regs	section 33 4330-4(a)(3)" IT Tes, describe	8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Rory Eakın	(I) (II)	115,298	21,750		11,504	8,152	156,704	
Roberta Riga	(ı) (ıı)	180,558		44,250	18,000	9,062	251,870	
Randy Newcomb	(ı) (ıı)	306,478	83,130		24,500	14,980	429,088	
Peter Chun	(ı) (ıı)	163,776			15,000	6,484	185,260	
Kevin Luu	(ı) (ıı)	149,979	10,000		15,183	15,435	190,597	
Horacio Trujillo	(ı) (ıı)	146,776	28,800	68,916	14,605	8,552	267,649	
Ed Marcum	(ı) (ıı)	181,509	34,853		18,142	7,068	241,572	

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Schedule J (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization
Humanity United

FAttach to Form 990.

Employer identification number

26-2583379

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Disclosure of Humanity United's governing documents and other documents describing its policies and its financial statements will be available to the public upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The process Humanity United conducts in determining compensation for our officers and key employees includes utilizing an independent outside resource to conduct a compensation benchmark study and perform an analysis for each compensated officer and/or key employee. The independent resource procures relevant benchmark survey data from both non-profit and for-profit survey sources to compile the compensation analysis for each compensated officer and/or key employee. The independent resource presents the analysis for each compensated officer and/or key employee directly to the Board of Trustees of Humanity United for independent review and approval. The Board of Trustees will contemporaneously document its basis for the determination of the appropriate compensation. Humanity United conducts this process on an annual basis and more frequently as needed for compensation increases to an officer or key employee, as well as for new hires which become officers and/or key employees.
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Humanity United monitors and enforces its conflict of interest policy by annually gathering from the trustees, officers, directors and key employees all conflict of interests and requiring all other employees to proactively disclose any conflict of interest as they arise. The policy outlines a process by which Humanity United evaluates and protects against undue influence by any person who may have a conflict of interest. The policy also outlines a process to be undertaken if there is a potential violation of the policy Finally, the Board reviews the policy and its administration on an annual basis.
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The process followed for review of the Form 990 is to distribute it prior to the Board of Trustees meeting for independent review by the Board members. At the Board Meeting, the Form 990 is presented and any questions that arise are discussed and addressed.
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Other program services strategically chosen to promote the mission of Humanity United, and various employee gift matching contributions totaling \$65,870