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Department of the Treasury

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)

2009 Open to Public

Inter	nal Revenue	Service	► The organization may have to use a copy of this return to sa	atisty state reporting	requirements	Inspection
Α	For the 200	9 calendar ye	ear, or tax year beginning , and ending			· · · · · · · · · · · · · · · · · · ·
В	Check if applica		C Name of organization THE WILLI HENNIG SOCIETY		D Emp	loyer identification number
Π.	Address change	use IRS	C/O MARK SIDDALL			
\Box	Name change	label or print or	Doing Business As		52	-1271342
	•	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Tele	phone number
\square	Initial return	See	AMNH CENTRAL PARK WEST & 79TH ST.		21	2-769-5638
<u></u>	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross re	
\Box	Amended return	Instruc- tions.	NEW YORK NY 10024			
\equiv		E Name	and address of principal officer		H(a) is the	s a group return for
LJ.	Application pen	ding Harris	, and address of printspar office.			ates? Yes X No
					H(b) Are	all affiliates
		[v	501(c) (3) ◄ (insert no) 4947(a)(1) or 527			o," attach a list (see instructions)
	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
	Website: ▶			T		ip exemption number
******	Type of organi			L Year of formati	on	M State of legal domicile
	art I	Summai				
	1	•	he organization's mission or most significant activities			
ø	A.	DVANCEMI	ENT OF SCIENCE			
Ĕ						
Ë						
š	2 Che	ck this box	if the organization discontinued its operations or disposed of mo	ore than 25% of its n	et assets	
ŏ	· -		members of the governing body (Part VI, line 1a)	310 than 2070 of 110 ft	3	1
ග්		_			4	
itie		-	endent voting members of the governing body (Part VI, line 1b)			
Activities & Governance			employees (Part V, line 2a)		5	
Ac	1		volunteers (estimate if necessary)		6	· · · · · · · · · · · · · · · · · · ·
			ated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated bu	siness taxable income from Form 990 A line 34		7b	0
	0.0		TILUEIVED	P	rior Year 27,972	29,220
Ë	8 Con	tributions and	d grants (Part VIII, line 1)	-		
Revenue	9 Prog	ram service	17,825			
Š	10 Inve	stment incor	ne (Part VIII, column (A) Illines 3, 4, and 7d)	ļ	3,544	5,985
_	11 Othe	er revenue (F	revenue (Part VIII, line 100) MAY 2.4 2010 Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal mark) (VI), column (A), line 12)			
	12 Tota	l revenue – a	add lines 8 through 11 (must equal rank VI) (column (A), line 12)		49,341	78,714
	13 Grai	nts and simila	ar amounts paid (Part IX, column (A), lines 1–3)			
<u> </u>	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)			
	15 Sala	iries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
3	16a Prof	essional fund	draising fees (Part IX, column (A), line 11e)			
_ 	b Tota	l fundraising	expenses (Part IX, column (D), line 25) ▶			
<u>.</u>	17 Othe	er expenses	(Part IX, column (A), lines 11a–11d, 11f–24f)		63,085	52,247
=	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)		63,085	52,247
=	19 Rev	enue less ex	penses Subtract line 18 from line 12		-13,744	26,467
O §	14 Ben 15 Sala 16a Prof b Tota 17 Othe 18 Tota 19 Rev 20 Tota 21 Tota 22 Net			Beginning	of Current Year	End of Year
455	20 Tota	l assets (Pa	rt X, line 16)	<u></u>	287,221	314,284
**	21 Tota	il liabilities (F	Part X, line 26)			
20	22 Net	assets or fur	d balances Subtract line 21 from line 20		287,221	314,284
3	art II	Signatu	re Block			
עט		Under penal	ties of perjury, I declare that I have examined this return, including accompanying	g schedules and statem	nents, and to the b	est of my knowledge
		and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is base	ed on all information of	which preparer ha	aś any knowledge
Sig	n	NX /	1XAddall		IV	5/14/10
He		Signatu	re of officer		Dat	e //
•••				TREASURER	24.	ī
		—	print name and title	11(11) 01(11)	·	
		y Type Of	A STATE OF THE STA		Oh and of	Preparer's identifying number
Pa	id	Preparer's			Check if self-	(see instructions)
	eparer's	signature	JOSEPH MIZRAHI, CPA		employed >	P00078641
	-	Firm's name	GARY E. RESKA, INC.		EIN	▶ 13-3924273
US	e Only	if self-emplo	· · • • • • • • • • • • • • • • • • • •		Phone	•
		address, and	New York, NY 10028-2919		no	▶ 212-249-2525
May	y the IRS d	iscuss this re	eturn with the preparer shown above? (see instructions)			Yes No
For	Privacy A		rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA		•	•			

Form 990 (2009),	THE WILLI HENN	IIG SOCIETY	52-1271342	Page 2
Part III S	Statement of Program	Service Accomplishments		
	cribe the organization's mission			
ADVANCE	MENT OF SCIENC	E		
2 Did the orga	anization undertake any signif	ficant program services during the year	r which were not listed on	
the prior Fo	rm 990 or 990-EZ?			Yes X No
	scribe these new services on			
_	anization cease conducting, o	r make significant changes in how it co	onducts, any program	
services?	scribe these changes on Scho	adula O		Yes X No
			e largest program services by expense	s
			required to report the amount of grant	
		and revenue, if any, for each program		
		16 530		<u> </u>
4a (Code) (Expenses \$	46,538 including grants of E OF PHYLOGENETIC S		nue \$
		, PRINCIPLES, METHO		
PRACTIC		, IRINCII EEO, MEINC	Dollogi, AND	
	· _ ·			
4b (Code) (Expenses \$	including grants of	;\$) (Reve	enue \$
				·
4- (0-4-	\ /F) (Paul	
4c (Code) (Expenses \$	including grants of	f\$) (Reve	inue 5
4d Other progr	ram services (Describe in Sc	hedule O)		
(Expenses		including grants of \$) (Revenue \$	
4e Total progr	ram service expenses 🕨	46,538		

Pa	irt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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		_X_
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 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		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		X
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		<u> </u>
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		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 related 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	12		X
4 O A	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	14		-
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		X
	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		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 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	 _	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X
		Forn	n 990	(2009)

19? Note. All Form 990 filers are required to complete Schedule O

Form	1 990 (2009) THE WILLI HENNIG SOCIETY 52-12/1342			age 4
Pa	art IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	Х
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		X
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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			٠,,
	If "Yes," complete Schedule L, Part III	27		X
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 IV	28a	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	Ì	l	
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	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,			v
	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	1 25	l	x
	Schedule R, Part V, line 2	35	 	 ^ -
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		x
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	- 57	 	†
-	and the diguination complete contests of and provide explanations in concesso of fair viginities in and	1	1	ı

ra	11 V Statements Regarding Other INS Trings and Tax Compnance		т.		
	E. H. H. L. L. L. L. L. L. David on David of Engine 4000. Annual Community and Transmitted of			Yes	No_
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a			
b	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep				
·	gaming (gambling) winnings to prize winners?		1c	Ì	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Ī	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	l by			
	this return?	l l	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	<u></u>	4a		<u> </u>
b	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Bank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		_		
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	l l			37
	organization solicit any contributions that were not tax deductible?	The state of the s	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۱ ۱		
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g		7a		
	and services provided to the payor?	 	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	"		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				
·	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	nct?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	l l	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?	<u></u>	8		
9	Sponsoring organizations maintaining donor advised funds.		- 1		
а	Did the organization make any taxable distributions under section 4966?	 	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	-	9b		
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	- 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	112	- 1		
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b	- 1		
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
l2a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
ນ	in 163, Chief the amount of tax-exempt intelest received of accided during the year			000	

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

_	Schedule O. See Instructions	· · · · · · · · · · · · · · · · · · ·		
Sec	tion A. Governing Body and Management			
4-	Enter the number of voting members of the governing body		Yes	No
1a		-		
b	Enter the number of voting monitors that are interpreted			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7.		x
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			l
	the year by the following		х	ĺ
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
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	L	X
	etion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)		V	- Na
	Decition was not as how local charters have the control of the con	10a	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?	Iva		<u> </u>
Þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405	İ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			x
	form?	11		
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	400		x
12a		12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	400		
	rise to conflicts?	12b		-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	-	X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	· · · · · · · · · · · · · · · · · · ·			.
	with a taxable entity during the year?	16a	-	X
ь	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	<u> </u>	<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► AMNH CENTRAL PARK WEST 79TH STRE	SET 212-76	0 _ E	630

DAA

Form **990** (2009)

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. 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."

|X| Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Posi	tion ((((C) ck all that apply)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. PHILLIPPE GRA	NDCOLAS							0	0	0
DR. MARIO DE PINI VICE PRESIDE								0	0	0
DR. JAMES S. FARI SECRETARY	<u> </u>							o	0	0
DR. MARK E. SIDDA TREASURER								0	0	0
DR. JAMES CARPENT EDITOR IN CH	ER							0	0	0
							ļ			
		ļ					ļ			
									· · · · · · · · · · · · · · · · · · ·	
							<u></u>			
		_								
	-									

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average	Pos	ition (C) k all (that a	pply)	(D) Reportable	(E) Reportable	Estır	F) nated		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ot compe fror orgar and t	amount of other compensation from the organization and related organizations		
							_							
						_						_		
		ļ				_	_							
			<u> </u>											
			-				-						-	
				-	_	<u> </u>		<u> </u>						
				_	-		 							
							_							
										!			_	
	T	!										****		
1b 2	Total Total number of individuals (ir	actuding but not t	ımıte	d to	thos	a lie	ted s	boy	a) who received more than	\$100,000 in	<u> </u>			
•	reportable compensation from	_			tiios	C 113	ieu a	1004	e) who received more than	1 \$ 100,000 III				
									·····			Yes	s No	
3	Did the organization list any fo								oyee, or highest compensa	ted			х	
4	employee on line 1a? If "Yes," For any individual listed on lin								on and other compensation	from	3		+^	
	the organization and related of												,,	
5	individual Did any person listed on line 1	ta receive or acc	rue (comr	hens	ation	ı fror	n an	ıv unrelated organization fo	nr	4	+	X	
	services rendered to the orga	nization? If "Yes,									5	_]	X	
	tion B. Independent Contract													
1	Complete this table for your fi compensation from the organ		ensa	itea	ınaeı	pena	ent d	conti	ractors that received more	than \$100,000 of				
	Name and	(A) I business address			•				Descrip	(B) otion of services		(C) Compen	sation	
			_		*									
												_		
												-		
2	Total number of independent more than \$100,000 in compe		_				ed to	tho	se listed above) who receive	ved		0		
544												00	0 (200)	

Pa	rt V	III Staten	nent of Reve	enue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
សស	 1a	Federated car	nnaigns	1a				TO COLOR	· · · · · · · · · · · · · · · · · · ·	012,010,01017
E al		Membership d		1b	<u></u>					
ᅙ		Fundraising ev		1c		-				
if a				1d		-				
S,E	e	Government grants		1e						
S.S.		All other contribution	•	10						
The st	•	and similar amounts		1 _f		29,220				
들위	g	Noncash contributio	ns included in lines 1a	$\overline{}$	\$					
a C	•	Total. Add line			•	▶ 1	29,220			
-e		1000	70 10 11			Busn. Code				
틸	2a	MEMBERS:	HIP DUES & A	SSESS	MENTS		26,688			26,688
Program Service Revenue Contributions, gifts, grants Program Service Revenue and other similar amounts	b		MEETING REGI				14,821			14,821
je	С						2,000			2,000
Š	d									
Ē	е									
ğ	f	All other progr	am service reve	enue						
4	g	Total. Add line	es 2a–2f			•	43,509		1	
	3	Investment inc	come (including	dıvıder	nds, intere	est, and				1
		other similar a	mounts)			▶ L	5,985	5,985		
	4	Income from I	nvestment of tax	x-exem	pt bond p	roceeds 🕨 📙				
	5	Royalties				>				······································
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco				•				
	/a	Gross amount from sales of assets	(ı) Securitie	s	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps			ļ					
	С	Gain or (loss)	L							
	d	Net gain or (lo		1		•				
ē	8a		om fundraising eve	ents						
ent		(not including \$:	
Rev			reported on line 1c							
Other Revenue		See Part IV, line		a						İ
5		Less direct ex	•	. b						
i			(loss) from fund		events	-				
	9a		om gaming activiti							
	_	See Part IV, line		a b						
		Less direct ex	r (loss) from gan	,	truties			_,,,,		
			f inventory, less	-	IIVILIES					
	iva	returns and al	•	а						
	h	Less cost of		b						
			(loss) from sale	-	ventory	—				
	Ť		ellaneous Revenu		remory	Busn. Code	· · · · · · · · · · · · · · · · · · ·		 	
	11a	::						İ		
	b									
	c									
	d	All other rever	nue							
	е	Total. Add line				>				
	12	Total Revenu	e. See instruction	ons		▶ [78,714	5,985	0	43,509

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,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		- CAPOTIOGO	gonolai expanses	охронове
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			***************************************	***************************************
J	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			·	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				····
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		······		
16	Occupancy	3,300	3,300		
17	Travel		3,300		·
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			···	
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	Insurance	<u> </u>		<u> </u>	
20	mouranoe				
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	MEMBER SUBSCRIPTIONS	25,088			
b	SYMPOSIUM SPEAKERS	14,241			
С	BANK CHARGES	2,723		2,723	
d	OTHER AWARDS	2,000			
е	WORKSHOPS	1,050			
f	All other expenses	3,845		2,986	
25	Total functional expenses. Add lines 1 through 24f	52,247	46,538	5,709	
26				ļ	
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation		<u> </u>		

Form 990 (2009) THE WILLI HENNIG SOCIETY

1 1			(A)		
			Beginning of year		(B) End of year
ا ،	Cash—non-interest bearing		27,867	1	60,819
2	Savings and temporary cash investments		112,103	2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors,				
	employees, and highest compensated employees Com	plete Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined	l under section			
	4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			
	Part II of Schedule L			6	<u> </u>
3 7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities		147,251	11	253,465
12	Investments—other securities See Part IV, line 11		_12		
13	Investments—program-related See Part IV, line 11		13		
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	014 004
16	Total assets. Add lines 1 through 15 (must equal line 3	4)	287,221	16	314,284
17	Accounts payable and accrued expenses		17		
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
3 21	Escrow or custodial account liability. Complete Part IV			21	
21 22	· ·				
<u> </u>	employees, highest compensated employees, and disc	ualified			
ן נֿ	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated this	d parties		23	
24	Unsecured notes and loans payable to unrelated third p	parties		24	
25	•			25	
26	Total liabilities. Add lines 17 through 25			26	
27 28 28	Organizations that follow SFAS 117, check here ▶	X and			
≟	complete lines 27 through 29, and lines 33 and 34.		287,221		314,284
ਊ 27	Unrestricted net assets		281,221		314,20
28				28	· · · · · · · · · · · · · · · · · · ·
≧ 29				29	
-	Organizations that do not follow SFAS 117, check he	ere 🕨 📋			
5	and complete lines 30 through 34.			20	
2 30	•	or Count		30	
31	• • •			31	
29 30 31 32 33 34		or other tunds	287,221		314,284
5 33 2 34			287,221	33	314,284

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990 X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	Were the organization's financial statements audited by an independent accountant?	2b		X				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O							
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 separate basis							
За	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						
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						
		Form	990	(2009)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE WILLI HENNIG SOCIETY C/O MARK SIDDALL

Employer identification number 52 - 1271342

P	art l	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this	oart.) 🤄	See in	struct	tions.		
The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)													
1	\Box			ociation of churches described									
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Ħ				ction 170	b)(1)(A)(i	iii).						
4	H		a cooperative hospital service organization described in section 170(b)(1)(A)(iii). search organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name,										
city, and state											•	- •	
5				of a college or university owned	or operate	ed by a do	overnme	ntal uni	l descri	bed in			
3	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
_					ootion 17	0/6\/4\/A	1641						
6	v		ederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7													
_	described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	H	•		170(b)(1)(A)(vi). (Complete Part									
9				1) more than 33 1/3 % of its sup									
				npt functions—subject to certain									
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
			•	0, 1975 See section 509(a)(2).									
10	\square			exclusively to test for public safe									
11	\sqcup			exclusively for the benefit of, to							_		
				ed organizations described in s						section	1		
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		a Type! b Type II c Type III—Functionally integrated d Type III—Other											
е	Ш		· •	janization is not controlled direc	-								
				and other than one or more pul	olicly supp	orted org	anizatio	ns aesc	ribea in	section	n		
			section 509(a)(2)				_						
f		-		ermination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	orting				
		-	check this box										Ш
g				tion accepted any gift or contrib	ution from	any of th	ne						
		following per										<u> </u>	Т
				ontrols, either alone or together	with perso	ons descr	ibed in (11)			<u></u>	Yes	No
				f the supported organization?							11g(i)		
		(ii) A family	member of a person describ	bed in (i) above?							11g(ıi		
		• •	•	described in (i) or (ii) above?							11g(i	<u>i)l</u>	
<u>h</u>		Provide the f	ollowing information about t	he supported organization(s)	- _[ι		· · · · ·		
(i)		Name of supported (II) EIN (III) Type of organization (iv) Is the organization (v) Did you								(vii) Amount o		f	
organization		anization	on (described on lines 1–9 above or IRC section		in col (i) listed in your governing document?		the organization in col (i) of your		(i) organized in the		support		
				(see instructions))			support?		US?				
			****		Yes	No	Yes	No	Yes	No			
							-	-					
					-						<u> </u>		
T	-1												

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

Schedule A (Form 990 or 990-EZ) 2009

52	_ 1	2	7	1	3	4	2
2	- 1	_	•			-	_

Page 2

Pa	Support Schedule for On (Complete only if you che)(1)(A)(iv) and	170(b)(1)(A)(vi)				
500	tion A. Public Support	ecked the box c	11 IIII	o or raiti.j						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
Cai	endar year (or nacar year beginning in)	(a) 2003	(6) 2000	(0) 2001	(u) 2000	(0) 2003	(i) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not						450 450			
	include any "unusual grants ")	56,670	64,560			29,220	150,450			
2	Tax revenues levied for the organization's benefit and either paid to or expended on									
	its behalf				 		<u>-</u>			
3	The value of services or facilities furnished by a governmental unit to the									
	organization without charge									
4	Total. Add lines 1 through 3	56,670	64,560			29,220	150,450			
5	The portion of total contributions by each person (other than a governmental unit or				Ī					
	publicly supported organization) included				•					
	on line 1 that exceeds 2% of the amount				•					
	shown on line 11, column (f)						150 450			
6	Public support. Subtract line 5 from line 4 tion B. Total Support		<u></u>	· · · · · · · · · · · · · · · · · · ·	<u>†</u>	<u> </u>	150,450			
	endar year (or fiscal year beginning in)	(=) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
		(a) 2005		(0) 2007	(d) 2008	· · · · · · · · · · · · · · · · · · ·				
7	Amounts from line 4	56,670	64,560			29,220	150,450			
8	Gross income from interest, dividends, payments received on securities loans,									
	rents, royalties and income from similar									
	sources		ļ							
9	Net income from unrelated business									
	activities, whether or not the business is	,	:							
	regularly carried on				 	0				
10	Other income Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part IV)	3,624	4,121			43,509	51,254			
11	Total support. Add lines 7 through 10				<u> </u>		201,704			
12	Gross receipts from related activities, etc	,				12	5,985			
13	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax ye	ar as a section 501	(c)(3)				
	organization, check this box and stop her									
	tion C. Computation of Public Su									
14	Public support percentage for 2009 (line 6			(f))		14	74.59 % 96.17 %			
15										
16a	6a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box									
	and stop here. The organization qualifies		_				▶ <u>X</u>			
b	33 1/3 % support test—2008. If the organ	nization did not chec	k a box on line 13	or 16a, and line	15 is 33 1/3 % or r	nore, check this				
box and stop here. The organization qualifies as a publicly supported organization										
17a	10%-facts-and-circumstances test—2009. 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-circums		-				▶ _			
b	10%-facts-and-circumstances test—2008. 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-circums						P			
18	Private foundation. If the organization did	d not check a box or	ı line 13, 16a, 16b,	17a, or 17b, che	eck this box and se	e instructions	▶ ∟			

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

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)						
Sect	tion A. Public Support									
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						<u></u>			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,						
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 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 \$5,000 or 1% of the]				
	amount on line 13 for the year									
C	Add lines 7a and 7b		- 	,		.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8	Public support (Subtract line 7c from line 6)									
	tion B. Total Support		,							
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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									
	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)		<u> </u>	<u></u>	<u> </u>	1				
14	First five years. If the Form 990 is for the	-	, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	. □			
<u> </u>	organization, check this box and stop her tion C. Computation of Public St		tane				<u> </u>			
				(0)		15				
15 46	Public support percentage for 2009 (line 8		-	iii (1 <i>))</i>		16				
16 Sec	Public support percentage from 2008 Schition D. Computation of Investme					10				
				Column (ft)		17	%			
17 10	Investment income percentage for 2009 (I	18	<u> </u>							
18 19a	Investment income percentage from 2008 33 1/3 % support tests—2009. If the organization			e 14 and line 15 ii	s more than 33 1/3					
	17 is not more than 33 1/3 %, check this b	oox and stop here.	The organization	qualifies as a publ	licly supported org	anızatıon	▶ [
b	33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization did									

Schedule A (Form 990 of 990-EZ) 2009 THE WILLI HENNIG SOCIETY

52-1271342

Page 4

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

Part II, Line 10 - Other Income Detail

INTEREST INCOME

\$

7,745

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

THE WILLI HENNIG SOCIETY

C/O MARK SIDDALL

Employer identification number

52-1271342

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public