

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



Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

SCANNED SEP 27 2010

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

Open to Public Inspection

	For the	2009 calend	dar year, o	or tax year beginning	, 200	9, and endi	ng			,		
		applicable		C Name of organization	·-		_	D Employ	er Iden	tification Nun	nber	
	Addr	ress change	Please use IRS label	INTERNATIONAL POI	LICY NETWORK US,	INC.		52-2	2363	626		
	Nam	ne change	or print		x if mail is not delivered to street		/suite	E Telepho				
	Ħ	al return	or type. See specific	ROOMS 200-205, 3RD FLOOR, TE	MPLE CHAMBERS. 3/7 TEMPLE	AVENUE		(44)	0) 2	03-393	8	
	Term	nination	Instruc- tions.	City, town or country		te ZIP code +	4	,				
	H	nded return		LONDON EC4YOHP, U	nited Kingdom			G Gross r	eceints	\$ 1,164	. 603	
	7	ication pending	F Name a	and address of principal officer			H(a) Is this a				Yes	X No
				ETSTONE ROOMS 200-205, 3RD	L. LONDON, UK		H(b) Are all			F	Yes	No
$\overline{\Gamma}$	Tax-e	exempt statu		I(c) (3)		527	- If 'No,'	attach a list	(see in	structions)		_
j		site: ► N/		, (o) _ / _ (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<i>y</i>	1 1	H(c) Group	exemption ni	umber !	>		
ĸ		of organization	Corpora	ation X Trust Association	Other▶	L Year of Forma		· · · · · · · · · · · · · · · · · · ·		legal domicile	IIK	
	rt l	Summa		ation III must Massociation	1 0000	_ 100/ 0/10////	2002	, ,,,,,	otate of	logar domicine		
				ganization's mission or most	significant activities I	PUBLIC E	POLICY	EDUCAT	ION			
đ)		,	~		_							
Š	_											
Activities & Governance	_											
ò	2 C	heck this bo	x ► 🔲	if the organization discontin	ued its operations or disj	posed of mo	ore than 25°	% of its a	ssets			
න න				bers of the governing body						6		
9				t voting members of the gov	erning body (Part VI, line	e lb)			4	6		
iviti				yees (Part V, line 2a) eers (estimate if necessary)					5 6	17		
Act				ousiness revenue from Part					7a	0		0.
		-		taxable income from Form	• • • •				7b			
							Р	rior Year		Curr	ent Ye	ar
	8 C	Contributions	and gran	ts (Part VIII, Jine 1h)				,271,2	217.			385.
Revenue	9 P	rogram serv	ice reveni	ue (Part VRE) EN VE	:D			46,9				535.
eve	10 In	nvestment in	come (Pa	art VII, c olumn (A), lines 3,	4, an ot 3 da			1,9	914.			
ď	11 0	ther revenue	e (Part VI	III, chemb (A), lines 5, 6d, 8c, 9d, 90d, and 11e)				-38,0			-6,	317.
				nes Barbugh H (Must equa	1071	ine 12)	1	,282,0)95 <u>.</u>	1,	164,	603.
				ounts paid (Part IX, column				22,0	000.		11,	<u>595.</u>
		Benefits paid to or for members @GDEOMn(A), line 4										
ø	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) a Professional fundraising fees (Part IX, column (A), line 11e)		705,8	312.		603,	108.				
nse	16 a P	rofessional f	fundraisin	ig fees (Part IX, column (A),	line 11e)							
Expenses	ьт	otal fundrais	ing exper	nses (Part IX, column (D), li	ne 25) ►	29,767.	1 3 4 3 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. , . 	´		• '	
E	17 0	ther expense	es (Part I	X, column (A), lines 11a-11	d, 11f-24f)	-		588,5	525.		526,	912.
	18 T	otal expense	es Add hr	nes 13-17 (must equal Part	1	1,316,337			141,	615.		
				s Subtract line 18 from line				-34,2				988.
P 60							Begin	ning of Y	ear	End	of Yea	
Net Assets or Fund Balances	20 Te	otal assets (Part X, III	ne 16)				337,9				139.
t As	21 Te	otal liabilities	s (Part X,	, line 26)				61,4	176.			709.
ŽŽ.	22 N	let assets or	fund bala	ances Subtract line 21 from	line 20			276,4	142.		299,	430.
Pa	rt II	Signatu	ure Bloc	ck								
		Under penaltie	s of perjury,	I declare that I have examined this re Declaration of preparer (other than	eturn, including accompanying si	chedules and st	atements, and	to the best of	of my ki	nowledge and	belief, i	t is
		lide, correct, a	Complete	Declaration of preparer (other triain	onicer) is based on an information	on or writer pre	parer nas any i	Kilowieuge				
Sig		1	~~~	100								
He	re	Signature	of officer	(\)			Dat			21 0		
		Tomas	7001		EXECUTIVE DIC	6 COOK	·	M	435	26,2	<u>න (ට</u>	. د
		Type or pr	int name and	a title		T ₀ .			To	rannaria idan	tifiyaa a	· · · · · · · · · · · · · · · · · · ·
Dai	i al					Date	se			reparer's iden see instruction	is)	umber
Pai Pre		Preparer's signature	- 00	uil C. Buche	016	8/17/1	en	nployed	Ч			
	rer's				 /	17/1/	-					
Ùs	е	Firm's name (o yours if self-		dershot, Burkhard	•							
On	ly	employed), address, and	dress, and						170	21 261	150	
Ma:	the IDS	ZIP + 4		assas		.09	Ph	ione no	(70		-159:	₹——
<u>-</u>				with the preparer shown abo work Reduction Act Notice		and Al	7	TEE 40101	07/20			No (2009)
DAI	TOFF	nvacy Act a	inu raper	WORK MEGICION ACT NOTICE	, see me separate mstru	CHOILS.	(TEEA0101	07/20	וסיו ביטוו	330	(2009)

rm 990 (2					52	<u>-236362</u>	26		Pa
art III	Statement of Program		oiisnments			· ·			
-	describe the organization's mis								
PUBI	LIC POLICY EDUCATION						- 		
							. _		_
									
	e organization undertake any sig	gnificant program ser	vices during the yea	ir which were n	ot listed on the prio	r _			
	990 or 990-EZ?						Yes	X	
	s,' describe these new services o							_	
	e organization cease conducting		changes in how it o	onducts, any p	rogram services?		Yes	X	
	s,' describe these changes on Sc								
4 Descri	ibe the exempt purpose achiever 01(c)(4) organizations and section	ments for each of the	e organization's three	e largest progra	m services by expe	enses Sec	tion 50	1(c)(3	3)
expen	ises, and revenue, if any, for each	ch program service re	eported	t the amount of	i granis and allocat	וטווא נט טנוו	ers, un	lotai	ı
	•								
		1 000 100							
4a (Code									
	ERNATIONAL POLICY NE					<u>IDEAS</u>	.BY		_
	ELLECTUALS AND OTHER						- 		_
ESPE	ECIALLY THOSE ISSUES	HAVING INTER	NATIONAL_IMP	<u>LICATIONS</u> .					_
							. _		_
		-					- - -		_
		 -							_
	_ 			- -					_
						_			_
									_
						_			
									_
b (Code) (Expenses \$	ı	including grants of	Ś) (Revenu	e \$			
`			g g	·		· ·			_
									-
									_
									
			-						-
									-
		-				-			-
									-
		-				-			-
			- 						_
			-			-			_
						-			-
					·				_
c (Code) (Expenses \$		including grants of	\$) (Revenu	e \$			
						-			_
			 .	_ 					_
									
	-								
				-					
									_
									
									_
	 				 				_
						- -			
				- <i></i>					
									
d Other	program services (Describe in S	Schedule O)							
(Exper	nses \$	including grants	of \$) (1	Revenue \$)	
		1,039,							

	•		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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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> </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		X
	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		х
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		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	- 1
•	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 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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х_	
12 <i>F</i>	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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>
	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		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) INTERNATIONAL POLICY NETWORK US, INC.

Park W Checklist of Required Schedules (continued)

	•		Yes	No
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	х	
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	a 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, and 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
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		х
ŀ	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	7 *		
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		<u> x</u>
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		Х
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
3AA		Form	990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

`			Yes	No			
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable .	1a 0	,	j. 1				
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0						
c Did the organization comply with backup withholding rules for reportable payments to vendors	s and reportable gaming						
(gambling) winnings to prize winners?	1 1	1 c	X	-			
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 17						
2b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	X				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	•						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	r covered by	3a		Х			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь					
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a nancial account)?	4a	х				
b If 'Yes,' enter the name of the foreign country ▶ United Kingdom							
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts.	Foreign Bank and						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year ⁹	5a		Х			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	er transaction?	5b		Х			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent	tity Regarding Prohibited	_					
Tax Shelter Transaction?		5c					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		х			
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and page 1.	artly for goods and services						
provided to the payor?	arity for goods and sorvices	7a		Х			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7Ь					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	nich it was required to file	7c		х			
d 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 premium benefit contract?	ns on a personal	7 e		Х			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?	7f		X			
q For all contributions of qualified intellectual property, did the organization file Form 8899 as re		7g		Λ			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Forn	· ·	7h					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ng organizations.Did the						
supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	ave excess business						
9 Sponsoring organizations maintaining donor advised funds.	İ						
a Did the organization make any taxable distributions under section 4966?		9a		Х			
b Did the organization make any distribution to a donor, donor advisor, or related person?		9 b		Х			
10 Section 501(c)(7) organizations. Enter							
a Initiation fees and capital contributions included on Part VIII, line 12	10a	l					
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							
a Gross income from other members or shareholders	11 a	l					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12ь						

BAA

Form 990 (2009)

Section A. Governing Body and Management

Yes No

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.

1 a	Enter the number of voting members of the governing body	1 a	6			'				
ŀ	Enter the number of voting members that are independent	1 b	6	_						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationer, director, trustee or key employee?	ationsl	nip with any other	2		Х				
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	ider th	e direct supervision	3		x				
4	Did the organization make any significant changes to its organizational documents			4		Х				
	since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization	's asse	ets?	5		Х				
6	Does the organization have members or stockholders?			6		Х				
7 a	a Does the organization have members, stockholders, or other persons who may elect one or m governing body?	ore m	embers of the	7a		х				
ł	a Are any decisions of the governing body subject to approval by members, stockholders, or oth	er per	sons?	7b		Х				
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
a The governing body?										
b Each committee with authority to act on behalf of the governing body?										
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O										
Sec	tion B. Policies (This Section B requests information about policies not	requi	red by the Intern	al		Х				
Reve	enue Code)	·	•							
					Yes	No				
10 a	a Does the organization have local chapters, branches, or affiliates?			10a		Х				
ł	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such	chapters, affiliates,	10Ь						
Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?										
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	Х					
ŧ	b Are officers, directors or trustees, and key employees required to disclose annually interests t to conflicts?	hat co	uld give rise	12b	х					
(Does the organization regularly and consistently monitor and enforce compliance with the poli Schedule O how this is done	cy? If	'Yes,' describe in	12c	Х					
13	Does the organization have a written whistleblower policy?			13	X					
14	Does the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pprov	al by independent							
	The organization's CEO, Executive Director, or top management official			15a	Х					
ł	Other officers of key employees of the organization			15b	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)									
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrang	ement with a taxable	16a		X				
ŧ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization	to eva	luate its participation							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	he org	ganization's exempt	16b		-				
Sec	tion C. Disclosures									
17	List the states with which a copy of this Form 990 is required to be filed >									
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 inspection. Indicate how you make these available. Check all that apply										
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public					cıal				
20	State the name, physical address, and telephone number of the person who possesses the bo	oks a	nd records of the orga	anızatıoı	ר					
ı	THE CORPORATION ROOMS 200-205, 3RD FL TEMPLE CHAMBERS, 3/7 TEMPLE AVE LONDON EC4YOHP, UK			202) !	<u> </u>	<u> 2131</u>				

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

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

Check this box if the organization did no	t compens	ate ar	пу с	urre	nt o	fficer,	dıre	ctor, or trustee		
(A)		(D)	(E)	(F)						
Name and Title	Average hours				_	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el frustee or director	mshtutiossal foustee	Offi 🖭	key employee	Higt est coin-ensated employee	Forner	the organization (W 2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
LINDA WHETSTONE										
CHAIRMAN	5.00	Х						0.	0.	0.
BRIDGETT WAGNER										
DIRECTOR	1.00	X			_			0.	0.	0.
ROBERT_BOYD						:				
TREASURER	2.00	<u>X</u>			<u> </u>			0.	0.	0.
GEORGE OHRSTROM	1 00								_	_
DIRECTOR	1.00	<u> </u>			<u> </u>			0.	0.	0.
JULIAN MORRIS EXECUTIVE DIR	40.00	į		Х	١.	Х		120,000.	0.	0
DAN OLIVER	40.00			^			_	120,000.	0.	0.
DIRECTOR	1.00	x					l	0.	0.	0.
CHRISTOPHER WHITTEN DIRECTOR	1.00	-						0.	0.	0.
						!				

Part.VII Section A. Officers, Directors, Trus	tees, k	Key	En	ıplo	oye	es,	an	d Highest Con	npensated Emp	oloyee	s (co	nt.)_
· (A)	(B) (c)						-	(D)	(E)		(F)	
Name and Title		Position (check all that							Reportable		Estimated	!
	nours per week	일절	Inst	Officer	Key	Highest compensate employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co	ount of ot mpensate	
		rect		Ę	em	nest bloye	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	01	from the ganizatio	n
		or all	n <u>a</u>		employee	com	}			or	ind relate ganızatıcı	ns
		stee	nstitutional trustee		18	pens						
		"	æ			sated						
	ļ	<u> </u>			<u>L</u>							
	1											
	ļ	ļ	<u> </u>		_					<u> </u>		
	-											
		<u> </u>	<u> </u>	-	<u> </u>					ļ		
	-											
		<u> </u>	-							ļ		
	-											
.	 	-	-		ļ		-			ļ		
	-		İ									
	-	-			-	\vdash				ļ		
	+		•		-							
	 	┢		-		H				 		
	-											
									<u> </u>		-	
	-	\vdash					-		_	 		
	1		ļ									
	 	 			-							
	1											
	1	<u> </u>								 		
	1											
		ļ			†							
	1											
	1										-	
]											
1 b Total							•	120,000.	0.			0.
2 Total number of individuals (including but not limite	d to thos	e lis	ted	abov	ve) v	who	rece	eived more than \$	100,000 in reportat	le com	pensat	ion
from the organization 1												
								1			Yes	No
3 Did the organization list any former officer, director	or truste	e. k	ev e	mpl	ove	e. or	hıal	hest compensated	l emplovee			<u> </u>
on line 1a ⁷ If 'Yes,' complete Schedule J for such ii	ndıvıdual		•	•	-		•	•		3	<u> </u>	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	com	pen	satio	on a	ind o	othe	r compensation from	om ob		1.	l•
ine organization and related organizations greater t	ian piot	J,000	וו ינ	1 e.	5 6	וקוווכ	iele	Scriedule 3 loi su	CH	4		X
5 Did any person listed on line 1a receive or accrue of	omnone	ation	fra	m 0r		nral	atad	organization for a	.004000			
rendered to the organization? If 'Yes,' complete Sch	nedule J	for s	uch	per:	iy u son	Heid	ateu	organization to s	sei vices	5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compensat	ed indep	ende	ent d	conti	ract	ors t	hat	received more tha	n \$100,000 of			
compensation from the organization						_	_	· - · · · · · · · · · · · · · · · · · ·				
(A)								(B)	of Common	Camp	(C)	
Name and business address Description of Services								or Services	Comp	ensatio	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
												
											-	
							-	<u> </u>				
							-					
2 Total number of independent contractors (including	but not I	ımıte	ed to	the	se l	ister	d ah	ove) who received	I more than	4 [Light] }	و و دوده کا ایجا	ا در
\$100,000 in compensation from the organization								,	ч	2 ()	No.	

Pa	rt VIII Statement of Revenue			<u> </u>		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
IS, GRANTS AMOUNTS	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 c			, ,		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 f	1,065,385.			,	
CONTR	g Noncash contribns included in lins 1a-1f. \$	>	1,065,385.	,		
UE		Business Code				
ñ	2a SPONSORSHIP INCOME 90	00099	102,995.	102,995.	0.	0.
SERVICE REV	b PUBLICATION INCOME 90 c d	00099	2,540.	2,540.	0.	0.
Σ¥	e					
ZOGR,	f All other program service revenue					
	g Total. Add lines 2a-2f	>	105,535.			
	 Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt bo Royalties 	>				
	(i) Real	(ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					*
	c Rental income or (loss)					
	d Net rental income or (loss)	>				
	7a Gross amount from sales of assets other than inventory (i) Securities	(II) Other				
	b Less, cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	>				
ENUE	8a Gross income from fundraising events (not including \$		-			
Ě	of contributions reported on line 1c)					
OTHER REVENI	See Part IV, line 18 a					
₽	b Less direct expenses b					
	c Net income or (loss) from fundraising ever 9a Gross income from gaming activities See Part IV, line 19	ents -				
	b Less: direct expenses b					
	c Net income or (loss) from gaming activitie					
	10a Gross sales of inventory, less returns and allowances	:5				
	b Less: cost of goods sold b	on/ Þ				
	c Net income or (loss) from sales of invento Miscellaneous Revenue	Business Code				
	b	00099	-6,317.	-6,317.	0.	0.
	d All other revenue		· · · · · · · · · · · · · · · · · · ·			
	e Total. Add lines 11a-11d		£ 217			
		•	-6,317.	00 010		
	12 Total revenue. See instructions		1,164,603.	99,218.	0.	0.

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).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		11,595.	11,595.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			, 34.	
3	Grants and other assistance to governments, 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	120,000.	105,163.	10,208.	4,629.
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	414,012.	367,999.	30,042.	15,971.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	13,641.	12,087.	1,028.	526.
10	Payroll taxes	55,455.	49,135.	4,181.	2,139.
11	Fees for services (non-employees)				
	a Management				
1	b Legal				
(c Accounting	21,823.	8,979.	12,575.	269.
(d Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
1	f Investment management fees				
•	g Other	146,707.	142,939.	2,638.	1,130.
12	Advertising and promotion				
13	Office expenses	38,191.	35,154.	2,126.	911.
14	Information technology				
15	Royalties				
16	Occupancy				
17		77,052.	75,175.	1,314.	563.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	139,055.	139,055.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,322.	9,383.	657.	282.
	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)				
a	GOVERNANCE EXPENSE	4,173.	0.	4,173.	0.
	EUREKA PROJECT	51,341.	51,341.	0.	0.
	: MISCELLANEOUS	16,536.	9,776.	3,413.	3,347.
	ASIAN ACTIVITIES	21,712.	21,712.	0.	0.
6	·		22,728	J.	
	All other expenses	4 4 4 5 5 5 5			
	Total functional expenses. Add lines 1 through 24f	1,141,615.	1,039,493.	72,355.	29,767.
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		·	·l		Form 990 (2009)

art		Balance Sheet	K US	, INC.	52-	23636	26 Page 1
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			229,958.	1	321,426
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net .				3	
	4	Accounts receivable, net			70,000.	4	1,085
	5	Receivables from current and former officers, directors and highest compensated employees Complete Part I	s, trust I of Sc	ees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as define	d und	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	lete P	art II of Schedule L		6	
5	7	Notes and loans receivable, net		Ţ		7	
<u> </u>	8	Inventories for sale or use				8	
֡֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֡֓	9	Prepaid expenses and deferred charges		Ī	17,692.	9	7,673
1	0a	Land, buildings, and equipment cost or other basis.	10a	50,766.	e en la company	٠,	81 × 31 /-
		Complete Part VI of Schedule D			,		,
	ь	Less accumulated depreciation	10Ь	20,811.	20,268.	10 c	29,955
1	1	Investments — publicly-traded securities		20,011.	20,200.	11	25,555
ı	2	Investments – other securities See Part IV. line 11				12	
- 1	3	Investments – program-related See Part IV, line 11		<u> </u>		13	
- i .	4	Intangible assets		}		14	
- 1	5	Other assets. See Part IV. line 11		<u> </u>		15	
	6	Total assets Add lines 1 through 15 (must equal line)	34)	-	337,918.	16	260 120
+	7	Accounts payable and accrued expenses	34)	····	61,476.	17	360,139
	8	Grants payable and accided expenses	-	01,4/0.	18	60,709	
	9	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
i I .	.o !1	Escrow or custodial account liability Complete Part IV	/ af C.	bodulo D		21	
	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensated employees.	tees. I	cev emplovees.		21	
<u> </u>		of Schedule L	50115	Complete Part II		00	
2	12			·	 	22	
1	23	Secured mortgages and notes payable to unrelated thi)		23	
		Unsecured notes and loans payable to unrelated third	partie	·		24	
	25	Other liabilities Complete Part X of Schedule D		F	61 486	25	60 500
-+	26	Total liabilities. Add lines 17 through 25	11		61,476.	26	60,709
!		Organizations that follow SFAS 117, check here ►	X a	nd complete lines	1		
.	_	27 through 29 and lines 33 and 34.		-			
4		Unrestricted net assets		-	12,959.	27	176,401
2	8	Temporarily restricted net assets		ļ	263,483.	28	123,029
4	9	Permanently restricted net assets				29	
}		Organizations that do not follow SFAS 117, check her	e ►	and complete	†		
3	_	lines 30 through 34.					
1 .	0	Capital stock or trust principal, or current funds		ļ.		30	
۱ <u>-</u>	1	Paid-in or capital surplus, or land, building, and equipr		-		31	
ì _	2	Retained earnings, endowment, accumulated income,	or oth	er funds	 -	32	
		Total net assets or fund balances		<u></u>	276,442.	33	299,430
3	4	Total liabilities and net assets/fund balances			337,918.	34	360,139.

BAA

360,139. Form **990** (2009)

Form 990 (2009)	INTERNATIONAL	POLICY	NETWORK	US,	INC

52-2363626

Page **12**

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c 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?	2 c	Х	
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 X Consolidated basis Both consolidated and separate 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?	За		х
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		

BAA

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.

OMB No 1545-0047 2009

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

ENT			ICY NETWORK US							363626			
<u>Par</u>	<u>t I</u>	Reason for Pu	blic Charity Statu	ıs (All organızatıons	must (comple	ete this	s part.) See i	nstruct	ions		
he c	orgai	nization is not a priv	vate foundation becau	se it is: (For lines 1 throu	igh 11, c	heck on	ly one b	ox)					
1		A church, conventi	on of churches or asse	ociation of churches desc	ribed in	section	1 70(b)(1)(A)(i).					
2	Ш	A school described	I in section 170(b)(1)(/	A)(ii). (Attach Schedule E	.)								
3		A hospital or coope	erative hospital service	e organization described i	n sectio	n 170(b)	(1)(A)(ii	i).					
4		A medical research	n organization operate	d in conjunction with a ho	ospital d	escribed	ın secti	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	tal's	
		name, city, and sta											
5		An organization op 170(b)(1)(A)(iv). (0	perated for the benefit Complete Part II)	of a college or university	owned o	or opera	ted by a	govern	mental i	unit desc	ribed in sec	tion	
6	Ц	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		ın section 170(b)(1	(Complete P.	art II.)		J - 1	ernmen	tal unit	or from	the gene	ral public d	lescrib	ed
8	닏	A community trust	described in section 1	1 70(b)(1)(A)(vi). (Complet	e Part II)							
9	Ш	from activities relations	ted to its exempt funct	(1) more than 33-1/3 % of tions – subject to certain ss taxable income (less s omplete Part III)	exception	ons, and	(2) no i	more th	an 33-1/	3 % of its	s support fi	om ar	oss
10		An organization org	ganized and operated	exclusively to test for pul	olic safe	ty Sees	ection !	509(a)(4).				
11		more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a cation and complete lines	(1) or s	ection 5	09(a)(2)	tions of . See s	, or carn ection 5	y out the 09(a)(3).	purposes of Check the	of one box th	or nat
		a Type I	b Type II	c ☐ Type II	l – Fund	tionally	ıntegrat	ed		d \square	Type III-	Other	
е	ш	By checking this bothan foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controlled one or more publicly su	ed direct pported	ly or ind organiza	rectly bations de	y one o escribed	r more o I in sect	disqualificion 509(a	ed persons a)(1) or sec	other tion	
f		If the organization check this box	received a written det	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III suppo	orting org	ganization,		
g		Since August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?			
												Yes	No
		below, the go	overning body of the si	controls, either alone or to apported organization?	ogether	with per	sons des	scribed	ın (ıı) ar	nd (III)	11 g (i)		-
		(ii) a family mem	nber of a person desc	ribed in (i) above?	11 g (ii)								
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	ng information about t	he supported organization	าร								
	(ī)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat	zed in the	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
													•
	-				 								
						<u> </u>					· -		
				. ' . ' '			, -					-	
otal													

BAA 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

Schedule A (Form 990 or 990-EZ) 2009 INTERNATIONAL POLICY NETWORK US, INC. 52-2363626

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support	ed the box on line	5, 7, 01 6 01 Part	1)				
	· · · · · · · · · · · · · · · · · · ·		<u> </u>				1	
begi	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	772,989.	1,017,694.	1,299,290.	1,271,217.	1,065,3	85.	5,426,575.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3	772,989.	1,017,694.	1,299,290.	1,271,217.	1,065,3	85.	5,426,575.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		-			, ,		2,710,764.
6	Public support. Subtract line 5 from line 4		,		r			2,715,811.
Sec	tion B. Total Support		,			***************************************		
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4	772,989.	1,017,694.	1,299,290.	1,271,217.	1,065,3	85.	5,426,575.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,051.	1,236.	1,805.	1,914.		0.	6,006.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	72,871.	75,287.	60,140.	8,964.	99,2	218.	316,480.
11	Total support. Add lines 7 through 10							5,749,061.
12	Gross receipts from related activi	ties, etc (see ins	tructions)				12	
13	First five years. If the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)) ▶∏
	tion C. Computation of Pul							
14	Public support percentage for 200	09 (line 6, columr	(f) divided by line	e 11, column (f)			14	47.24%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				15_	60.07%
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or mor	e, che	ck this box
b	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	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-circumstances' test. The organization qualifies as a publicly supported organization.							
b	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-circumstances' test. The organization qualifies as a publicly supported organization.							
18 RAA	Private foundation. If the organiz	ation did not che	ck a box on line,	13, 16a, 16b, 17a,				ructions P 90 or 990-F7) 2009

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

	(Complete only if you chec	ked the box on li	ne 9 of Part I.)				
Sec	tion A. Public Support					-	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line	1	, *				
	7c from line 6)		` '				
	tion B. Total Support						_
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6				<u> </u>		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	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 inline 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)						
	Total support. (add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here		d, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	▶ □
				13 column (6)	····	15	0.4
	Public support percentage for 200 Public support percentage from 2	•	• •	: 13, column (f))		15	<u>%</u>
	tion D. Computation of Inv			<u> </u>		16	%_
					(6)	T 13 T	0,
	Investment income percentage for Investment income percentage from		- ·	•	nn (T))	17	<u>%</u>
19 a	33-1/3 support tests - 2009. If th	e organization did	not check the bo	x on line 14 and	d line 15 is more th	18 nan 33-1/3%, and lii	ne 17 is not
b	more than 33-1/3%, check this bo 33-1/3 support tests – 2008. If this not more than 33-1/3%, check	ox and stop here. e organization did	The organization of the check a box	qualifies as a put on line 14 or 19a	olicly supported org and line 16 is mo	ganization ore than 33-1/3%, a	▶ []
	Private foundation If the organiz						ĮH.

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.
Other Income Part II, Line 10
Description: SPONSORSHIP INCOME
2005: 66730.
2006: 96245.
2007: 79750.
2008: 46950.
2009: 102995.
Description: PUBLICATION INCOME
2005: 999.
2006: 1603.
<u> 2007: 2870. </u>
2008: 48.
2009: 2540.
Description: GAIN/LOSS ON CURRENCY EXCHANGE
2005: 5142.
2006: -22561
2007: -22480.
2008: -38034.
2009: -6317.

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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047

2009

Open to Public

Name of the organization

Employer Identification number

ΤN	TERNATIONAL POLICY NETWORK US,	TNC			52-2363626	
	Organizations Maintaining Dono		er Similar Fund			
	the organization answered 'Yes' t	to Form 990, Part IV, Iir	ie 6.	o Acco	unts complete	z II
		(a) Donor advised	funds	(b) Fu	nds and other acc	counts
1	Total number at end of year			(-7 : -	<u> </u>	
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					-
4	Aggregate value at end of year					
5	Did the organization inform all donors and don	or advisors in writing that the	assets held in donor	advised		
•	funds are the organization's property, subject	to the organization's exclusive	legal control?	auviscu	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or dor			☐Yes	∏ No
Pā	Mill Conservation Easements Comple	ete if the organization a	nswered 'Yes' to	Form 990). Part IV. line	7.
1					,, · · · · · · · · · · · · · · · · · ·	··
	Preservation of land for public use (e.g., re	-		an historicall	y important land a	area
	Protection of natural habitat	, ,	Preservation of o		-	
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	on contribution in the	form of a co	nservation easem	nent on the
					Held at the End o	f the Year
i	a Total number of conservation easements			2a		
	b Total acreage restricted by conservation easer			2b		
	c Number of conservation easements on a certif		ın (a)	2c		
	d Number of conservation easements included in	• • •		2d		
3	Number of conservation easements modified, to	transferred, released, extingui	shed, or terminated I	by the organ	ization during the	tax
4	year ► Number of states where property subject to co	nservation easement is locate	d ►			
5	Does the organization have a written policy requand enforcement of the conservation easemen	garding the periodic monitorin	g, ınspection, handlır	ng of violatio	ns, Yes	□No
6	Staff and volunteer hours devoted to monitorin during the year ►	g, inspecting, and enforcing of	onservation easemei	nts	٠.٠٠ ب	
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conse	rvation easements	\$ <u></u>		
8	Does each conservation easement reported on	line 2(d) above satisfy the re	quirements of section	1		
9	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization rep	orts conservation easements	in its revenue and ev	nense stater	Yes ment_and_balance	∐ No sheet and
_	include, if applicable, the text of the footnote to conservation easements	o the organization's financial :	statements that descr	ribes the org	anization's accou	nting for
Pa	Organizations Maintaining Colle Complete If the organization ans	ections of Art, Historica wered 'Yes' to Form 990	Treasures, or C), Part IV, line 8.	ther Simi	lar Assets	
	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	ic exhibition, education, or res nts that describes these items	earch in furtherance	of public sei	rvice, provide, in l	Part XIV,
ı	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	ic exhibition, education, or res	enue statement and earch in furtherance	balance she of public sei	rvice, provide the	following
	(i) Revenues included in Form 990, Part VIII,	line 1			- \$	
_	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or othe 16 relating to these items	r sımılar assets for fı	nancial gain	, provide the follo	wing
á	Revenues included in Form 990, Part VIII, line	1			► \$	
ı	Assets included in Form 990, Part X				► \$	

			CY NETWOR			52-23			Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orica	Treasures, o	Other Similar As	sets (c	ontını	ıed)
3 Using the organization's acquisition items (check all that apply)	on accession	and othe		_	_	at are a significant use	of its co	ollection	1
a Public exhibition					hange programs				
b Scholarly research			e Other						
c Preservation for future general					6 . 				
 4 Provide a description of the organization 5 During the year, did the organization 							e in		
5 During the year, did the organizat assets to be sold to raise funds ra							Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen unt on For	nents C m 990,	Complete if o Part X, line	organ 21.	ization answer	ed 'Yes' to Form !	990, Pa	art IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?						r assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV a	ind compl	ete the following	ng tabl	е				
							Amoun	<u>t </u>	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1e			
f Ending balance	maunt on Fac	000 D	and V. Jones 212			1f			
2a Did the organization include an ai b if 'Yes,' explain the arrangement		m 990, P	art A, line 21?				∐ Yes	L	No
Part V Endowment Funds Con		rnaniza	tion answer	ed 'Y	'es' to Form 90	0 Part IV line 10	1		
Tare V Endowment I and 3 00	(a) Current		(b) Prior yea		(c) Two years back			Four year	re hack
1 a Beginning of year balance	(a) carron	. your	(b) This year	•	(c) The Jeans back	(u) Tince years buck	1 (6)	Tour year	3 Dack
b Contributions					`	, 8 , -			
c Net Investment earnings, gains, and losses					,				,
d Grants or scholarships						7	1		
e Other expenditures for facilities and programs									
f Administrative expenses						٠ <u>-</u>	٠		-
g End of year balance									
Provide the estimated percentage	of the year e	end balan	ce held as:						
a Board designated or quasi-endow	ment 🟲		&						
b Permanent endowment ►	%								
c Term endowment	—_ %								
3a Are there endowment funds not in organization by:	the possess	sion of the	e organization t	hat ar	e held and admını	stered for the	[Yes	No
(i) unrelated organizations						•	3a(i)		
(ii) related organizations							3a(ii)		<u> </u>
b If 'Yes' to 3a(II), are the related or	_		•				3b		<u> </u>
4 Describe in Part XIV the intended									
Part VI Investments-Land, B									
Description of investment			or other basis restment)		Cost or other pasis (other)	(c) Accumulated Depreciation	(d) I	Book Va	alue ———
1 a Land									
b Buildings					——— <u>—</u>	····	-		
c Leasehold improvements					50 766	20 011		20	055
d Equipment e Other	1	 			50,766.	20,811.			<u>,955.</u>
Total. Add lines 1a through 1e (Column	(d) must ear	ial Form	990 Part X co	lumn	(B) line 10(c))			20	,955.
BAA	, ay most equ	· · · · · · · ·	,		(=),		dule D (f		

Schedule D (Form 990) 2009 INTERNATIONAL POL	ICY NETWORK US,	INC. 52-2363626 Page 3
Part VII Investments-Other Securities See F		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Social site of your market value
Closely-held equity interests		
Other		
		
		
		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (See	Form 990, Part X,	line 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)	1 15	
Part IX Other Assets (See Form 990, Part X,		
(a) De	escription	(b) Book value
		
T-1-1 (0.1 (1) 1 (15 000 D 1) (10) 1		
Total. (Column (b) must equal Form 990, Part X, col.(B), III Part X Other Liabilities (See Form 990, Part	•	<u> </u>
(a) Description of Liability	(b) Amount	
Federal Income Taxes	(b) Amount	
r cociai income raxes		
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		*, *
FIN 48 Footnote. In Part XIV provide the text of the footn	into to the organization's	s financial statements that reports the organization's liability

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	edule D (Form 990) 2009 INTERNATIONAL POLICY NETWORK US, INC.	52-2363626	Page 4
Par	tɨXI া Reconciliation of Change in Net Assets from Form 990 to Financial State	ements	
1	Total-revenue (Form 990, Part VIII,column (A), line 12)	1	,164,603.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1	,141,615.
3	Excess or (deficit) for the year Subtract line 2 from line 1		22,988.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		22,988.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	nue per Return	22,300.
1	Total revenue, gains, and other support per audited financial statements		,210,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	23.	,210,401.
	a Net unrealized gains on investments		
		45,804.	
		45,804.	
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)	-50.e.	
е	e Add lines 2a through 2d		45,804.
3	Subtract line 2e from line 1	3 1	,164,603.
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 1	,164,603.
	t·XIII Reconciliation of Expenses per Audited Financial Statements With Exp		
	Total expenses and losses per audited financial statements		,187,419.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	3×2. 3	
	a Donated services and use of facilities 2a	45,804.	
	Prior year adjustments 2b	1,75	
	C Other losses 2c		
	d Other (Describe in Part XIV)		
			45 004
	e Add lines 2a through 2d		45,804.
	Subtract line 2e from line 1	3 1	,141,615.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 1	<u>,141,615.</u>
Par	t XIV Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp mation	lete this part to provide any	additional
BAA	TEEA3304 02/02/10	Schedule D (F	orm 990) 2009

Schedule D (Form 990) 2009 INTERNATIONAL POLICY NETWORK US, INC. Part XIV Supplemental Information (continued)	52-2363626	Page 5
Part XIV Supplemental Information (continued)		
•		
		- -
		
		
		
		·
		- -
		 .
		
		 -
	,	
		- -
		-
		
		

Schedule F (Form 990)

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.

OMB No 1545 0047

2009

Open to Public And Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

INTERNATIONAL POLICY NETWORK US, INC. 52-2363626

Part Mark General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1	For grantmakers. Does the grantees' eligibility for the g	e organization mail grants or assistand	ntain records to si ce, and the select	ubstantiate the amount of the g ion criteria used to award the g	rants or assistance, the rants or assistance?	X Yes No
2	For grantmakers. Describe	in Part IV the org	anızatıon's proced	dures for monitoring the use of	grant funds outside the	United States
3	Activities per Region (Use	Schedule F-1 (For	rm 990) if addition	nal space is needed.)		
	(a) Region	(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 in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
			<u></u>			

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

Schedule F (Form 990) (2009)

Page 2	
52-2363626	mplete if the organization answered 'Yes' to ox if no one recipient received more than \$5,000
Schedule F (Form 990) 2009 INTERNATIONAL POLICY NETWORK US, INC.	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)									_
(h) Description of non-cash assistance									for which the
(g) Amount of non-cash assistance									empt by the IRS, or
(f) Manner of cash disbursement	СНЕСК								cognized as tax-ex
(e) Amount of cash grant	21,712.								foreign country, re
(d) Purpose of grant	ACADEMIC SUPPORT								s charities by the
(c) Region	South Asia								at are recognized as
(b) IRS code section and EIN (if applicable)									tions listed above the
(a) Name of organization									Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
-		 					 		2 En

grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2009

TEEA3502 07/06/09

Page 3

Schedule F (Form 990) 2009 INTERNATIONAL POLICY NETWORK US, INC.

[Partill 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.

									Schedule F (Form 990) 2009
									Schedule F
									ВАА

Schedule F (Form 990) 2009	INTERNATIONAL	POLICY	NETWORK US,	INC.	52-2363626	Page 4
Part IV Supplemental						
· Complete this par	t to provide the informa	tion require	d in Part I, line 2, a	nd any additional in	nformation	
Pt I Line 2	THE ORGANIZATO	ON_MAIN	TAINS RECORD	S_TO_SUBSTAN	TIATE_THE	
	AMOUNT OF GRAI	NTS AWA	RDED, ELIGIB	ILITY,AND TH	E_SELECTION_CRITERI	A
				 -		
		_				
				-		
		 -				
						
		-				
		 _				
						
 						
					-	
						
						
		 -				
 	· – – – – –		· · · · · · · · · · · · · · · ·	 		

SCHEDULE I (Form 990)		Θ̈́Θ	rants and Oth	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	o Organization the United Sta	s, tes		2009
Department of the Treasury Internal Revenue Service		Comple	te if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	rm 990, Part IV, lines 2).	1 or 22.	· · · ·	Open to Public Inspection
l ,	POLICY NETWORK IIS	TNC.					Employer identification number 52-2363626	atlon number
Part General Inform		and Assist	ance					
1 Does the organization the selection criteria u2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the u	ubstantiate the its or assistance lures for monit	amount of the grant e? ornq the use of gran	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ntees' eligibility for the ates	grants or assistance, a	and .	X Yes No
1701	Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV and Schedule I-1 (Form 990) if additional space is needed	Governme ipient that r 990) if addi	eceived Morgani eceived more the tional space is i	Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	ed States. Completed this box if no one r	te if the organizat ecipient received	ion answered 'Y more than \$5,00	es' to Form 00. Use
1 (a) Name and address of organization or government	organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLAS 1201 L ST, NW, 2N WASHINGTON DC 200		-2763845	501C(3)	11,595.		(1011)		PUBLIC POLICY
		:						
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	government or	ganizations					
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	aperwork Reduction A	Act Notice, see	the Instructions for	r Form 990.	TEEA3901	02/10/10	Sche	Schedule I (Form 990) 2009

OMB No 1545 0047

SCHEDULE I (Form 990)

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Partive Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE ORGANIZATION RELIES ON ITS GRANTS COMMITTEE TO MONITOR THE USE OF GRANT FUNDS. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Pt_I_Line_2 BAA

Page 2

INTERNATIONAL POLICY NETWORK US,

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public

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	Employer identification number
INTERNATIONAL POLICY NETWORK US, INC.	52-2363626
Pt VI-B, Line 11A A DRAFT COPY OF THE FEDERAL 990 IS REVIEWED	BY THE EXECUTIVE
COMMITTEE PRIOR TO FILING WITH THE IRS. UP	ON_COMPLETION
OF THE REVIEW AND THE RESOLUTION OF ANY QUE	STIONS, ETC,
A COPY OF THE 990 IS PROVIDED TO ALL BOARD	MEMBERS PRIOR TO
ITS SIGNATURE AND MAILED TO THE IRS.	
Pt VI-B, Line 12c BOARD MEMBERS, OFFICERS AND DIRECTORS, AND	EMPLOYEES ARE
REQUIRED TO SIGN A CONFLICT OF INTEREST STA	TEMENT ANNUALLY
AND DISCLOSE ANY CONFLICTS OR POTENTIAL CON	FLICTS.
Pt VI-B, Line 15 ALL DECISIONS REGARDING COMPENSATION ARE OV	ERSEEN BY THE
CEO AND ARE BASED ON PERFORMANCE. THE CEO	IS_OVERSEEN
BY THE EXECUTIVE COMMITTEE. PAY LEVELS ARE	DETERMINED BY
COMPARISON TO PEER NON-PROFIT ENTITIES.	
Pt_VI-C, Line 19 A COPY OF THE FEDERAL 990 IS AVAILABLE TO T	HE PUBLIC UPON
WRITTEN REQUEST.	

Supporting Statement of:

Form 990 p 10/Line 11g col (B)

Description	Amount
DESIGN, PRINTING, WEB	55,253.
CONSULTANCY EXPENSE	50,286.
WRITING & RESEARCH	37,400.
Total	142,939.