Department of the Treasury Internal Revenue Service

SCANNED JUL 192006

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

А	For th	ie 2005 calendar year, or tax year beginning , and ending			
<u>B</u>		of applicable use IRS label or Please use IRS label or INTERNATIONAL INSTITUTE FOR	HUMANE	D	Employer identification no. 01-0530866
	Name	change print or EDUCATION type. Number and street (or P O box if mail is not delivered to street add	ress) Room/suite	E	Telephone number 207-667-1025
Ш	Initial r	eturn See PO BOX 260	1 Nooniyaata	F	
П	Final re	Specific Characters and 7/D 4	<u>. </u>	X	
Ħ	Amand	Instructions. City or town, state or country, and ZIP + 4 SURRY ME 0468	A .		Accrual Other (specify)
片	Ameno		 		
LJ		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 	H and are not applicable to sec H(a) Is this a group return for		
<u>G</u>	Websi	lte: ▶ www.iihed.org	H(b) If "Yes," enter number o	f affilia	ates 🕨
J	_	alzation type	H(c) Are all affiliates included	1?	Yes No
	(check	conly one) ► X 501(c) (3) < (insert no.) 4947(a)(1) or 527	e ınstr	·)	
κ	Check I	here In the organization's gross receipts are normally not more than \$25,000. The	H(d) Is this a separate return	filed t	y an
	organiz	ation need not file a return with the IRS, but if the organization chooses to file a return, be	organization covered by	a gro	up ruling? Yes X No
		file a complete return Some states require a complete return.	I Group Exemption Nu	ımbeı	r >
		mo a complete return.	M Check ▶ If the	orga	anization is not required
L	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 212,378		_	0, 990-EZ, or 990-PF).
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund B			
	1	Contributions, gifts, grants, and similar amounts received:		Ť	1
	a	Direct public support	1a 115,235	5	
	l .	· · · · · · · · · · · · · · · · · · ·		4	
	b	Indirect public support	1b	┥	
	C	Government contributions (grants)	1c	-	115 005
	d	Total (add lines 1a through 1c) (cash \$ 115,235 noncash \$)	10	
	2	Program service revenue including government fees and contracts (from Part VII, I	ine 93)	2	86,442
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	724
	5	Dividends and intercet from securities		5	
	6a	Gross ren RECEIVEU	6a		
	ь	Less rental expenses (n)	6b		
	С	Nel central income or (ps. 1) Sobtract line 6b from line 6a)	·····	60	5
•	7	Other vestment income (describe)		7	
Revenue	8a	Grass amount from sales of assets other (A) Securities	(B) Other	1	
Ve			8a	1	, <u> </u>
<u>۾</u>	h		8b	1	
	~		8c	1	
	, a	Net gain or (loss) (combine line 8c, columns (A) and (B))	00	8d	and
	9	Special events and activities (attach schedule). If any amount is from gaming, chec	ok bor	- 50	<u> </u>
	-		X ner -	1	1
	а		a - 1		
			9a	- s	<i>;</i>
	b	· · · · · · · · · · · · · · · · · · ·	9b		
Į	С	Net income or (loss) from special events (subtract line 9b from line 9a)		, <u>9c</u>	<u>; </u>
- 1	10a	, , , ,	0a 9,977		
	b		0b 13,858	.	_
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fro	m line 10a) Stmt 1	10c	-3,881
- 1	11	Other revenue (from Part VII, line 103)		11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	
ي	13	Program services (from line 44, column (B))		13	
Expenses	14	Management and general (from line 44, column (C))		14	
ا <u>۾</u>	15	Fundraising (from line 44, column (D))		15	2,356
┇	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	4 0 4 0 0
ध	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	4 4 5 4 4
et Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	4 4 4 4 4
ا≱	20		Statement 2	20	
ž	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	· - -	21	400 400
or		Act and Paperwork Reduction Act Notice, see the separate			- 000

			01-0530866		Page
	ns must and sec	t complete column (A). tion 4947(a)(1) nonexe	Columns (B), (C), and mot charitable trusts b	(D) are required for se ut optional for others (ction 501(c)(3) and See the instruction
Do not include amounts reported on line	1	1011 (0)(1) (10110)	· · · · · · · · · · · · · · · · · · ·		
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Grants and allocations (attach schedule)				S y	
(cash\$non-cash\$	22			***	
If this amount includes foreign grants, check here					
Specific assistance to individuals (attach				. 4 %	
schedule)	23			* .	
Benefits paid to or for members (attach					*
schedule)	24			, ~. ·	
Compensation of officers, directors, etc.	25	36,294	32,665	3,629	
Other salaries and wages	26	65,200	49,612	15,588	
Pension plan contributions	27				
Other employee benefits	28	3,487	2,338	1,149	
Payroll taxes	29	9,794	7,597	2,197	
Professional fundraising fees	30	300			30
Accounting fees	31	5,454		5,454	
Legal fees	32	673	93	580	
Supplies	33	1,882	1,224	658	
Telephone	34	4,569	4,569		_
Postage and shipping	35	6,464	3,373	2,564	52
Occupancy	36	6,000		6,000	
Equipment rental and maintenance	37	3,398	2,105	1,293	
Printing and publications	38	4,726	2,458	739	1,52
Travel	39	4,030	3,948	82	
Conferences, conventions, and meetings	40				
Interest	41				
Depreciation, depletion, etc. (attach schedule)	42	1,048	1,048		
Other expenses not covered above (itemize):					
See Statement 3	43a	28,658	21,400	7,258	
	43b				
•	43c				
	43d				-
	43e				
	43f				
	43g				_
Total functional expenses. Add lines 22					
through 43. (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	181,977	132,430	47,191	2,35

, and (iv) the amount allocated to Fundraising\$

(III) the amount allocated to Management and genera\$

Part III	Statement of Pro-	ram Service Acco	omplishments (S	See the instructions.
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	nat is the organization's primary exempt purpose?	OF MON	VIOLENCE IN COUCOLG	Program Service
All of d	TO FACILITATE THE TEACHING organizations must describe their exempt purpose achieclients served, publications issued, etc. Discuss achieved	evements in a cl ments that are r	ear and concise manner. State the number not measurable (Section 501(c)(3) and (4)	Expenses (Required for 501(c)(3) 8 (4) orgs , & 4947(a)(1) trusts, but optional for
	anizations and 4947(a)(1) nonexempt charitable trusts n			others)
а	WORKSHOPS FOR PEOPLE WANTE SCHOOLS OPEN TO THE PUBLIC			
	SCHOOLS OPEN TO THE PUBLIC	_		
	behoold to bibeobb houvior	321(02) 15	5025.	
			•	
		_		
	(Grants and allocations \$)	If this amount includes foreign grants, check here	132,430
b				
				1
	·		•	
			•	
	• • • •	• • •	•	
	(Grants and allocations \$)	If this amount includes foreign grants, check here	
c				
	•	•		
			•	
	(Grants and allocations \$)	If this amount includes foreign grants, check here	
d				
		•		
				[
		• • •	•	
	(Grants and allocations \$,	If this amount includes foreign grants, check here	
	Other program services (attach schedule)			
	(Grants and allocations \$)	If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line	44, column (B)	, Program services)	132,430
				Form 990 (2005)

	Part IV	Balance Sheets (See the instructions	.)				
	Note:		ithin the	e description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			24,975		9,59
	46	Savings and temporary cash investments		· [67,468	46	108,90
	47a	Accounts receivable	47a	25			
	b	Less: allowance for doubtful accounts	47b	 	12,250	47c	2:
	1			<u> </u>			
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b	l ——————		48c	
	49	Grants receivable		-		49	
	50	Receivables from officers, directors, trustees, and ke	y empli	byees		_,	
	-	(attach schedule)				50	
) STA	Other notes and loans receivable (attach	1 540	1			
Assets	Ь	schedule) Less; allowance for doubtful accounts	51a 51b	 		51c	
	1	Inventories for sale or use	1310	l	11,767		13,464
ĕ	52 53	Prepaid expenses and deferred charges			2,238		2,013
	54	Investments-securities See Statement	1	Cost FMV	7,095		7,082
	55a	Investments-land, buildings, and			1,055	34	7,002
	332	equipment: basis	55a	1			
	Ь	Less: accumulated depreciation (attach	1000				
	~	schedule)	55b			55c	
	56	Investments-other (attach schedule)	<u> </u>			56	
	57a	Land, buildings, and equipment: basis	57a	10,504		-	
	1	Less accumulated depreciation (attach	1				
		schedule)	57b	8,546	3,006	57c	1,958
	58	Other assets (describe)	-	58	
		·		Ī			
	59	Total assets (must equal line 74). Add lines 45 through	gh 58.		128,799	59	143,033
	60	Accounts payable and accrued expenses			4,049	60	2,314
	61	Grants payable		. [_		61	
	62	Deferred revenue .				62	
S	63	Loans from officers, directors, trustees, and key empl	oyees (attach			
bilities		schedule)		. L		63	
Liab	64a	Tax-exempt bond liabilities (attach schedule)		<u> </u>		64a	
_		Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe > See Statemen	nt 5)	3,126	65	2,586
							4 000
		Total liabilities. Add lines 60 through 65			7,175	66	4,900
		· —	ina com	plete lines	ļ	.]	
<u>"</u>		67 through 69 and lines 73 and 74. Unrestricted			121,624	67	138,133
Š	_	Temporarily restricted		-	121,024	68	130,133
aa		Permanently restricted		 -		69	·
B B		nizations that do not follow SFAS 117, check here	▶ □ .	and			
Ĕ.		complete lines 70 through 74.					
5		Capital stock, trust principal, or current funds			ľ	70	
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, and equipr	nd		71		
SS(Retained earnings, endowment, accumulated income,		• • • • • • • • • • • • • • • • • • • •		72	
\$		Total net assets or fund balances (add lines 67 through				1	
ž		70 through 72;				1	
		column (A) must equal line 19, column (B) must equa	Il line 2	1)	121,624	73	138,133
[Total liabilities and net assets/fund balances. Add in		• • • • • • • • • • • • • • • • • • • •	128,799	74	143,033

	m 990 (2005) INTERNATIONAL INSTITUTE FOR art V-A Current Officers, Directors, Trustees, and I						Page
-	Enter the total number of officers, directors, and trustees permitted to				T	Yes	No
	meetings		>				
b	Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or high	est compensated				
	employees listed in Schedule A, Part I, or highest compensated profe						
	contractors listed in Schedule A, Part II-A or II-B, related to each other						
	relationships? If "Yes," attach a statement that identifies the individua	als and explains the re	lationship(s)		75b	┼	X
С	Do any officers, directors, trustees, or key employees listed in Form 9	990 Part V-A or highe	est compensated		ľ		
Ŭ	employees listed in Schedule A, Part I, or highest compensated profe		•				
	contractors listed in Schedule A, Part II-A or II-B, receive compensation		•				
	tax exempt or taxable, that are related to this organization through co	mmon supervision or	common control?		75c		X
	Note. Related organizations include section 509(a)(3) supporting organizations	anizations.			[
	16 mg - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				1,*		
	If "Yes," attach a statement that identifies the individuals, explains the	•			Ì,		
	organization and the other organization(s), and describes the compenincluding amounts paid to each individual by each related organization	-					
d	Does the organization have a written conflict of interest policy?	···			75d		X
P	art V-B Former Officers, Directors, Trustees, and K	ey Employees T	hat Received C	ompensation or (r Ber	nefit
	(If any former officer, director, trustee, or key employee re						
	the year, list that person below and enter the amount of co	ompensation or other	benefits in the appro	priate column. See the	3		
	instructions.)		-				
	(A) Name and address (E	B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred	acco) Expe	ense I other
N/	A			compensation plans	aii	lowance	es
,	-						
							
	·						
					-		
			ł				
	· · ·						
Pa	rt VI Other Information (See the instructions.)					Yes	No
76	Did the organization engage in any activity not previously reported to the	he IRS? If "Yes," attac	ch a detailed	-			
77	description of each activity	.t and remorted to the II		}	76		$\frac{x}{x}$
77	Were any changes made in the organizing or governing documents but if "Yes," attach a conformed copy of the changes	it not reported to the II	101	<u> </u>	77	-+	
78a	Did the organization have unrelated business gross income of \$1,000 c	or more during the ve	ar covered by this re	turn?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			ſ	78b		
79	Was there a liquidation, dissolution, termination, or substantial contrac	tion during the year?	f "Yes," attach	[-			
	a statement				79	[X
80a	Is the organization related (other than by association with a statewide of			.			- <u>-</u> -
	common membership, governing bodies, trustees, officers, etc., to any	other exempt or none	exempt organization	?	80a		X
þ	If "Yes," enter the name of the organization ▶	nd check whether it is	exempt or	nonexempt			ļ
R12	ar Enter direct and indirect political expenditures. (See line 81 instructions		exempt or [nonexempt			!
	Did the organization file Form 1120-POL for this year?	,	[U i a]	·····	R1h		

	n 990 (2005) INTERNATIONAL INSTITUTE FOR HUMANE 01-053	0866	<u>, – – – – – – – – – – – – – – – – – </u>		1	Page
P	art VI : Other Information (continued)	<u></u>			Yes	No
82a		harge		ŀ		
	or at substantially less than fair rental value?			82a	ļ	X
b	, , , , , , , , , , , , , , , , , , , ,					
	amount as revenue in Part I or as an expense in Part II.	1 1				
	(See instructions in Part III.)	82b		-		
83a	Did the organization comply with the public inspection requirements for returns and exemption applic	ations?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	v
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	Ons or	N/A	0.45		
85	gifts were not tax deductible? 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	•	N/A	84b 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		
Ü	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85b below unless the orga	nization .		030		
	received a waiver for proxy tax owed for the prior year.					
С	Dues, assessments, and similar amounts from members	85c				
d	Section 162(e) lobbying and political expenditures	85d		1 1	`	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		1]		l
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		1	- 1	1
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on lin	ne 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for t	he				ı
	following tax year?		N/A	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on					
	line 12	86a]		
b	Gross receipts, included on line 12, for public use of club facilities	86b]]	ļ	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		,]		
b	Gross income from other sources. (Do not net amounts due or paid to other				1	
	sources against amounts due or received from them.)	87b] ;]	3	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation					
	partnership, or an entity disregarded as separate from the organization under Regulations sections 30	01.7701-2				X
00-	and 301.7701-3? If "Yes," complete Part IX			88		
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955	.	0	, ,	1	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction.		J			
U	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," at					
	a statement explaining each transaction			89b	- 1	x
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year					
	sections 4912, 4955, and 4958		•			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		▶			0
90a	List the states with which a copy of this return is filed None					
b	Number of employees employed in the pay period that includes March 12, 2005 (See					
	instructions.)		90b			5
91a	The books are in care of MARILYN SMITH	Telephone i	no ▶ 207-	374-	-998	35
	PO BOX 697	_				
	Located at ▶ BLUE HILL, ME	ZIP + 4 ▶	04614			
þ	At any time during the calendar year, did the organization have an interest in or a signature or other a			r		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ıncial	1		Yes	No
	account)?			91b		<u> </u>
	If "Yes," enter the name of the foreign country	D==1-		, ,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	sank		`	1	
	and Financial Accounts.	too?	ł	01.5		X
	At any time during the calendar year, did the organization maintain an office outside of the United Sta	169 (Ĺ	91c		<u> </u>
с 92	If "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here					▶ [
J2	and enter the amount of tax-exempt interest received or accrued during the tax year	i	92			_
	and drive. The district of the charitys interest received of bookses during the tax year	·		Form	990	2005

Part VII	Analysis of Income-Pro	oducing Activiti	es (See the	instructions.)				
Note: Enter	gross amounts unless otherwise		Unrelate	ed business income	Excluded	by sec 512, 513	, or 514	(E)
indicated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		Related or exempt function
93 Progra	im service revenue:		Business code	Amount	Exclusion	Amount	l	income
	ITION AND FEES							86,442
					İ			
								·
d								
e								
	are/Medicaid payments			-				
	and contracts from government ager	ncies					1	
•	ership dues and assessments	10,00						
	t on savings and temporary cash in	veetments .			14		724	····
	nds and interest from securities	vestilielio			1			
			** .	- Copies	 	<i>y</i>		· · · · · · · · · · · · · · · · · ·
	ntal income or (loss) from real estate	.					-	
	nanced property	•						
	ot-financed property	ranart.						
	etal income or (loss) from personal p nvestment income	лорену						
	•	on inventory			-		-	
	r (loss) from sales of assets other th	ian inventory						
	ome or (loss) from special events	 			3	-3,	0.01	
•	profit or (loss) from sales of inventor	· r			-	-5,	002	
	evenue: a							
-							+	·
						· · · · · · · · · · · · · · · · · · ·	-	
				 				
e	-1 (-11 call range (D) (D) and (E))		~ &&	0	· ·	-3,	157	86,442
	al (add columns (B), (D), and (E))	. L	***		13-4-1	<u> </u>		83,285
	add line 104, columns (B), (D), and		Dord I					05,203
Part VIII	5 plus line 1d, Part I, should equal Relationship of Activiti			of Evennt Purn	2505	ee the instri	uctions	2)
Line No.	Explain how each activity for whi							
Line No. ▼	of the organization's exempt purp				iu importa	nuy to the acc	niipiisiiii	nent
93a	TUITION/WORKSHOP				SES			
	101110N/ WORKBROI	I DDD I OK	11011 110	DELICE CELLS		-		
								· · · · · · · · · · · · · · · · · · ·
Part IX	Information Regarding	Taxable Subsid	iaries and	Disregarded Ent	ities (Se	ee the instru	ctions)
	(A)	(B)		(C)		(D)		(E)
Name, ad	Idress, and EIN of corporation, rship, or disregarded entity	Percentage of ownership interest		ature of activities		Total income		End-of-year assets
N/A			%					
			%					
			%					
			%	· · · · · · · · · · · · · · · · · · ·				
Part X	Information Regarding	Transfers Asso	ciated with	Personal Benefi	t Contr	acts (See th	ne inst	ructions.)
	ne organization, during the year, rec							Yes X No
	ne organization, during the year, pay							Yes X No
	es" to (b), file Form 8870 and Form			,				
	Under penalties of periusy I declare the	at I have examined this i	return including	accompanying schedules	and statem	ents, and to the I	pest of m	y knowledge
	and belief, it is true, correct, and comp	lete. Declaration of prep	arer (other than o	officer) is based on all infe	ormation of	which preparer ha	as any kn	owledge
Please	\mathbb{R}^{2}					3	19	106
Sign	Signature of officer	71.		Ν 0		Dat	te	
Here	Khalit	MILLANS	E	ER. DAK	-			
	Type or print name and title	V - 1 V						
		->		Date	T	Check if		parer's SSN or PTIN
Paid	Preparer's signature	Ce			المصيا	self- employed		e Gen Instr W)
Preparer's	N B111	e Hill Acc	ounting		-, , , ,	EIN		20-1530518
Use Only		Ellsworth				Phone		
	1	e Hill, ME	04614			i i		7-374-9985
		 , - -						

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number INTERNATIONAL INSTITUTE FOR HUMANE EDUCATION 01-0530866 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contrib to (a) Name and address of each employee paid more (b) Title and average hours (e) Expense empl ben plans account & other (c) Comp than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None,") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

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

Schedule A (Form 990 or 990-EZ) 2005

Sçi	nedu	le A (Form 990 or 990-EZ) 2005 INTERNATIONAL INSTITUTE FOR HUMANE 01-0530866			Page
F	art	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	D	uring the year, has the organization attempted to influence national, state, or local legislation, including any	1	<u> </u>	
	af	ttempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid		ı	
	10	r incurred in connection with the lobbying activities ▶ \$ (Must equal amounts on line 38,	ĺ	[ĺ
	P	art VI-A, or line I of Part VI-B.)	1		X
	0	rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	or	ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of	Ì		
		e lobbying activities.			l
2		uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
		ubstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		th any taxable organization with which any such person is affiliated as an officer, director, trustee, majority		N.	
		vner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	tra	ansactions.)			
а	S	ale, exchange, or leasing of property?	2a		X
b		ending of money or other extension of credit?	2b		X
c		urnishing of goods, services, or facilities?	2c		X
d		ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
е	Tra	ansfer of any part of its income or assets?	2e		X
3a	Do	you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			
	уо	u determine that recipients qualify to receive payments.)	3a		X
b	Do	you have a section 403(b) annuity plan for your employees?	3b		<u>x</u>
C	Dι	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	\longrightarrow	X
4a		d you maintain any separate account for participating donors where donors have the right to provide advice on			
		e use or distribution of funds?	4a	\longrightarrow	<u> </u>
<u>b</u>	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
P	art l	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
	0500	prinction is not a private foundation because it is: (Please shock only ONE applicable box)			
5	רח רח	inization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	Н	A school. Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	H	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	Н	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city			
-		,	•		
		and state ▶			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)	(iv).		
		(Also complete the Support Schedule in Part IV-A.)			
l1a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section	n		
	~	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part iV-A.)			
11b	Ц	A community trust. Section 170(b)(1)(A)(vI) (Also complete the Support Schedule in Part IV-A.)			
2	Ш	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receives:	ipts		
		from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support			
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the			
	Γ	organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
3	LJ	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations			
		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check			
		the box that describes the type of supporting organization Type 1 Type 2 Type 3 Provide the following information about the supported organizations. (See page 6 of the instructions.)			—
			Line n	ımher	—
		(a) Name(s) of supported organization(s)	rom ab		
					_
	_				
4	$\perp \perp$	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

	e: You may use the worksheet in the instru						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received (Do		400 460				256 62
	not include unusual grants. See line 28.)	82,699	109,467	91,141	93,	390	376,69
16	Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the	05 161	44 202	5 72 <i>6</i>	_	E03	140 06
	organization's charitable, etc., purpose	85,161	44,383	5,726		592	140,86
18	Gross income from interest, dividends, amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less						
	section 511 taxes) from businesses acquired by the organization after June 30, 1975	835	1,013	936	1,	130	3,91
19	Net income from unrelated business						
	activities not included in line 18	İ				ľ	i
20	Tax revenues levied for the organization's					ĺ	
	benefit and either paid to it or expended on					ł	
	its behalf						
21	The value of services or facilities furnished to		į				
	the organization by a governmental unit						
	without charge Do not include the value of services or facilities generally furnished to the						
	public without charge .						
22	Other income Attach a schedule Do not include gain or (loss) from						
	sale of capital assets	160 605	154 060	05.000	100	440	F04 45
23	Total of lines 15 through 22	168,695	154,863	97,803	100,		521,47
24	Line 23 minus line 17	83,534	110,480	92,077		520	380,61
25	Enter 1% of line 23	1,687	1,549	978	<u></u>	001	7,612
26	Organizations described on lines 10 or					26a	7,61
b	Prepare a list for your records to show the						•
	governmental unit or publicly supported o amount shown in line 26a. Do not file this					26b	244,152
_	Total support for section 509(a)(1) test: E		inter the total or all t	nese excess amounts		26c	380,611
d	Add: Amounts from column (e) for lines:		.4 19	•	•	1	
u	Add. Amounts nom column (c) for lines.	22	26b	244,152	•	26d	248,066
е	Public support (line 26c minus line 26d to				>	26e	132,545
f	Public support percentage (line 26e (nu	•	e 26c (denominator))	•	26f	34.8243
27		a For amounts included			from a "disqua	lified	
	person," prepare a list for your records to						on."
	Do not file this list with your return. Ent	er the sum of such amou	ints for each year:				N/Z
	(2004) (20	03)	(2002)		(2001)	
b	For any amount included in line 17 that wa	as received from each pe	erson (other than "di	squalified persons"), p	repare a list for	your re	cords to
	show the name of, and amount received for						
	(Include in the list organizations described						
	the difference between the amount receive	ed and the larger amoun	t described in (1) or	(2), enter the sum of the	nese difference	s (the e	
	amounts) for each year						N/2
	(2004) (20	•	(2002)		(2001)	
С	Add: Amounts from column (e) for lines.	15	16			1 1	
	17	20	21	 	P	27c	· · · · · · · · · · · · · · · · · · ·
d	Add Line 27a total.	and line 27b tot	aı	<u> </u>		27d	
e	Public support (line 27c total minus line 27		antiuma (a)	N 274		27e	
f	Total support for section 509(a)(2) test: Er Public support percentage (line 27e (nu			▶ <u>27f</u>	•	27g	
9	Investment income percentage (line 18,					27h	
8	Unusual Grants: For an organization des				2001 through 2		/
-	prepare a list for your records to show, for						
	description of the nature of the grant. Do r					•	

* m. hvv	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		ł	
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30	 	
٠.	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	·	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)			
			"	
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	,		
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	. 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		ļ		
	On the second of			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c	1	
d	Scholarships or other financial assistance?	. 33d		
е	Educational policies?	33e		
		1 1		
f	Use of facilities?	33f		
g	Athletic programs?	33g	_	
h	Other extracumcular activities?	33h		
••	Culti oxudsanisalar dauvusa			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			- 1	1
			ł	
4a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			i
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		,	1
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

· · · · · · · · · · · · · · · · · · ·	INTERNATION nditures by Electied ONLY by an eli	ing Public Chariti	es (See p	age 9	of the ins		ions.)	Pa ₍	<u>je</u>
	longs to an affiliated g							rol" provisions apply.	_
Limits	on Lobbying Exp	enditures				(a) ed group tals	l	(b) To be completed for ALL electing	
(The term "exper	ditures" means amoun	ts paid or incurred.)						organizations	
36 Total lobbying expenditures to influer	ce public opinion (gras	sroots lobbying)		36					
37 Total lobbying expenditures to influer	ce a legislative body (d	direct lobbying)		37					
38 Total lobbying expenditures (add line	s 36 and 37)			38		_			
39 Other exempt purpose expenditures				39					
40 Total exempt purpose expenditures (a	•			40					
41 Lobbying nontaxable amount Enter t		-		* *1	ž į	* *			
If the amount on line 40 is-	• •	ontaxable amount is-	_		ν,			٠	
Not over \$500,000	20% of the amour			ľ Ť	~	, "	"	Ĉ.	
Over \$500,000 but not over \$1,000,000	•	% of the excess over \$500	1						
Over \$1,000,000 but not over \$1,500,000	•	% of the excess over \$1,00	· I	41				······································	
Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% \$1,000,000	of the excess over \$1,500	,000	/A	es Ş	x		•	
42 Grassroots nontaxable amount (enter				42					
43 Subtract line 42 from line 36 Enter -0	•	 Line 36		43					_
44 Subtract line 41 from line 38. Enter -0			•	44				-, -, -, -, -, -, -, -, -, -, -, -, -, -	_
				7.4		ŧ		·	
Caution: If there is an amount on eith	er line 43 or line 44, yo	ou must file Form 4720			, ,				
	4-Year Aver	aging Period Und	der Sectio	n 501(h)				
(Some organizat	ions that made a section	on 501(h) election do n	ot have to co	omplete a	all of the fiv	e colu	mns belo	w.	
	See the instructions f	or lines 45 through 50	on page 11 o	of the ins	tructions)				
		Lobbying Expe	nditures Du	ring 4-Y	ear Averag	ging Pe	eriod		
Calendar year (or	(a)	(b)	(c)	c)		(d)		(e)	
fiscal year beginning in)	2005	2004	200	3	1 2	2002		Total	_
45 Lobbying nontaxable amount									
46 Lobbying ceiling amount (150% of	can pro separations	in a company	. *	* **	W	- 1/4/	1		
line 45(e))		*	¥					· · · · · · · · · · · · · · · · · · ·	
47 Total lobbying expenditures									
10. Conservato espatavolto especial					1				
48 Grassroots nontaxable amount	* # * * * * * * * * * * * * * * * * * *	, · , , , , , , , , , , , , , , , , , ,	AY 486 A . 8	¥ . * * 38.*	· // // //	•			_
49 Grassroots ceiling amount (150% of line 48(e))	, *		% . 3			•	*		
iiie +0(e))	· · · · · · · · · · · · · · · · · · ·	∜∘ .	./ ₹© 3\		 i				_
50 Grassroots lobbying expenditures					1		i		
Part VI-B Lobbying Activit	y by Nonelecting y by organizations		nlete Part	· \/I_A\	(See nad	ne 11	of the	instructions \N/	_ ' z
During the year, did the organization attem					(OOO pa		01 1110	inou douono.) 247	=
attempt to influence public opinion on a leg		-	-	,,		Yes	No	Amount	
a Volunteers									_
b Paid staff or management (Include of	ompensation in expens	ses reported on lines th	rough c h.)						
c Media advertisements				•					
d Mailings to members, legislators, or	the public	••			•				_
e Publications, or published or broadca						LI			_
f Grants to other organizations for lobl	· · · · · · · · · · · · · · · · · · ·							 	
g Direct contact with legislators, their s		=	=			 			_
h Rallies, demonstrations, seminars, c		lectures, or any other	means			<u> </u>			_
i Total lobbying expenditures (Add line if "Yes" to any of the above, also atta	- :	a detailed description o	of the Johnvin	o activiti	es (<u>I</u>		

Sch	edule 'A (Form	n 990 or 990-EZ) 2005	INTER	NATIONAL INSTITUT	E FOR HUMANE 01-0530866		_	Page
	art VII				ons and Relationships With Noncharit	able		aye
	<u></u>	Exempt Organiz	ations (S	See page 12 of the instruction	ons.)			
51			-		with any other organization described in section			
				(3) organizations) or in section 527	- · ·			т—
а			nization to a	noncharitable exempt organization	of:		Yes	+-
	(i) Cash					51a(i)	<u> </u>	X
		r assets		•		a(ii)	 	<u> X</u>
þ	Other trans		to with a no	ancharitable average argentation		L (1)		١,,
				ncharitable exempt organization ble exempt organization		b(i)	├	X
	• •	al of facilities, equipme		• •		b(ii) b(iii)	 	X
		bursement arrangeme				b(iv)		X
		s or loan guarantees			•	b(v)		X
		-	membershi	p or fundraising solicitations		b(vi)		Х
С	Sharing of fa	acilities, equipment, m	ailing lists,	other assets, or paid employees	•	С		X
d	If the answe	er to any of the above i	s "Yes," co	mplete the following schedule. Colu	mn (b) should always show the fair market value of	f the		
	goods, othe	r assets, or services g	iven by the	reporting organization. If the organi	zation received less than fair market value in any			
	transaction	or sharing arrangemer	nt, show in c	column (d) the value of the goods, o	ther assets, or services received:			
	(a)	(b)		(c)	(d)			
	Line no	Amount involved	Name	of nonchantable exempt organization	Description of transfers, transactions, and share	g arranger	nents	
	/5							
N	/A							
			<u></u>					
		<u> </u>	 -					
		<u> </u>						
—								
			 					
2a	-	•	•	d with, or related to, one or more to			1	ı
		* *	=	than section 501(c)(3)) or in sectio	n 527?	· 🗌 Ye	s X	N
<u>b</u>	If "Yes," com	nplete the following sch	nedule:		(1)			
	N	(a) lame of organization		(b) Type of organization	(c) Description of relationship			
	V/A							
	1/22							
								
				<u> </u>	. ———, ————————————————————————————————			
							 	
								
								
_								
								

IIHE INTERNATIONAL INSTITUTE FOR HUMANE

Federal Statements

· 01-0530866 FYE: 12/31/2005 5/3/2006 3:11 PM

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
MERCHANDISE SALES	\$ 9,977	\$ 13,858	\$ -3,881
Total	\$ 9,977	\$ 13,858	\$ -3,881

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	<u>Ar</u>	Amount		
UNREALIZED LOSS ON INVESTMENTS	\$	-34		
Total	\$	-34		

IIHE INTERNATIONAL INSTITUTE FOR HUMANE
01-0530866 Federal Statements

01-0530866

FYE: 12/31/2005

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program s Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
INSURANCE	3,5	27	3,527	
MARKETING	8,2	70 7,951	1 319	
MISCELLANEOUS	1,7	62 1,644	118	
FEES/MEMBERSHIPS	2,9	35 814	2,121	
CONFERENCES/WORKSHOPS	6,8	57 6,857	1	
WEBSITE	6	22 577	7 45	
MEALS AND ENTERTAINMENT	5	46 246	5 300	
SMALL EQUIPMENT	2,5	38 1,710	828	
WORKSHOP EXPENSES	1,6		<u> </u>	
Total	\$ 28,6	58 \$ 21,400	5 7,258	\$0

5/3/2006 3:11 PM

IIHE INTERNATIONAL INSTITUTE FOR HUMANE

01-0530866 FYE: 12/31/2005 **Federal Statements**

Statement 4 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock	7,095	7,082	
	7,095	7,082	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year		End of Year		
PAYROLL LIABILITIES SALES TAX PAYABLE	\$ 2,895 231	\$	2,455 131		
Total	\$ 3,126	\$	2,586		

5/3/2006 3:11 PM

Form (Rev January 2006) Department of the Treasury Internal Revenue Service Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

INTERNATIONAL INSTITUTE FOR HUMANE

Identifying number

EDUCATION 01-0530866 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 102,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 420,000 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instr. 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 1.048 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2005 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (e) Convention (f) Method (business/investment use (a) Depreciation deduction (a) Classification of property year placed in penod service only-see instructions) 19a 3-year property ь 5-year property 7-year property d_ 10-year property 15-year property 30% 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs. MM h Residential rental property MM S/L 27.5 yrs. MM 39 yrs. S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. b 12-year 40-<u>year</u> MM S/L С 40 yrs. Part IV Summary (see instructions) 21 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr

1,048

23

22

23