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Department of the Treasury internal Revenue Service

• Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

A For the 2009	calendar year, or tax year beginning , and ending			
B Check if applicab	Line too		D Emplo	oyer identification number
Address_change	use IRS INSTITUTE FOR THE NEW MAN		77.4	0044154
Name change	print or Doing Business As			2244154
Initial return	type. Number and street (or P O box if mail is not delivered to street address) See 5594 S. PRINCE ST.	Room/suite		none number 3-798-2342
Termination	Specific Instruction City or town, state or country, and ZIP + 4		G Gross rece	40 404 -0
Amended return	tions. LITTLETON CO 80120			<u> </u>
Application pendi	F Name and address of principal officer		H(a) Is this	a group return for
	STUART WITKIN		affiliate	
	5594 S. PRINCE ST.		H(b) Are all include	ed? Yes N
	LITTLETON CO 80120		if "No,	attach a list. (see instructions)
I Tax-exempt s				
	WWW.FRIENDSOFMAN.ORG	· · · · · · · · · · · · · · · · · · ·		exemption number
	tion X Corporation Trust Association Other L	Year of formation 1	982	M State of legal domicile Co
	Summary			
7.0	describe the organization's mission or most significant activities SISTANCE PROVIDED DIRECTLY TO INDIVIDUALS FOR MEDICA	IT. DENTAT.	HEAD	ING
5 E.A	ECARE, MOBILITY ITEMS, AND MORE. APPLICANTS REFERRE	•	•	•
SE SE	RVICES, HOSPITALS, SCHOOLS, ETC.		200111	_
90	this box ▶ if the organization discontinued its operations or disposed of more than 2	25% of its net ass	sets	
3 Numb	er of voting members of the governing body (Part VI, line 1a)		3	10
% 4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	10
5 Total	number of employees (Part V, line 2a)		5	0
6 Total	number of volunteers (estimate if necessary)		6	33
	gross unrelated business revenue from Part VIII, column (C), line 12		7a	
b Net u	nrelated business taxable income from Form 990-T, line 34	<u>,</u>	7b	
		Prior Yea		Current Year
8 Contr	butions and grants (Part VIII, line 1h)		9,769	2,322,179
	am service revenue (Part VIII, line 2g)		0,294	20,118
10 inves	ment income (Part VIII, column (A), lines 3, 4, and 7d)		4,079	-42,368 5,721
	revenue (Part VIII, column (A), lines 5\6f; 8g, 9c, 10c, and 11e) revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,157	2,305,650
	s and similar amounts paid (Part IX. Oplymp (A), lines 1-3)		8,357	791,266
	its paid to or for members (Part IX, column (A), line 4)		3,33,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
45 Color	es, other compensation, employee benefits (Part & column (A), lines 5–10)			
	ssional fundraising fees Partix, column (A) line 11e)			
b Total	fundraising expenses (Part IX, column (D), line 25) 7,156	: 4	6	F ., W
_^	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15:	1,475	115,358
18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83	9,832	906,624
19 Reve	nue less expenses Subtract line 18 from line 12		5,325	1,399,026
		Beginning of Cur		End of Year
<u> </u>	assets (Part X, line 16)	10,51		12,464,242
. 9 51	liabilities (Part X, line 26)	10,36	1,307	226,522 12,237,720
२ ≃∄ 22 Net a Part*ll≈ी	ssets or fund balances Subtract line 21 from line 20	10,30	1,009	12,231,120
ر	Signature Block			
?	Under penalties of perjury, I declare that I have examined this return, including accompanying schedule and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all in	formation of which i	oreparer has	any knowledge
Sign	Turnt Wigum		110	-7-10
Here	Signature of officer		Date	
3		IDENT		
Sign Here	Type or print name and title			
1	Preparer's Date	Check	ıf	Preparer's identifying number
Paid		5/10 self- employ	red 🕨	(see instructions)
Preparer's	POYSTI & ADAMS LLC		EIN D	·
Use Only	Firm's name (or yours of self-employed), 400 S COLORADO BLVD STE 690		Phone	
	address, and ZIP + 4 DENVER, CO 80246		no ▶	303-733-3796
May the IRS dis	cuss this return with the preparer shown above? (see instructions)			X Yes No
For Privacy Ac	and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009

Part III St	atement of Program Se	vice Accomplishments		
ASSISTAN EYECARE,	be the organization's mission NCE PROVIDED DIF MOBILITY ITEMS S, HOSPITALS, SO	•	MEDICAL, DENTAL, HEAREFERRED THROUGH SOC	
2 Did the organ	aration undertake any cianifica	at program convices during the year which were no	at listed on	
-		nt program services during the year which were no	it listed on	Yes X No
•	n 990 or 990-EZ?	andula O	-	Tes A No
•	cribe these new services on Sci		narom	
•	nization cease conducting, or m	ake significant changes in how it conducts, any pr	ogram	Yes X No
services?	cribe these changes on Schedu	in O	<u>L_</u>	res A No
•	•	for each of the organization's three largest progra	im sanucas hu avnansas	
		s and section 4947(a)(1) trusts are required to rep	•	
•		I revenue, if any, for each program service reporte	_	
4,,554,,51,61,61	outdio, the lotal expenses, and			
EYECARE, REFERRED	NCE PROVIDED DIF , MOBILITY ITEMS	839,913 including grants of \$ 78 ECTLY TO INDIVIDUALS FOR \$ 78 FOR	D MORE. INDIVIDUALS A	ARE
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
(Expenses \$	m services (Describe in Sched \$ in service expenses ▶		Revenue \$	
				Form 990 (2009)

Form	1 990 (2009) INSTITUTE FOR THE NEW MAN 74-2244154		<u>P</u>	age J
Pa	rt IV Checklist of Required Schedules		J	
	In the control of the		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	complete Schedule A 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	-		
5	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	<u> </u>	<u> </u>	
•	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	١		
	VII, VIII, IX, or X as applicable	11	X	y.*-
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1 (
	Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		7 5	1.2
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		٠ ' ځ٠ '	-
_	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	S.		»³
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		`,	j.
•	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	1 3 3,	, ·	\$ 23 2 A
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	ř,	250	1 % ,
_	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		Ž.	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,X		
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.	-1 %	**	
	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		75
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1,5		v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		_
"	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''	<u> </u>	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 Dig the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 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 X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 25b X 990-EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 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) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c 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, X 28c Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X 37

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

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Pe	int v Statements Regarding Other IRS Filings and Tax Compliance				r	
4-	Fator the trumber reported in Pay 2 of Farm 1006, Applied Summary and Transmitted of				Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4.	0	~	, ,	
L	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.	1a 1b	0		,5	
b				 ;		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oonabi	e	4.0	<u> </u>	 -
٥-	gaming (gambling) winnings to prize winners?	1		<u>1c</u>	· .2	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	0			Š -4
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a		25		<u> </u>
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.	112,		2b		·
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				* Z.	
2-	Instructions)	d by			3.	* .
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	u by		3-		X
	this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a 3b		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ħ,	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		ty	İ		
	account)?	anciai		40		x
L	If "Yes," enter the name of the foreign country			4a	niš.	-
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank		*	*	,
	and Financial Accounts	Dank				
£-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	tion?		5b	_	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi			55		
C	Prohibited Tax Shelter Transaction?	arunig		5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	۵		30	-	
Va	organization solicit any contributions that were not tax deductible?	•		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		Julia		-
U	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			**		x ⁱ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods		ن ننه.	» ·	
-	and services provided to the payor?	,0000		7a	ilinaania .	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c		s		<u> </u>		
•	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1	<i>)</i> *	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		 al	*	// *	
_	benefit contract?			7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7		81
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					33.30
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>		`s &
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			^%		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			J	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					٠,
а	Gross income from members or shareholders	11a				1 ′
b	Gross income from other sources (Do not net amounts due or paid to other sources against				*	[
	amounts due or received from them)	116				ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a	L	<u> </u>
b	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b		Į.	i -	1

Form 990 (2009) INSTITUTE FOR THE NEW MAN

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 Schodule Q. See instructions

	Schedule O. See instructions.					
Sec	tion A. Governing Body and Management					
	•				Yes	No
1a	Enter the number of voting members of the governing body	1a	10	*.	ă ii	.
b	Enter the number of voting members that are independent	1b	10			K
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			- الله	<u> </u>	لنندا
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	X	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					. x .
	the year by the following.					
а	The governing body?			_ 8a	X	1
b	Each committee with authority to act on behalf of the governing body?			8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			ì	l	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the I	ntern	al			
Rev	renue Code.)		_			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	ļ	<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				}	}
	fom?			11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			* *		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Ĺ	X
15	Did the process for determining compensation of the following persons include a review and approval by				1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				<u>}</u>	
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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ــــــــــــــــــــــــــــــــــــــ	<u> </u>	ļ
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			** ************************************		
	the organization's exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CO					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	erest				
	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	f the				
	organization THE ORGANIZATION 5594 S PRINCE ST.					
L	ITTLETON CO 801	20		<u> 303-79</u>	<u>8-2</u>	<u> 342</u>

Form 990 (2009) INSTITUTE FOR THE NEW MAN Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 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."
- 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

STUART WITKIN	(A) Name and Title	(B) Average			(f chec	C) k all t	that ac	(Vlac	(D) Reportable	(E) Reportable	(F) Estimated
STUART WITKIN PRESIDENT 25.00 X X 0 0 0 ELLEN WITKIN EXEC. VP 25.00 X X 0 0 0 ARTHUR BELEFONTE VICE PRES 15.00 X X 0 0 0 MARLON NEELY VICE PRES 25.00 X X 0 0 0 KATRINA SHANKS TREASURER 4.00 X X 0 0 0 AMY OVERLAND SECRETARY 20.00 X X 0 0 0 SAMUEL FELD DIRECTOR 20.00 X 0 0 0 TAMARA HOFFMAN DIRECTOR 20.00 X 0 0 0 KATHARINE MEAD DIRECTOR 20.00 X 0 0 0		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
ELLEN WITKIN EXEC. VP	•	25 00	×		×				0	0	0
EXEC. VP		23.00	 	╁	-	╁	t				
ARTHUR BELEFONTE VICE PRES 15.00 X X 0 0 MARLON NEELY VICE PRES 25.00 X X 0 0 KATRINA SHANKS TREASURER 4.00 X X 0 0 AMY OVERLAND SECRETARY 20.00 X X 0 0 SAMUEL FELD DIRECTOR 20.00 X 0 0 TAMARA HOFFMAN DIRECTOR 20.00 X 0 0 KATHARINE MEAD DIRECTOR 20.00 X 0 0 MAURENE NEELY		25.00	$ \mathbf{x} $		x		li		o	o	O
VICE PRES 15.00 X X 0 0 MARLON NEELY 0 0 0 VICE PRES 25.00 X X 0 0 KATRINA SHANKS 0 0 0 TREASURER 4.00 X X 0 0 AMY OVERLAND 0 0 0 SECRETARY 20.00 X 0 0 SAMUEL FELD 0 0 0 DIRECTOR 20.00 X 0 0 KATHARINE MEAD 0 0 0 DIRECTOR 20.00 X 0 0 MAURENE NEELY 0 0 0			+==			┢	1 1	_			
MARLON NEELY VICE PRES 25.00 X X X 0 0 KATRINA SHANKS TREASURER 4.00 X X X 0 0 AMY OVERLAND 20.00 X X 0 0 0 SECRETARY 20.00 X X 0 0 0 SAMUEL FELD 20.00 X 0 0 0 TAMARA HOFFMAN 0 0 0 0 KATHARINE MEAD 0 0 0 DIRECTOR 20.00 X 0 0 MAURENE NEELY 0 0 0	•	15.00	X		X	1			o	0	0
KATRINA SHANKS 4.00 X X 0 TREASURER 4.00 X X 0 AMY OVERLAND 20.00 X X 0 SECRETARY 20.00 X 0 DIRECTOR 20.00 X 0 DIRECTOR 20.00 X 0 KATHARINE MEAD 0 0 DIRECTOR 20.00 X 0 MAURENE NEELY 0 0											
TREASURER 4.00 X X 0 0 AMY OVERLAND SECRETARY 20.00 X X 0 0 SAMUEL FELD DIRECTOR 20.00 X 0 0 TAMARA HOFFMAN DIRECTOR 20.00 X 0 0 KATHARINE MEAD DIRECTOR 20.00 X 0 0 MAURENE NEELY	VICE PRES	25.00	X		X				0	0	0
AMY OVERLAND SECRETARY 20.00 X X 0 0 SAMUEL FELD DIRECTOR 20.00 X 0 0 TAMARA HOFFMAN DIRECTOR 20.00 X 0 0 KATHARINE MEAD DIRECTOR 20.00 X 0 0 MAURENE NEELY	KATRINA SHANKS										
SECRETARY 20.00 X X 0 0 SAMUEL FELD 0 0 0 0 DIRECTOR 20.00 X 0 0 0 TAMARA HOFFMAN 0 0 0 0 MAURETOR 20.00 X 0 0 0 MAURENE NEELY 0 0 0		4.00	X		X		\sqcup		0	0	0
SAMUEL FELD 20.00 X 0 0 DIRECTOR 20.00 X 0 0 TAMARA HOFFMAN 0 0 0 DIRECTOR 20.00 X 0 0 DIRECTOR 20.00 X 0 0 MAURENE NEELY 0 0 0										_	_
DIRECTOR 20.00 X 0 0		20.00	X		X	_	\sqcup		0	0	0
TAMARA HOFFMAN DIRECTOR 20.00 X 0 0 KATHARINE MEAD DIRECTOR 20.00 X 0 0 MAURENE NEELY	•			ĺ		İ	1 1				_
DIRECTOR 20.00 X 0 0 KATHARINE MEAD DIRECTOR 20.00 X 0 0 MAURENE NEELY		20.00	X	<u> </u>	├	₩				0	0
KATHARINE MEAD DIRECTOR 20.00 X 0 0 MAURENE NEELY		20.00							_		C
DIRECTOR 20.00 X 0 0		20.00	 ^	┢╌	 	┼╌	+				
MAURENE NEELY	•	20.00	×		ĺ	ĺ			o	o	O
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		25.00	$ \mathbf{x} $		Ì				o	o	0
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Form	990 (2009) INSTITUTE	FOR	THE	. N	EW	M	AN	<u> </u>		74-224	4154	Page 8
Par	t VII√	Section A. Officers	, Directors	, Trus	tees	, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
	Nam	(A) e and Title	(B) Averag hours p week	er I	individual trustee or director	institutional trustee		C k Key employee	a Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						-							
	·			_		_	-	-	-				
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								<u></u>	ļ	Ļ			
_ <u>1b</u> _2	Total Total num	nber of individuals (in	ncluding bu	t not li	mite	d to	thos	e lis	ted a	abov	re) who received more than		<u></u>
		compensation from	-								, 	·	
3 4 5	employee For any in the organ individual Did any p	on line 1a? If "Yes," idividual listed on lin ization and related o	" complete e 1a, is the rganization Ia receive	Scheo sum ns grea or acc	lule of re ater	J for port than comp	suc able \$15 cens	com 0,00	dividi npen: 10? If n froi	ual satio "Ye m ar	oyee, or highest compensation and other compensation is," complete Schedule J for any unrelated organization for such person	from or such	Yes No 3 X 4 X
		lependent Contract				tod.	ndo		dont.		ractors that received more	than \$100 000 of	
1		ation from the organ	ızatıon		=1158	lea	maej	penc	ient i	T			(C)
		Name and	(A) I business addr	ess			_			┼	Descrip	(B) otton of services	(C) Compensation
										igwdap			
					_	_	_						
							_			-			
	Total num	ber of independent	contractors	(Inclu	ıdını	- but	not	lımıt	ed to	tho	se listed above) who receiv		**
		\$100,000 in compe											
DAA													Form 990 (2009)

	0 (2009) INSTITUTE 1		NEW MAN		74-2244154		Page s
Part V	III Statement 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
2 £ 1a	` Federated campaigns	1a					
5 h	Membership dues	1b					
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Fundraising events	1c					
are 4	Related organizations	1d					
	Government grants (contributions)	1e			ĺ		
	All other contributions, gifts, grants,						
: [and similar amounts not included above	1f 2	2,322,179				
를 유 -	Noncash contributions included in lines 1a		16,772	-			
2 g Z	Total. Add lines 1a-1f	-11 4	10,,,,	2,322,179			
a ''	TOTAL Add lines Ta-11		Busn. Code	2,522,175		· · · · · · · · · · · · · · · · · · ·	
ا <u>وا</u>	WITETON		900099	15,368	15,368		
Program Service Revenue and other similar amounts are also and other similar amounts and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are also and other similar amounts are			900099	4,750	4,750		
е в	FOOD COUPONS		300033	4,730	4,730		
Š C			 				
b q				-			
E e			ļ- 				
ğ' İ	All other program service reve	enue	<u> </u>				
9				20,118			
3	Investment income (including	dividends, inte	erest, and	450 001			150.00
1	other similar amounts)		. •	158,831			158,83
4	Income from investment of tax	x-exempt bond	proceeds				
5	Royalties	 1		5,483			5,48
ĺ	(ı) Real	(1) Personal				
6a	Gross Rents						
b	Less rental exps						
C	Rental inc or (loss)					menuncation of the section of many	
_d	Net rental income or (loss)		•				
/a	Gross amount from sales of assets (i) Securities	s	(II) Other				
	other than inventory 10,614	,738					
b	Less cost or other						
	basis & sales exps 10,815						
С	Gain or (loss) -201	,199				m mm 4 g	
d	Net gain or (loss)		•	-201,199	-201,199		
a 8a	Gross income from fundraising eve	ents					
2	(not including \$						
Other Revenue	of contributions reported on line 1c	:)	İ				
준	See Part IV, line 18	a					
а В	Less direct expenses	ь					
ء ا ٥	Net income or (loss) from fund	draising events	s Þ	WALLEY OF THE PROPERTY OF		and the second distributions.	(m co and
	Gross income from garning activities						
	See Part IV, line 19	a					
ь	Less direct expenses	ь					
	Net income or (loss) from gam		•				
J	Gross sales of inventory, less						
	returns and allowances	a					
h	Less cost of goods sold	<u> </u>					
1	Net income or (loss) from sale		<u> </u>				
- ا	Miscellaneous Revenue		Busn. Code				
11a		-	-	238	238	Management of the state of the	Annual Box sames s.A.
b	OTHER READING						
							
C	All other revenue		 			· •	
d			L	238	·		
I -			▶ -		-100 040	0	100 00
12	Total Revenue. See instruction	ons		2,305,650	-180,843		164,31

Part IX

INSTITUTE FOR THE NEW MAN Form 990 (2009)

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	8b, 9b, and 10b of Part VIII.		СХРОПОСО	//	, %
-	Grants and other assistance to governments and			***	Ì
	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in	791,266	791,266	Å	i.
	the U S See Part IV, line 22	791,200	791,200	***/ ***	
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				
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				
b	Legal				
С	Accounting	14,520		14,520	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u> </u>	·		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	21,513		21,513	
14	Information technology	10,261		10,133	128
15	Royalties				
16	Occupancy	45,192	38,413	6,779	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,040	10,234	1,806	
23	Insurance	3,442		3,442	
		*	·	, Kristina in the state of the) * *;
24	Other expenses Itemize expenses not	, ·			*
	covered above (Expenses grouped together		\$. 💖 🔻
	and labeled miscellaneous may not exceed		*,	,	` ³
	5% of total expenses shown on line 25 below	J	·	* ^	,
а	FUNDRAISING EXPENSES	7,028			7,028
b	MISCELLANEOUS	1,362		1,362	
C					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 241	906,624	839,913	59,555	7,156
26	Joint costs. Check here ▶ If following				
20	SOP 98-2 Complete this line only if the				[
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation			1	L
DAA	randraising solicitation		·		Form 990 (2009)

<u>Form</u>	990	(2009) INSTITUTE FOR THE NEW I	<u>IAN</u>		-2244154		Page 11
Pa	rt X	Balance Sheet				,	
					(A)	1	(B)
		<u> </u>			Beginning of year	<u> </u>	End of year
	1	Cash—non-interest bearing			128,080		1,200
ĺ	2 .	Savings and temporary cash investments			674,704	2	2,453,954
-	3	Pledges and grants receivable, net				3	
l	4	Accounts receivable, net			1,000	4	
ł	5	Receivables from current and former officers, directors, t	rustee	s, key	, , , , , , , , , , , , , , , , , , , ,	1	
1		employees, and highest compensated employees Comp	lete P	art II of	}	4	<u>*</u>
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined	under	section		<i>3</i>	, , , , , ,
		4958(f)(1)) and persons described in section 4958(c)(3)(l	B) Coi	nplete	2 2 2	\$ 100 m	
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	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	<u>857,837</u>			Lagin december Westerstein was a very common of
	b	Less accumulated depreciation	10b	192,409	320,852	10c	665,428
	11	Investments—publicly traded securities			6,011,472		4,646,841
	12	Investments—other securities See Part IV, line 11			3,382,208	12	4,696,819
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			<u> </u>	14	
- !	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	.)		10,518,316		12,464,242
	17	Accounts payable and accrued expenses			151,307	17	226,522
l	18	Grants payable				18	
ĺ	19	Deferred revenue				19	
-	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key	·		 	
ğ		employees, highest compensated employees, and disqu	alified		<u> </u>		
ا ٿ		persons Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelated third	partie	S		23	
İ	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			151,307	26	226,522
es		Organizations that follow SFAS 117, check here	and				
Balances		complete lines 27 through 29, and lines 33 and 34.					
폍	27	Unrestricted net assets			7,264,514		7,519,394
<u>m</u>	28	Temporarily restricted net assets			3,102,495		4,718,326
or Fund	29	Permanently restricted net assets	,	∟ ,		29	ļ,
3		Organizations that do not follow SFAS 117, check her	e ▶ L				
5		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	_
Se	31	Paid-in or capital surplus, or land, building, or equipmen				31	<u> </u>
Net Assets	32	Retained earnings, endowment, accumulated income, o	r other	funds	44 54 55	32	
et	33	Total net assets or fund balances			10,367,009		12,237,720
Z	34	Total liabilities and net assets/fund balances			10,518,316	34	12,464,242

Form **990** (2009)

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

Form **990** (2009)

3b

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

INSTITUTE FOR THE NEW MAN

Employer identification number

74-2244154

Pi	art I	Reas	on for Public Char	ity Status (All organiz	ations mus	t comple	te this	part.)	See II	<u>nstruct</u>	ions.		
The	orga	nızation ıs not	a private foundation bec	ause it is (For lines 1 throu	igh 11, check o	only one bo	()						
1		A church, co	nvention of churches, or	association of churches des	scribed in sect	ion 170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)	(1)(A)(ii). (Attach Schedule	E)								
3		A hospital or	a cooperative hospital se	ervice organization describe	ed in section 1	70(b)(1)(A)	(iii).						
4		A medical re	search organization oper	ated in conjunction with a h	ospital describ	ed in sectio	on 170(b)(1)(A)(i	iii). Ente	er the ho	spital's name	١,	
		city, and state	е										
5		An organizat	ion operated for the bene	efit of a college or university	owned or ope	rated by a g	jovernme	ental un	ıt descr	ibed in			
		section 170(b)(1)(A)(iv). (Complete F	Part II)									
6		A federal, sta	ate, or local government of	or governmental unit descrit	bed in section	170(b)(1)(A	۱)(v).						
7	X	An organizat	on that normally receive:	s a substantial part of its su	pport from a g	overnmenta	l unit or	from the	gener	al public			
		described in	section 170(b)(1)(A)(vi).	(Complete Part II)									
8		A community	trust described in section	on 170(b)(1)(A)(vi). (Comple	ete Part II)								
9	\Box	An organizat	on that normally receive:	s (1) more than 33 1/3 % o	f its support fro	om contribu	tions, me	embersh	np fees	, and gro	oss		
		receipts from	activities related to its e	xempt functions—subject to	certain excep	tions, and (2) no mo	re than	33 1/3	% of its			
		support from	gross investment income	e and unrelated business ta	xable income	(less sectio	n 511 tax	k) from l	ousines	ses			
		acquired by t	he organization after Jun	e 30, 1975. See section 50	9(a)(2). (Com	plete Part II	l)						
10		An organizati	on organized and operat	ed exclusively to test for pu	blic safety Se	e section 5	09(a)(4).						
11		An organizati	on organized and operat	ed exclusively for the benef	it of, to perforr	n the function	ons of, o	r to carr	y out th	е			
		purposes of o	one or more publicly supp	oorted organizations describ	oed in section	509(a)(1) or	section	509(a)(2) See	section			
		509(a)(3). Ch	eck the box that describe	es the type of supporting or	ganization and	complete I	nes 11e	through	11h				
		а 🗌 Туре	l b Type II	c 🔲 Type IIIF	unctionally inte	egrated	d	Тур	e III–O	ther			
е		By checking	this box, I certify that the	organization is not controlle	ed directly or in	directly by	one or m	ore disc	qualified	l			
		persons othe	r than foundation manag	ers and other than one or m	nore publicly si	apported org	ganızatio	ns desc	ribed in	section			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written of	determination from the IRS	that it is a Type	e I, Type II,	or Type	III supp	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the orgar	nization accepted any gift or	contribution fr	om any of t	he						
		following per	rsons?										
		(i) A persor	n who directly or indirectly	y controls, either alone or to	gether with pe	rsons desc	ribed in ((II)				Yes	No
		and (ıiı) l	below, the governing bod	ly of the supported organiza	ation?						11g(i)	<u> </u>	
		(ii) A famıly	member of a person des	scribed in (i) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a person	on described in (i) or (ii) abo	ove?						11g(iii)		
<u>h</u>		Provide the t	following information abo	ut the supported organization	on(s)								
(i)		e of supported	(iı) ElN	(iii) Type of organizat	1 ' '	he organization	1 , , ,	ou notify		ls the	(vii) Amo		
	org	janization		(described on lines 1 above or IRC section	I .	(i) listed in your ing document?		nization in of your	organizat (i) organi	zed in the	supp	ort	
				(see instructions)))		sup	port?	U	S ?			
				· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No			
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							 		<u> </u>	 			
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						<u> </u>	-						_
				\$ 1 0 0 % \$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	ļ	[~ .				
Tota					* *		F		.	^			

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

	otion B. Total Capport						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	881,276	3,636,265	3,313,674	749,769	2,322,179	10,903,163
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	205,380	278,800	476,440	380,293	164,314	1,505,227
9	Net income from unrelated business activities, whether or not the business is regularly carried on	7,072	4,164	12,041		0	23,277
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			337	370	238	945
11	Total support. Add lines 7 through 10	3.2 3	.), /	• 7	* *,	÷	12,432,612
12	Gross receipts from related activities, etc	(see instructions)				12	20,356
13	First five years. If the Form 990 is for the organization, check this box and stop her	•	second, third, four	th, or fifth tax year	as a section 501(c)(3)	> [

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

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

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage

Public support percentage from 2008 Schedule A, Part II, line 14

Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

14

15

63.42%

66.09%

15

74-2244154

Page 3

Pa	Support Schedule for O				(2)	- -	
500	(Complete only if you che tion A. Public Support	ecked the box	on line 9 of Pa	art I.)			 -
	lendar year (or fiscal year beginning in)	(-) 200F	(h) 2000	(-) 2007	(4) 0000	() 0000	
Ca	rendar year (or riscal 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						
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				<u> </u>		
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						•
Sec	tion B. Total Support		•				
Ca	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				1		
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)						
14	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						>
Sec	tion C. Computation of Public Su	upport Percen	tage				
15	Public support percentage for 2009 (line 8	, column (f) divided	d by line 13, colum	ın (f))		15	%
16	Public support percentage from 2008 Sch					16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2009 (I		-	, column (f))		17	%
18	Investment income percentage from 2008					18	%
19a b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	oox and stop here. Inization did not ch	The organization eck a box on line	qualifies as a publ 14 or line 19a, and	icly supported orga line 16 is more th	anization an 33 1/3 %, and	> [
	line 18 is not more than 33 1/3 %, check the	-					▶ _
20	Private foundation. If the organization did	i not check a box c	on line 14, 19a, or	19b. check this bo	x and see instructi	ons	▶

Schedule A (Form 990 or 990-EZ) 2009 INSTITUTE FOR THE NEW MAN

74-2244154

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

OTHER INCOME

\$

945

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number INSTITUTE FOR THE NEW MAN 74-2244154 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

SCHE	equie D (Form 990) 2009 INSTITUTE	FOR IDE NEW	INTERN		44154		F	³age 2
Pa	art III Organizations Maintaining	Collections of Art,	Historical Trea	sures, or Other	Similar As	sets (cont		
3	Using the organization's acquisition, accession collection items (check all that apply).							
а	Public exhibition	d Loan o	or exchange progran	ne				
b	, Scholarly research	e Other	or exemange program	113				
c	Preservation for future generations	e _ Other				_		
4	Provide a description of the organization's colle	ections and explain how t	they further the orga	inization's exempt p	urpose in			
5	During the year, did the organization solicit or r	receive donations of art, I	historical treasures,	or other similar			_	_
	assets to be sold to raise funds rather than to t						Yes	No
PE	ert IV Escrow and Custodial Arrai			ation answered	"Yes" to Fe	orm 990, P	art	
	IV, line 9, or reported an am							
1a	Is the organization an agent, trustee, custodiar	or other intermediary fo	r contributions or ot	her assets not				
	ıncluded on Form 990, Part X?						Yes 🗍	No
þ	If "Yes," explain the arrangement in Part XIV a	nd complete the following	g table					
						Amou	ınt	
c	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For	m 000 Part Y line 212				———	<u>.</u> [T
	If "Yes," explain the arrangement in Part XIV	III 330, FAIL A, IIIIC 217				י ט	es_	_ No
	art V Endowment Funds. Comple	to if organization a	newored "Vee"	to Form 000 De	rt IV line 1	10		
ГС	int V Lindowinent Funds. Comple							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	rs back (e) Fo	ur years	back
1a	Beginning of year balance	3,102,495	4,192,456		* 4 *	, ;		· · ·
b	Contributions	1,565,000	100,000		2%	* * * * * * * * * * * * * * * * * * * *		<u>; </u>
С	Net investment earnings, gains,				No.	, , , , , , , , , , , , , , , , , , ,	,	,
	and losses	216,274	-1,025,249	ξ , · · · · · · · · · · · · · · · · ·				~ 3
d	Grants or scholarships	165,442	164,712	``		<u> </u>	•	
е	Other expenditures for facilities			· * **		11/1	. 44	*
	and programs						. %.	
f	Administrative expenses			1 1/2	2000	. 13 ,		
g	End of year balance	4,718,327	3,102,495			٠, .		
2	Provide the estimated percentage of the year e	end balance held as						
а	Board designated or quasi-endowment	%						
h	Permanent endowment ▶ %	~						
-	Term endowment ▶ 100.00 %							
	Are there endowment funds not in the possess	on of the organization th	at are hold and adm	valatored for the				
Ja	organization by	on the organization th	at are new and aun	imistered for the				Ι
	-					<u> </u>	Yes	No
	(i) unrelated organizations					3a(i)		X
_	(ii) related organizations					3a(ii	<u> </u>	X
b	If "Yes" to 3a(II), are the related organizations I					3b_		<u> </u>
4	Describe in Part XIV the intended uses of the c					 -		
Pa	urt VI Investments—Land, Buildin	igs, and Equipmen	t. See Form 99	0, Part X, line 1	0.			
	Description of investment	(a) Cost or other basis	(b) Cost or oth	1 ' '	umulated	(d) Boo	k value	
		(investment)	basis (other) depr	eciation	<u> </u>		
1a	Land		69	,516	, ,,,		69,	516
b	Buildings				106,795	2	36,	
С	Leasehold improvements					 		
	Equipment		89	,844	85,614		4	230
	Other	355,600					55,	
	I. Add lines 1a through 1e (Column (d) must equ			<u></u>			65,	
		.,	· / · · · · · · · · · · · · · · · · · ·			. ~		

Schedule D (Form 990) 2009 INSTITUTE FOR THE NEW		74-2244154	Page 3
Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valua	tion
(including name of security)		Cost or end-of-year mar	ket value
Financial derivatives			
Closely-held equity interests			
Other PRIVATELY MANAGED FUNDS	3,618,350		
_OTHER	1,078,469	9	
			· - · · · · · · · · · · · · · · · · · ·
			·
			·
Total. (Column (b) must equal Form 990, Part X, coi (B) line 12)		9[**	X
Part VIII Investments—Program Related. See Form 99	T		
(a) Description of investment type	(b) Book value	(c) Method of valua	
		Cost or end-of-year man	ket value
			·
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	*** *k	<u> </u>
Part IX Other Assets. See Form 990, Part X, line 15.	 -	<u>-</u>	# > = - :
(a) Description			(b) Book value
			
			
			 -
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part X, line 2	25		
1 (a) Description of liability	(b) Amount	S. C	70, 30
Federal income taxes	(-,		\$
			** , }
	-	d	. >
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	<u> </u>	1 . *	ž . * ***/
		1	
	+	1 ,	
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		1	
	-		•
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			,

organization's liability for uncertain tax positions under FIN 48

Sche	dul	e D	(Fo	m 9	90)	200	9	IÌ	S.	ri'	ľU'	ΤE	FC	OR	T	ΗE	N.	EW	M	AN			 		74-	<u>-22</u>	44	15	4						Page 5
Sche	rt :	XΙ\	/ ;	Su	pp	lem	en	tal	Info	orm	ati	on	(coi	ntin	uec	<u>(</u> t																			
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Department of the Treasury Internal Revenue Service Name of the organization

Part

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

1545-0047	00
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OMB	C
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Open to Public としつと

Inspection

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

ž X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer Identification number** 74-2244154 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance INSTITUTE FOR THE NEW MAN the selection criteria used to award the grants or assistance?

	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	cipient that rec if additional s	seived m pace is n	ore than \$5,000. eeded	Check this box if	no one recipie	nt received mo	ore than \$5,000. Use ▶ □
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(c) IRC section section from tof cash grant (e) Amount of non-cash (f) Method of valuation section assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		1	-					
								•
2 Enter	Enter total number of section 501(c)(3) and government organizations.	rganizations						

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

367 10/05/2010 9 06 AM

Part ≡

Page 2

Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if addition	nal space is needed.			
(a) Type of grant or assistance	(b) Number of recipients		(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
SPECIFIC ASSISTANCE TO IN 2400	2400	791,266		FMV	
					•
A same - man a man					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SERVICE HAS BEEN DELIVERED TO THE APPLICANT. FRIENDS OF MAN PAYS THE VENDOR IF APPROVED, THE VENDOR BILLS FRIENDS OF MAN AFTER THE ITEM OR COMMITTEE TO DETERMINE WHETHER FRIENDS OF MAN CAN ASSIST AND HOW MUCH MONEY SCREENED BY FRIENDS OF MAN VOLUNTEERS, QUESTIONS ASKED, PROFESSIONAL ON BEHALF OF THE APPLICANT. REFERRING PROFESSIONALS CAN BE DOCUMENTATION OBTAINED, THEN THE CASE IS PRESENTED TO THE DISBURSEMENT SOCIAL WORKERS, HEALTH CARE PROFESSIONALS, CLERGY, TEACHERS, ETC. THE OF GRANT FUNDS APPLICATIONS FOR ASSISTANCE FROM FRIENDS OF MAN ARE SUBMITTED BY PROCEDURES FOR MONITORING THE USE APPLICATIONS ARE N IS APPROVED. PART I, LINE DIRECTLY Part IV

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

INSTITUTE FOR THE NEW MAN

Employer identification number

74-2244154

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

STUART WITKIN

ELLEN WITKIN

PRESIDENT

EXEC. VP

MARRIED

MARLON NEELY

MAURENE NEELY

BOARD VP

DIRECTOR

MARRIED

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE PRESIDENT AND VICE PRESIDENT ARE CONSIDERED LIFETIME OFFICERS AND

CANNOT BE REMOVED BY THE BOARD OF DIRECTORS. ADDITIONALLY, ANY CHANGES TO

THE ARTICLES OF INCORPORATION REQUIRE APPROVAL BY BOTH THE PRESIDENT AND

THE VICE PRESIDENT.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY THE BOARD OF DIRECTORS BEFORE BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY INDEPENDENT AUDIT

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL N/A NO COMPENSATION

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Schedule O (Form 990) 2009

Page 2

Name of the organization

INSTITUTE FOR THE NEW MAN

Employer identification number 74-2244154

N/A NO COMPENSATION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST