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### **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 Open to Public

Inspection

•	A F	or the	2009 calendar year, or tax year beginning SEP 1, 2009 and ending	AUG 31, 2010		
	Вс	heck if	Please C Name of organization	D Employer identification number		
	aţ		use IRS			
		]Addres ]change	s   label or   Institute for Humane Studies			
		]Name change	type Doing Business As	94-1623852		
		]initial retum	Number and street (or P.O. box if mail is not delivered to street address) Room/su			
		Termin ated	Specific 3301 North Fairfax Drive 440	703-993-4880		
		Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$ 7,058,888.		
		Application		H(a) Is this a group return		
		pendir	F Name and address of principal officer. Gary Lett	for affiliates? Yes X No		
			same as C above	H(b) Are all affiliates included? Yes No		
	<u> </u>	ax-exe	mpt status: X 501(c) ( 3	If "No," attach a list. (see instructions)		
			e: www.theihs.org	H(c) Group exemption number		
,		_		ear of formation: 1961 M State of legal domicile: CA		
	Pa	rt I	Summary	1		
	e l	1	Briefly describe the organization's mission or most significant activities: The Inst	tute discovers,		
	au		develops, and supports students, scholars, as			
	ern		Check this box Full if the organization discontinued its operations or disposed of m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9		Number of voting members of the governing body (Part VI, line 1a)	$\begin{bmatrix} 3 \\ 4 \end{bmatrix}$ $\begin{bmatrix} 13 \\ 13 \end{bmatrix}$		
	8		Number of independent voting members of the governing body (Part VI, line 1b)			
	ties		Total number of employees (Part V, line 2a)			
	Activities & Governance		Total number of volunteers (estimate if necessary)	<u> </u>		
<del></del>	Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a  U •		
2011	$\dashv$	D	Net unrelated business taxable income from Form 990-T, line 34	Prior Year Current Year		
ı		8	Contributions and grants (Part VIII, line 1h)	6,058,741. 6,324,409.		
8	Revenue		101 -	742,818. 652,936.		
	)ve	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, A, and 7d) AN 1 9 2011	<4,634.> 6,985.		
JAN	æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,811.		
			Total revenue - add lines 8 through 11 (must equal Part (7))(Colomn;(A), line-12)	6,796,925. 6,991,141.		
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	699,498. 654,998.		
2			Benefits paid to or for members (Part IX, column (A), line 4)			
	Ş		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,749,883. 2,943,566.		
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Q y	xpe	b	Total fundraising expenses (Part IX, column (D), line 25)   468,484.			
	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,720,563. 3,423,942.		
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,169,944. 7,022,506.		
		19	Revenue less expenses Subtract line 18 from line 12	<373,019.> <31,365.>		
	Assets or Balances		ļ	Beginning of Current Year End of Year		
	sset 3alai	20	Total assets (Part X, line 16)	3,398,587. 3,577,546.		
	-Net As		Total liabilities (Part X, line 26)	185,502. 363,728.		
			Net assets or fund balances. Subtract line 21 from line 20	3,213,085. 3,213,818.		
	Pa	יוו אווי	Signature Block Under penalties of perfury, I declare that have examined this return, including accompanying schedules and statement	nts, and to the best of my knowledge and belief, it is true, correct		
			and complete. Dictaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge		
	C:	_		1 1-14-11		
	Sign Her		Signature of officer	Date		
	ner	e	Gary Leff, Treasurer			
			Type or print name and title			
			Preparer's Date	Check if Preparer's Identifying number (see instructions)		
	Paid		signature 01/13/11	self- employed		
	•	arer's	Firm's name (or Rogers & Company PLLC	EIN ►		
	use	Only	sef-employed). \armodelia 8300 Boone Boulevard, Suite 600			
			address, and Vienna, VA 22182	Phone no. ► 703-893-0300		
	<u>M</u> ay	the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No		
		01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions. Form 990 (2009)		
		S	ee Schedule O for Organization Mission State	ment Continuation		

_				
Pai	rt IV Checklist of Required Schedules			LNa
	is the expansion described in section E01/a\(\alpha\) or 4047/a\(\alpha\) (ather then a private foundation\(\alpha\)	$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI.	1		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1		
•	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	1		
•	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	1		
	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.		l. i	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	• • • • • • • • • • • • • • • • • • • •	<u> </u>	Х	
	Schedule D, Parts XI, XII, and XIII.	12	<u> </u>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X	-		
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1		х
13	Did the organization maintain an office, employees, or agents outside of the United States?	13	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	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 organization	140	<del></del>	
13	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	"	1	<del></del>
	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,	<u>"</u>		
••	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 Part VIII, lines	<del></del>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes "		П	

Form 990 (2009)

complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

# Form 990 (2009) Institute for Humane Studies Part IV | 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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			х
00	Schedule L, Part III	27	1	Α.
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
Ŭ	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	Х	
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		Х
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		Х
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
34	Was the organization related to any tax-exempt or taxable entity?			<b>.</b> ,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes," complete Schedule R, Part V, line 2	35		^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<del>- "</del> -		- <del></del> -
<b></b>	Note. All Form 990 filers are required to complete Schedule O.	38	х	
	Trees, at 1 and 200 and redunde to complete contracts of		990 (	2009)
			,	,

	t V Statements Regarding Other IRS Filings and Tax Compliance	032		aye c
	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			110
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	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 64			
b	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 return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and		,	
	Financial Accounts.			
5a	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?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		<b> </b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	l _		v
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>1</del>		X
a	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-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			l
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	l		i

Form **990** (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) Institute for Humane Studies 94-1623852 Page

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body  1a 13			
b	Enter the number of voting members that are independent  1b 13	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
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		Х
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		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
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 the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		37	
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7,7	
	ın 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	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	<del></del>
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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 with a			X
_	taxable entity during the year?	16a		Λ
þ	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	401-		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶AK, AR, AZ, CA, CO, CT, DC, DE, FI	, GA	нт	ΤA
17 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		,	,
10	public inspection. Indicate how you make these available. Check all that apply.	, 101		
	Own website Another's website W Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	nd fina	ncial	
ים	statements available to the public.		J.a.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•	
	The Institute - 703-993-4880			
	3301 North Fairfax Drive, #440, Arlington, VA 22201			
		Form	990	2009)
				,
93200 02-04				

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."

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

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

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

(A)	(B)	, cu	1101		) )		-	(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cł	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per	ctor						from	from related	other
	week	rdire			•	ted		the organization	organizations (W-2/1099-MISC)	compensation from the
		stee o	rustee			beuza		(W-2/1099-MISC)	(***2710334***********************************	organization
		ual tru	onalt		ploye	t com		`		and related
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
John Blundell		_		Ε.						-
Director	1.00	х						0.	0.	0.
Timothy Otis Browne			_							
Director	1.00	Х						0.	0.	0.
Tyler Cowen	1									
Vice-Chairman	1.00	Х		X				0.	0.	0.
Richard H. Fink										
Director	1.00	Х			<u> </u>	L		0.	0.	0.
Jerome M. Fullinwider									_	_
Director	1.00	Х						0.	0.	0.
David C. Humphreys										
Director	1.00	Х	<u> </u>				ļ	0.	0.	0.
Charles G. Koch	4 00			ا ۔۔ ا	1					•
Chairman	1.00	X	_	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
Eric S. O'Keefe	1 00	<b>.</b> ,					l	0.	0.	0.
Director James Arthur Pope	1.00	Х	<u> </u>	H		-	⊢	0.		<u> </u>
Director	1.00	v	i					0.	0.	0.
William O. Sumner	1.00	^	_		⊢	$\vdash$	┝	0.	<u> </u>	<u>.</u>
Director	1.00	v						0.	0.	0.
Kristina J. Kendall	1.00	<u> </u>	├	├─	┢	┢	⊢		0.	
Director	1.00	x						0.	ο.	0.
Todd Zywicki			<del> </del>	$\vdash$	-	-	┢┈	-		
Director	1.00	x	ŀ	1				0.	0.	0.
Craig Johnson				$\vdash$	_	-				
Director	1.00	X	ŀ					0.	0.	0.
Marty Zupan		T								
President	40.00	ļ		X				215,000.	0.	4,513.
Gary D Leff										
Secretary & Treasurer	20.00			X				72,500.	0.	3,675.
Leonard P Liggio										
Distinguished Sr. Schola	10.00		<u> </u>	Х	<u> </u>	<u></u>	L	20,340.	0.	1,377.
Ronald C. Thevenot										40 000
Vice President & COO	40.00	<u> </u>		X		L		143,000.	0.	10,030.

932007 02-04-10

Form 990 (2009)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) (C)  Average Position hours (check all that apply)							(D)  Reportable compensation	(E) Reportable compensation			
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cor or ar	other npensa from th ganiza nd rela ganizat	ation ne tion ted
		-				-						
				_		<u> </u> 						
											_	
				_						-		
	1							:			<u>.</u>	
				_			-					
1b Total				<u> </u>	<u></u>	<u> </u>		450,840.		. 1	19,5	95.
2 Total number of individuals (including but compensation from the organization	not limited to t	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable		,	2
3 Did the organization list any former officer			, ke	y en	nplo	yee,	, or l	nighest compensated e	mployee on		Yes	No X
Inne 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportat	ole co							the organization	4	X	A
5 Did any person listed on line 1a receive or the organization? If "Yes," complete Scheen	accrue compe	nsat	ion 1	from					rices rendered to	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest or	ompensated in	dep	ende	ent c	cont	ract	ors i	that received more than	\$100.000 of compe	nsation	from	
the organization. NONE										_		
(A) Name and business	s address							(B) Description of s	services	Comp	(C) ensatio	on
							_				_	
		-										_
2 Total number of independent contractors \$100,000 in compensation from the organ		not li	mite	ed to		ose I O	isted	d above) who received r	nore than	Form	, <u>9</u> 90.	(2009)

				Humane	Studies		94-1623	852 Page <b>9</b>
Pai	t VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
g a	b	•	1b					
£, ₽	C	•	1c					
<u>a</u> g.		Related organizations	1d					l
Si Si	_	<ul> <li>Government grants (contribut All other contributions, gifts, gran</li> </ul>	. —					
돌	f	similar amounts not included above		324,409.				
	a	Noncash contributions included in lines		54,149.		ļ		
S š	-	Total. Add lines 1a-1f			6,324,409.			
$\Box$				Business Code				
8	2 a	Administrative	fees	900099	652,936.	652,936.		
او ڲٙ	b	)						
Program Service Revenue	C							
e a	d						<del></del>	
ξÜ	e							1
-	T -	All other program service reve	enue	<b>———</b>	652,936.			
$\dashv$	3	Total. Add lines 2a-2f Investment income (including	dividends inter		032,330.			<u> </u>
	Ŭ	other similar amounts)	dividends, inter	63t, and	7,721.			7,721.
	4	Income from investment of ta	x-exempt bond i	oroceeds	,			
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross Rents			:			
		Less: rental expenses						
		Rental income or (loss)	L	1				<del></del>
		Net rental income or (loss)						
1	7 a	Gross amount from sales of	(i) Securities 67,011.	(II) Other				
- 1		assets other than inventory  Less: cost or other basis	07,011.	<u> </u>				
	~	and sales expenses	67,747.	,				
	c	Gain or (loss)	<736.					
		Net gain or (loss)		<b></b>	<736.	>		<736.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
eun		including \$						
ا <u>چ</u>		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	а	-				
₹		Less direct expenses	. b	·L				
		<ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ad</li> </ul>						 
	<del>5</del> 8	Part IV, line 19	a a					
	b	Less: direct expenses	b					
		Net income or (loss) from gam	ning activities	<b></b>				
		Gross sales of inventory, less						
		and allowances	а					
		Less cost of goods sold	b	L				
+		Net income or (loss) from sale	* *	<u></u> ▶				ļ
-	4.5	Miscellaneous Revenu Other income	10	Business Code 900099	6,811.	6,811.		
	11 a		<del></del>	300033	0,011.	0,011.		<del></del>
	t c		<del></del>	-				·
		All other revenue				<b></b>		_
	_	Total. Add lines 11a-11d		<b>•</b>	6,811.			
	12	Total revenue. See instructions.			6,991,141.	659,747.	0.	6,985.
93200 02-04-	10							Form <b>990</b> (2009)

### Part IX | Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				·
	organizations in the U.S. See Part IV, line 21	9,000.	9,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	586,998.	586,998.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	59,000.	59,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	470,433.	394,956.	41,566.	33,911.
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 salanes and wages	2,103,564.	1,766,015.	184,889.	152,660.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	187,044.	157,135.	18,524.	11,385.
10	Payroll taxes	182,525.	154,058.	15,473.	12,994.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	20,936.		20,936.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	323,686.	293,317.		30,369.
12	Advertising and promotion	18,815.	18,815.		
13	Office expenses	359,563.	244,098.	15,452.	100,013.
14	Information technology				
15	Royalties	2,852.	200.		2,652.
16	Occupancy	603,712.	458,821.	60,371.	84,520.
17	Travel	279,582.	271,828.	2,443.	5,311.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	1,557,743.	1,550,613.	2,617.	4,513.
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	181,598.	138,015.	18,160.	25,423.
23	Insurance	11,794.	9,507.	953.	1,334.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Miscellaneous	38,545.	31,223.	4,889.	2,433.
b	Software	18,662.	18,572.		90.
c	Property tax	6,258.	4,756.	626.	876.
d	Employee recruiting	196.	196.		
e					
f	All other expenses				· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24f	7,022,506.	6,167,123.	386,899.	468,484.
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				
					Fa 990 (0000)

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Part X | Balance Sheet (A) (B) Beginning of year End of year 347,647. 318,868. Cash - non-interest-bearing 1 1,053,924. 1,767,294. 2 Savings and temporary cash investments 975,877. 610,000. 3 Pledges and grants receivable, net 135,294. 49,632. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 29,052. 23,128. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,603,686. 10a basis. Complete Part VI of Schedule D 646,732. 1,033,613. 570,073. 10c 10b b Less: accumulated depreciation 117,056. 121,306. 11 Investments - publicly traded securities 62,353. 86,593. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 30,652. 30,652. 15 15 Other assets. See Part IV, line 11 3,398,587. 3,577,546. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 135,581. 306,506. 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 57,222. 49,921. Other liabilities, Complete Part X of Schedule D 25 363,728. 185,502. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 973,330. 1,138,795. 27 27 Unrestricted net assets 2,122,261. 1,957,529. 28 28 Temporaniv restricted net assets 117,494. 117,494. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,213,085. 3,213,818. 33 Total net assets or fund balances 3,398,587. 3,577,546. Total liabilities and net assets/fund balances

Form 990 (2009)

Pai	t 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.			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	]		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (	(2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

**Open to Public** Inspection

Name of the organization

Employer identification number

			te for Human						94	-1623852
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.	•	
The organ	ızatıon ıs not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)		_	
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).		
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
з 🔲			tal service organization of			170(b)(1)	(A)(iii).			
4 🗀	A medical res	search organization	operated in conjunction	with a hos	prtal descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital's name,
	city, and stat	e:								
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describe	d in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗀	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1	I)(A)(v).			
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic described in
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)							
в 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗀	An organizat	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, and	d gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross investment
	income and t	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 30, 1975.
	See section	<b>509(a)(2).</b> (Complete	Part III.)							
10 🖳	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	<b>1)</b> .		
11 🗀	An organizati	ion organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes of one or
	more publicly	supported organiza	itions described in section	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> c	tion <b>509</b> (	<b>a)(3).</b> Chec	ck the box that
	describes the	e type of supporting	organization and comple		_					
[]	a LLI Type	l <b>b</b>	J Type II c	Тур 📖 з	e III - Func	tionally int	egrated		d L	Type III - Other
e 📖	•	· · · · · ·	t the organization is not		-	-	•			
		•	han one or more publicly		•				∂(a)(1) or s	ection 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		<del></del>
	•	rganization, check th								<u> </u>
g	•		rganization accepted ar			•				<del>r1</del>
		<del>-</del>	rectly controls, either al	one or tog	ether with	persons o	lescnbed	ın (ıı) and (	III) below,	Yes No
	-		upported organization?							11g(i)
		•	n described in (i) above?		_			•		11g(ii)
	• -	•	person described in (i) o							11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(S).					
		I	(iii) Type of	(iu) lo tho c	rannation	(v) Did vo	, notify the	(vi) Is	the	
	of supported	(ii) EIN		(iv) is the c in col. (i) h			organizatio	on in col.	(vii) Amount of	
orga	anization		(described on lines 1-9		document?			(i) organız U.S	ea in the   .?	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
			, , ,							
				i						
								<del> </del>		<del></del>
								ŀ		
	- ··· - · · · · · · · · · · · · · · · ·									
								l		
Total		<u> </u>		L						
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for			Schedul	e A (Form	990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

# 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5764591. 6324409.27000637. 2935448. 5917448. 6058741. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 6324409.27000637. 2935448. 5917448. 5764591. 6058741. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 7196648. column (f) 19803989. 6 Public support. Subtract line 5 from line 4 **Section B. Total Support** (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 5917448. (e) 2009 (f) Total 6324409.27000637. (c) 2007 (d) 2008 5764591. 2935448 6058741. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 19,255. 105,134 <4,634. 7,721. 249,157. 121,681 and income from similar sources 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 6,811. 25,642. 3,044. 5,425 40,922. assets (Explain in Part IV.) 27290716. 11 Total support. Add lines 7 through 10 3,159,303. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 72.57 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 72.76 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\mathbf{X}$ stop here. The organization qualifies as a publicly supported organization 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 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Pand∭ Support Schedule for O ection A. Public Support	. Ju		a		y ii you oncoked tile bi	UN UII IIIIG 3 UI PAI
alendar year (or fiscal year beginning ın)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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						
Gross receipts from activities that are not an unrelated trade or bus-						
Iness under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge					_	
i Total. Add lines 1 through 5						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received					-	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
Public support (Subtract line 7c from line 6.)						
elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 6	(4) 2000	(27 2000	(0)2001	(4) 2000	(0) 2000	(7 : 5 : 4 :
Da Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
First five years. If the Form 990 is for the check this box and stop here	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
ection C. Computation of Public	Support Pe	ercentage				
5 Public support percentage for 2009 (lir	<del></del>		column (f))		15	
Public support percentage from 2008 section D. Computation of Inves					16	
					17	
<ul> <li>Investment income percentage for 200</li> <li>Investment income percentage from 20</li> </ul>	•	• • • • • • • • • • • • • • • • • • • •	116 13, COMITITI (I))		18	
a 33 1/3% support tests - 2009. If the c			on line 14 and line	e 15 is more than		17 is not
more than 33 1/3%, check this box an	-					is ilot
b 33 1/3% support tests - 2008. If the c	-		•			and
* *	-					▶□
line 18 is not more than 33 1/3%, chec	IN UIIS DON GITUS					

### 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Nam	e of the organization Institute for Huma	ne Studies	Employer identification number 94-1623852
Par			
Fai	-		ids of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's	exclusive legal control?	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds car	be used only
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purp	
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of ar	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, re		
	year >	odood, oxiiilgaloriod, or torriiilatod bj	the organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		of
J	violations, and enforcement of the conservation easements i	• • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section	Yes No.
•		on accoments in its revenue and ever	
9	In Part XIV, describe how the organization reports conservationally and the feature of the featu	•	•
	include, if applicable, the text of the footnote to the organization	tion's financial statements that descri	bes the organization's accounting for
Pai	conservation easements t III   Organizations Maintaining Collections o	f Art Historical Treasures of	r Other Similar Assets
T ai	Complete if the organization answered "Yes" to Form		Other Onliner Assets.
	Complete it the organization answered Test to Form	500,1 dit 14, iii 6 0.	
4	If the average started as assessment under CEAC 116 as	* *	d balance about would of out bustomed
ıa	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
D	If the organization elected, as permitted under SFAS 116, to	·	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public ser	vice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ncial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2009

932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

#### Schedule F (Form 990)

#### Statement of Activities Outside the United States

OMB No 1545-0047 ► Complete if the organization answered "Yes" to Form 990.

Department of the Treasury

Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

2009	
Open to Public Inspection	

Internal Revenue Service **Employer identification number** Name of the organization Institute for Humane Studies 94-1623852 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (c) Number of (f) Total (b) Number of (d) Activities conducted in region (e) If activity listed in (d) offices is a program service, expenditures employees or (by type) (i.e., fundraising, in the region agents in program services, grants to describe specific type for region of service(s) in region region recipients located in the region) Grants are made to Grants to recipients students pursuing academic degrees. Australia located in region. 4,000. Grants are made to Grants to recipients students pursuing located in region. academic degrees. 55,000. Europe

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

Schedule F (Form 990) 2009

59,000.

	ne 15, for any
94-1623852	omplete if the organization answered "Yes" to Form 990, Part IV, line 15, for any
Institute for Humane Studies	Ö.
le F (Form 990) 2009	I Grants and Other Ass
Schedule	Part II

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

	(i) Method of valuation (book, FMV, appraisal, other)		;			
	(h) Description of non-cash assistance					
	(g) Amount of non-cash assistance					cempt by
	(f) Manner of cash disbursement					recognized as tax-e
	(e) Amount of cash grant					foreign country,
	(d) Purpose of grant					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
nai space is needed.	(c) Region					s listed above that are re I has provided a section
Use Schedule F-1 (Form 990) if additional space is needed.	(b) IRS code section and EIN (if applicable)					recipient organization the grantee or counsel
Use Schedule F-	1 (a) Name of organization					2 Enter total number of the IRS, or for which t

23

Schedule F (Form 990) 2009

932072 02-01-10

3 Enter total number of other organizations or entities

94-1623852

Page 3

Institute for Humane Studies

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

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

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance 0 0 (e) Manner of cash disbursement 4,000.check 55,000.Check (c) Number of (d) Amount of recipients cash grant 17 Н (b) Region Australia Europe (a) Type of grant or assistance Graduate Fellowships Graduate Fellowships

Schedule F (Form 990) 2009

Schedule F (Fo	orm 99	0) 2009	Inst	LLuce	3 10	r num	ine s	cuare	8		94-10	23032	Page 4
Part IV S													
	omple	ete this pai	t to prov	ide the inf	ormatic	n required	in Part I,	line 2, and	any ac	dditional informa	tion.		
Schedul	e F	, Par	tΙ,	Line	2:	Grants	are	made	to	studenta	s pursuing	acadei	mic
degrees	•	In ad	ditio	on to	sub	stanti	ial a	pplic	<u>atio</u>	on mater	ials, stud	ents m	ust
submit ;	pro	of of	enro	ollmer	nt i	n the	ir in	stitu	tion	ns to sul	ostantiate	that	
funds a:	re	beina	used	d for	σua	lified	i edu	catio	nal	expenses	3.		
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SCHEDULE	(Form 990)

Grants and Other Assistance to Organizations,

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ê | Schedule I (Form 990) 2009 Employer identification number in support of educational 94-1623852 Open to Public Inspection (h) Purpose of grant or assistance X Yes 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 ame and address of organization (below that it applicable cash grant or government or governme Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any activities. 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ٥. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 9 000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Institute for Humane Studies 501(c)(3) Enter total number of section 501(c)(3) and government organizations 54-0836354 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization George Mason University 4400 University Drive Name of the organization Fairfax, VA 22030 Department of the Treasury Internal Revenue Service Part Part

Page 2

Schedule I (Form 990) 2009

Perst III

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The organizational grant is monitored via GMU's online offered, and contact with the Department of Economics to identify course required to document their actual expenses and participation in programs Schedule I, Part I, Line 2: George Mason University is an organizational course catalogue, which indicates that the supported course is in fact are and they (d) Amount of non-cash assistance 0 0 0 ö The rest of the grants are to individuals, 34,245. 23,800, 511,820. 17,133 (c) Amount of cash grant (b) Number of recipients 49 135 48 are awarded. Scholarship - Humane Studies Fellowships (a) Type of grant or assistance grant recipient. for which funds MFA/Film Scholarships Scholarship - KSFP Conference travel enrollment.

#### SCHEDULE J (Form 990)

Department of the Treasury

### **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Institute for Humane Studies

Employer identification number 94-1623852

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			}
	contingent on the net earnings of.			<u> </u>
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	ınıtıal contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Institute for Humane Studies

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of W	W.2 and/or 1099-MISC compensation	SC compensation	(C) Dotiromont and	(D)	(E) Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(l)-(D)	reported in prior Form 990 or Form 990-EZ
	≘	150,00	65,000.	0	0	4,513.	219,513.	0
Marty Zupan		110,000.	33.000.	0	0	10,030.	153,030.	0
Ronald C. Thevenot			0	0	0	٠.	٠.	0
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#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Institute for Humane Studies

Employer identification number 94-1623852

Par	t I Types of Property	I Hana				023	<u> </u>	
		(a)	(b)	(c)	(d)			
		Check if	Number of	Revenues reported on	Method of de		ning	
		applicable	contributions	Form 990, Part VIII, line 1g	revenu	Jes		
1	Art - Works of art							
2	Art - Historical treasures			<del></del>	<u> </u>		•	
3	Art - Fractional interests			-				
4	Books and publications							
5	Clothing and household goods					-	•	
6	Cars and other vehicles							
7	Boats and planes				· · · · · · · · · · · · · · · · · · ·			
8	Intellectual property							
9	Secunties - Publicly traded	X	5	54.149.	Fair market	va	1ue	
10	Securities - Closely held stock			01,212				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		<u> </u>					
19	Food inventory			l				•
20	•							
21	Drugs and medical supplies							
22	Taxidermy Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
24 25					<del></del>			
26	· <del></del>			<u> </u>		-		
27	Other () Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation during	the tay year for a	contributions	l		_	
23	for which the organization completed Form 82		-	1 1				
	To which the organization completed from 62	00, r art iv, t	JOHES ACKHOWIEG	ginent 23 j			Yes	No
30a	During the year, did the organization receive b	v contributio	n any property re	norted in Part I lines 1,28 th	at it must hold for		103	110
ooa	at least three years from the date of the initial	•						
	the entire holding period?	CONTINUENT	and which is not	required to be used for exer	inpr purposes for	30a		X
h	If "Yes," describe the arrangement in Part II.					<del>                                    </del>		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31		X
	Does the organization have a gift acceptance					<del>اٽ</del> ا		<del></del>
uzd	contributions?	or related Of	garnzations to sor	ion, process, or sell noncastr		32a		х
ь	If "Yes," describe in Part II.					1020	-	
33	If the organization did not report revenues in c	olumn (c) for	r a type of propert	v for which column (a) is cha	cked.			
~	describe in Part II.	J. G. G. T.	a type of propert	, .c. Willow Column (a) 10 one				
LHA		Act Notice	. see the Instruct	ions for Form 990.	Schedule N	l (For	n 990	2009

932141 03-12-10

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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.

OMB No 1545-0047

Name of the organization

**Employer identification number** 

Institute for Humane Studies	94-1623852					
Form 990, Part I, Line 1, Description of Organization Mis	sion:					
who maintain the highest standard of academic excellence and who share						
an interest in the principles of the classical liberal tr	adition.					
Form 990, Part III, Line 4d, Other Program Services:						
Student Marketing - markets the Institute's programs to s	tudents and					
introduces new audiences to the ideas of liberty through	printed					
materials, e-mails, websites, direct mail, networking, an	d paid					
advertisements.						
Expenses \$ 456661. including grants of \$ 0. Revenue \$	0.					
Public Affairs - seeks to inform alumni, faculty, and sup	porters about					
the efforts of the Institute and build communication that	develops a					
network of individuals interested in liberty.						
Expenses \$ 413404. including grants of \$ 0. Revenue \$ 0.						
Form 990, Part VI, Section A, line 2: Richard Fink is Exe	cutive Vice					
President of Koch Industries, Inc. Charles G. Koch is Chairman and CEO of						
Koch Industries, Inc.						
Form 990, Part VI, Section B, line 11: Draft 990 is prepa	red by the					
independent accountants and provided to the Vice Chairman	of the Board for					
review prior to filing.						
Form 990, Part VI, Section B, Line 12c: Disclosure is req	uired					

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

contemporaneously with any potential conflicts.

Schedule O (Form 990) 2009

932211 02-03-10

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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

Name of the organization

Institute for Humane Studies

Employer identification number 94-1623852

Form 990, Part VI, Section B, Line 15: Compensation for officers is set by
the Executive Committee of the Board of Directors. Management provides the
Committee with comparability data to consider in their review of
compensation. The Chairman of the Executive Committee of the Board of
Directors communicates to Management in writing with the decisions of the
Committee on officer compensation.
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS
MT, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WY
Form 990, Part VI, Section C, Line 19: The Institute's financial
statements and governing documents are available upon request to those
deemed to have bona fide business purpose which advances the exempt purpose
of the organization.
Form 990, Part XI, Line 2c
The Organization's Board of Directors assumes responsibility for
oversight of the audit, including selection of independent accountant.
This process is consistent with prior years.

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

Schedule O (Form 990) 2009