SCANNED AUG **1** 5 2019

CHANGE OF ACCOUNTING PERIOD

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Department of the Treasury	bo not critical decidar to country manifestation contains term
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and

d the latest information. / M

Open to Public Inspection

Α	For the	e 2017 calendar year, or tax year beginning JAN 1, 2018 and e	ending J	UL 31, 2018	<u> </u>				
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres change	INSTITUTE FOR HUMANE EDUCATION							
	Name change linitial				530866				
Ļ	return	, ,	Room/suite	E Telephone number	_				
<u> </u>	return/ termin				667-1025				
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code SURRY, ME 04684		G Gross receipts \$	303,338.				
늗	Ireturn Applic			H(a) Is this a group re for subordinates					
_	ltion pendir		·2	H(b) Are all subordinates in					
1	Tax-exe	empt status X 501(c)(3) 501(c) ()	r 1527	1 ' '	list (see instructions)				
J	Websit	e: > HUMANEEDUCATION.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1996 N	State of legal domicile: ME				
P	, 	Summary		- -					
9	1	Briefly describe the organization's mission or most significant activities TO CR	REATE	A MORE JUST	, HUMANE,				
Governance		AND SUSTAINABLE WORLD THROUGH EDUCATION.		Ab 050/ of to oot oo					
Veri	3	Check this box (if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)	ea or more	than 25% of its net as	Sets				
ၓၟ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
ళ	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0				
Activities		Total number of volunteers (estimate if necessary)		6	13				
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	138.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b					
		•		Prior Year	Current Year				
Revenue	1	Contributions and grants (Part VIII, line 1h)	390,996.	190,062.					
		Program service revenue (Part VIII, line 2g)	149,646. 87.	83,305. 138.					
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)RECEIVED Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<401.						
	12	Total revenue - add lines 8 through 11 (must equal PartIVIII column (A) line 12)	》	540,328.	273,525.				
	13			0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1071						
S	15	Salaries, other compensation, employee benefits (Fart IX, Columbia) Incest 10)	1 🗀	423,343.	242,941.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	/	0.	<u> </u>				
ă	þ.	Total fundraising expenses (Part IX, column (D), line 25) 29,94	<u>:7.</u>	22 242	60.054				
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		88,249.	68,374.				
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		511,592. 28,736.	311,315. <37,790.>				
es	19	Revenue less expenses Subtract line 18 from line 12	- Rev	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		313,575.	274,705.				
ASS d Ba	21	Total liabilities (Part X, line 26)		11,642.	10,561.				
돌	22	Net assets or fund balances Subtract line 21 from line 20		301,933.	264,144.				
Pá	art II	Signature Block		·					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is				
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of while	ch preparer	has any knowledge.					
_	İ	Signature of officer		(6/9/19) Date					
Sigi		ZOE WEIL, PRESIDENT		Buto					
Her	e	Type or print name and title		· · · · · · · · · · · · · · · · · · ·					
		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN				
Paid	,	ROBERT M SULLIVAN / Clay / Mull	0	6/09/19 sett employe					
Prep	Г	Firm's name ROBERT M SULLIVAN CPA		Firm's EIN					
Use	Only	Firm's address 42 ACKLEY FARM ROAD			· 				
		BLUE HILL, ME 04614		Phone no. (2					
		S discuss this return with the preparer shown above? (see instructions)			X Yes No				
7320	01 11-28	3-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2017)				

	1990 (2017) INSTITUTE FOR HUMANE EDUCATION	01-0530866	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
-	THE MISSION OF THE INSTITUTE FOR HUMANE EDUCATION IS TO	CREATE A JU	ST.
	HUMANE AND SUSTAINABLE WORLD THROUGH EDUCATION.	0	
	HOMANE AND DODIATIONALE WORLD THROUGH EDUCATION:		
		 	
2	Did the organization undertake any significant program services during the year which were not listed on the		□
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	;
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses,	and
	revenue, if any, for each program service reported.	•	
4a	00 000	78.	413.)
	THE ORGANIZATION PROVIDES GRADUATE DEGREES, A GRADUATE OF		
	ONLINE COURSES, AN IN-SCHOOL ACADEMIC SOLUTIONARY PROGRA		D
	PROGRAMS TO HELP PEOPLE BECOME HUMANE EDUCATORS AND SOLU		
		TIONARIES F	OR A
	BETTER WORLD.		
		. <u></u>	
4b	(Code) (Expenses \$11,868. including grants of \$) (Revenu	4	520.)
40	THE ORGANIZATION PROVIDES INFORMATION, TOOLS, AND RESOUR		
	PEOPLE BECOME HUMANE EDUCATORS AND SOLUTIONARIES FOR A RESOUR		
		SETTER WORLD	
	THROUGH SPEAKING AND WORKSHOPS.		
			-
4.0	(Code) (Expenses \$ 106,195. including grants of \$) (Revenu		392.)
4c			
	THE ORGANIZATION IS DESIGNING, DEVELOPING, AND PILOTING		<u> </u>
		- ABLE TO	
	RESEARCH PROBLEMS THEY CARE ABOUT, AND USE THEIR EMPATHY	, CRITICAL,	
	CREATIVE, AND SYSTEMS-THINKING SKILLS TO DEVELOP SOLUTION	ONS THAT DO	THE
	MOST GOOD AND LEAST HARM TO PEOPLE, ANIMALS, AND THE EAR	TH. STUDENT	S
	PRESENT THEIR SOLUTIONS AT THE END OF THE ACADEMIC YEAR		
	SOLUTIONARY SUMMIT.		
	DODOLIONAMI DOMILLI		
		<u> </u>	
4d	Other program services (Describe in Schedule O)		
•	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 200, 455.		
		Corr. 0	90 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	,
	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_A
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	-0		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		Х
_	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	11d 11e	Х	
f		He		
'	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ļ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19		<u> </u>

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 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, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b 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? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b h Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X Did the organization receive any payments for indoor tanning services during the tax year? 14a

Form 990 (2017)

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) INSTITUTE FOR HUMANE EDUCATION 01-0530866 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 \Box Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 0 b Enter the number of voting members included in line 1a, above, who are independent 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? <u>10</u>b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ME, OR, MA, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 207-667-1025 PO BOX 260, SURRY,

732006 11-28-17

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	/40	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	_	er an	dad	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruster	Itus		99/	шреп		(44-271099-141130)		and related
	below	duali	rtour	_	uplo	st co	늅			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) ZOE WEIL	30.00									
PRESIDENT		X		X				0.	0.	0
(2) STEPHANIE HANNER	5.00									
SECRETARY		X		X				0.	0.	` 0
(3) NEIL J HORNISH	5.00									
TREASURER		X		X				0.	0.	0
(4) MARY LEE DUFF	5.00									
DIRECTOR		Х				ļ		0,	0.	0
(5) TONY SCUCCI	5.00									
DIRECTOR		Х						0.	0.	0
(6) KATHLEEN SKERRETT	5.00				i					
DIRECTOR		X				ļ		0.	0:	0
(7) LAURA R WEIR	5.00							_	_	_
DIRECTOR		X		_				0.	0.	0
(8) STACY HOULT-SAROS	5.00							_		• -
BOARD CHAIR		Х		Х				0.	0.	0
(9) RANDI HOGAN	5.00									_
DIRECTOR		Х						0.	0.	0
-										
		_								
	<u> </u>									
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	(A) Name and title	(B) Average hours per week (list any	(do box offi	not c	Pos heck	C) ition more rson		one h an	(D) Reportable compensation from the	(E) Reportable compensatio from related	on I	an	(F) timate nount other pensa	of		
		hours for related organizations below line)	ours for elated anizations below		Individual frustee or direc		Officer	Кеу етріоуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	om the anizat d relat	e ion ed
														_		
				_												
			-	_						-						
						_						_				
											-					
С	Sub-total Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A							0. 0.		0.			0. 0.		
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed at	oove	e) wh	10 re	· · · · · · · · · · · · · · · · · · ·	,000 of reportabl				0		
3	Did the organization list any former office	, director, or tru	uste	e, ke	y en	nplo	yee,	وr ا	highest compensated e	mployee on	[Yes	No		
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	um of reportab		•					•	the organization		3		<u>X</u>		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue comper	nsat	on f	rom	any	unr			dual for services		4		<u>X</u>		
	rendered to the organization? If "Yes," contion B. Independent Contractors											5]	<u>X</u>		
1	Complete this table for your five highest of the organization. Report compensation for								the organization's tax y		pens					
	(A) Name and busines	s address	NO	<u>N</u> E	<u> </u>				(B) Description of s	ervices	С	(C omper		n		
								+								
								-			-					
	<u> </u>						-	_						-		
				<u>,</u>												
2	Total number of independent contractors \$100,000 of compensation from the organ	-	ot lır	nite	d to	thos		ted	above) who received m	ore than						
	wide, out of compensation nom the organ	icanon -									_	Form S	90 m	2017)		

		Check if Schedule O cont	tains a response	or note to any lin-	e in this Part VIII			
		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
E 5		Membership dues	1b		ĺ			
Đ, Ĕ		Fundraising events	1c					
a it		Related organizations	1d					
S,E		Government grants (contribut	tions) 1e					
ioi		All other contributions, gifts, gran					•	
the the		similar amounts not included abo		190,062.				
E O	q	Noncash contributions included in lines		33,413.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			190,062.			
				Business Code				_
e l	2 a	TUITION		611600	77,654.	77,654.		
Program Service Revenue	b	SPEAKING AND WO	RKSHOP_	611710	4,500.	4,500.		
Se	С	PROGRAM FEES		611600	1,151.	1,151.		
eve	d							
В	е							
م ا	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		▶	83,305.			
	3	Investment income (including	dividends, intere	est, and	:			
		other similar amounts)		>	264.		264.	
	4	Income from investment of ta	x-exempt bond p	proceeds 🕨				
	5	Royalties		>			·	
			(ı) Real	(II) Personal	}	1		
	6 a	Gross rents		<u> </u>				
	b	Less rental expenses		ļ				
	С	Rental income or (loss)	L	L	-			
	d	Net rental income or (loss)	r	, <u>•</u>			· · · · · · · · · · · · · · · · · · ·	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	29,687.	 				
	b	Less cost or other basis	00 010	}				
ĺ		and sales expenses	29,813.					
		Gain or (loss)	<126.	P	120		.126	
}		Net gain or (loss)		P	<126.	>	<126.	<u>></u>
ne	8 а	Gross income from fundraising	- ;					
ven		including \$						
Other Reven		contributions reported on line	•					
þer	L	Part IV, line 18 Less direct expenses	a b			. 1		
ō		Net income or (loss) from fund					`	
		Gross income from gaming ac						
	3 4	Part IV, line 19	a a					
•	h	Less direct expenses	b	_				
		Net income or (loss) from gam			-	-	İ	
}		Gross sales of inventory, less	-				.	
		and allowances	а	20.				
	b	Less cost of goods sold	b	0.				
1		Net income or (loss) from sale		•	20.	20.		
		Miscellaneous Revenu		Business Code				
Ì	11 a							
	· b				_		·	
	С							
	d	All other revenue					_	
	е	Total. Add lines 11a-11d		>				
	12	Total revenue See instructions.			273,525.	83,325.	138.	0.

	Check if Schedule O contains a respons				X
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				·
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<u>-</u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				•
	trustees, and key employees			· · · · · · · · · · · · · · · · · · ·	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	209,080.	144,435.	40,014.	24,631
8	Pension plan accruals and contributions (include	205,000.	144/455.	40,014.	24,001
Ü	section 401(k) and 403(b) employer contributions)	4,260.	2,953.	812.	495
9	Other employee benefits	12,897.	5,063.	7,197.	637
10	Payroll taxes	16,704.	11,614.	3,212.	1,878
11	Fees for services (non-employees)				
b					
	Accounting	3,000.		3,000.	
	Lobbying				
е					
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	14,769.	8,750.	6,019.	
12	Advertising and promotion	14,403.	9,930.	3,868.	605
13	Office expenses	720.	298.	422.	
14	Information technology	743.		743.	
15	Royalties				
16	Occupancy	3,600.		3,600.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-			
20	Interest				
21	Payments to affiliates	210		210	
22	Depreciation, depletion, and amortization	318.	···-··	318.	
23	Insurance	3,935.		3,935.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)			·	
а	EVENT EXPENSES	7,316.	6,502.	673.	141
b	COURSE EXPENSES	7,080.	7,080.	073.	
C	TELEPHONE/INTERNET	4,791.	2,437.	1,973.	381
d	FEES & LICENSING	$\frac{1}{2,157}$.	460.	1,682.	15
	All other expenses	~5;542.	933.	3,445.	1,164
25	Total functional expenses. Add lines 1 through 24e	311,315.	200,455.	80,913.	29,947
26	Joint costs Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ł			
	Check here if following SOP 98-2 (ASC 958-720)	ļ	1		

Part	t X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		48,554.	1	20,946
	2	Savings and temporary cash investments		248,396.	2	245,172
ĺ	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,000.	4	0
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compens	-		•	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqual	ified persons (as defined under		1 1	
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec	•			
2		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
٤	8	Inventories for sale or use		4,251.	8	4,251
	9	Prepaid expenses and deferred charges		3,117.	9	4,251 3,397
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 17,301.			
	b	Less accumulated depreciation	10b 16,362.	1,257.	10c	939
	11	Investments - publicly traded securities		11		
-	12	Investments - other securities See Part IV, line		12		
	13	Investments · program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	313,575.	16	274,705	
	17	Accounts payable and accrued expenses		1,739.	17	750
1	18	Grants payable	·	18		
	19	Deferred revenue	į		19	<u> </u>
	20	Tax-exempt bond liabilities			20	
] :	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
g :	22	Loans and other payables to current and former	r officers, directors, trustees,			•
		key employees, highest compensated employee	es, and disqualified persons	•		
Liabillities		Complete Part II of Schedule L			22	
' :	23	Secured mortgages and notes payable to unrela	ated third parties		23	
:	24	Unsecured notes and loans payable to unrelate	d third parties		24	· · · · · · · · · · · · · · · · · · ·
:	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D	`	9,903.	25	9,811
	26	Total liabilities. Add lines 17 through 25		11,642.	26	<u> 10,561</u>
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶			
}		complete lines 27 through 29, and lines 33 an	id 34.			
2	27	Unrestricted net assets	ļ	209,244.	27	202,064
2	28	Temporarily restricted net assets	92,689.	28	62,080	
2	29	Permanently restricted net assets		29		
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖 📗			
		and complete lines 30 through 34.		-	1	,
:	30	Capital stock or trust principal, or current funds			30	-
:	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
(32	Retained éarnings, endowment, accumulated in	come, or other funds		32	
· :	33	Total net assets or fund balances	ļ	301,933.	33	264,144.
	<u> 34 </u>	Total liabilities and net assets/fund balances	<u></u>	313,575.	34	<u> 274,705</u> .

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Form 990 (2017)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				HUMANE EDUCA				17-0230800				
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	iis part) S	ee instructions					
he	organi	zation is not a private found	dation because it is ((For lines 1 through 12, o	heck only	one box)						
1		A church, convention of ch					л					
2	一	A school described in sect										
3	Ħ	A hospital or a cooperative					() 1					
		·	· -				•	the beentel's name				
4	ш	A medical research organiz	ation operated in co	njunction with a nospita	described	u in sectio	on 170(b)(1)(A)(III). Enter	the nospital's name,				
		city, and state										
5	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv), (Complete Part II)										
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X.	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (C	omplete Part II)									
8		A community trust describe		(1)(A)(vi). (Complete Par	t II)							
9	一	An agricultural research org				ed in conii	inction with a land-grant	college				
•		or university or a non-land-										
		•	grant conege or agric	ulture (see mstructions)	Litter the	maine, cit	y, and state of the colleg	le oi				
		university										
10	L	An organization that norma	•	·	•		•	•				
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ured by the organization	after June 30, 1975				
		See section 509(a)(2). (Cor	mplete Part III)									
11	ليا	An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	09(a)(4).					
2		An organization organized a	and operated exclus	ively for the benefit of, to	perform 1	the function	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3).	Check the box in				
		lines 12a through 12d that										
а		Type I. A supporting orga	= -				=	/ aivina				
	-	the supported organization	· ·	•	-	· .	-	- -				
		• • • •			i majority	or title dire	ctors or trustees or the s	зарроннід				
		organization You must o	•				- d h/-> bb-					
b		Type II. A supporting org										
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported				
	, <u>.</u>	organization(s) You mus	t complete Part IV,	Sections A and C.								
С	<u> </u>	Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with,	and functionally integrat	ed with,				
		its supported organization	n(s) (see instructions) You must complete F	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)				
		that is not functionally int	egrated The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness				
		requirement (see instructi	ions) You must con	nplete Part IV. Sections	A and D.	and Part	v.					
е		Check this box if the orga	•	•								
٠		functionally integrated, or					. 19po I, 19po II, 19po					
	Ento	· -		rially integrated support	ing organiz	Zation						
1		r the number of supported o	-					ļ				
9_		de the following information Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	(*)	organization	(11)	(described on lines 1-10	ın your governi		support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No	,					
				-								
							•					
					_	<u> </u>						
ota	<u>!</u>					L	<u> </u>	<u> </u>				

01-0530866 Page 2

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 or if the organization failed to qualify under Part III If the organization

fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 237,757 472,750. 331,906. 296,509 390,996 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 331,906. 296,509. 237.757 472,750. 390,996. 4 Total. Add lines 1 through 3 1,729,918, 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 1,729,918, Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 390,996. 237,757. 472,750. 331,906. 296,509. 7 Amounts from line 4 1,729,918, 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 699. 1,000. 535. 302. 3,075. 539. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 2,265 2,275. 10 assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 1,735,268, 12 465,908. 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 99.69 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 99.64 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \lfloor X \rfloor$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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 - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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 VI 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) 2017

Schedule A (Form 990 or 990-EZ) 2017 INSTITUTE FOR HUMANE EDUCATION

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

	Complete only if you checked			organization fallet	to quality under	rait ii ii tile Olyani	Zation fails to
Se	qualify under the tests listed to ction A. Public Support	Jelow, please com	piete Part II)		,		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)∕Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			,			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5			//_			
78	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 2 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	/	7				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	e Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)	r the error	1	al 60,000 - 660 -		E01/=\/0\ = =	
14,	First five years. If the Form 990 is for check this box and stop here	r the organization's	s tirst, second, thir	a, rounn, or tinh ta	ax year as a section	on 501(c)(3) organiz	ation,
Ser	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (column (fl)		15	· %
	Public support percentage from 2016		· -			16	%
	ction D./Computation of Inves					1101	
17	Investment income percentage for 20	017 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from		•			18	%
	33/1/3% support tests - 2017. If the more than 33 1/3%, check this box a	ind stop here. The	organization qual	fies as a publicly s	supported organiz	ation	▶□
	33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	and ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
73202	23 10-06-17				Sch	edule A (Form 990	or 990-E Z) 2017

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All Supporting Organizations
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)
	and Bill you checked 12b of Part I, complete Sections A and Cilif you checked 12b of Part I, complete

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
	[
1		
	_	
2		
3a		
3b		
- 55		
3c		
4a		
4b		
4-		
4c		
i		
5a		
5b 5c		
- 50		
, 6		
7		
8		
9a		
9b		
9с		
10a		
401		
 10b		

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Schedule A (Form 990 or 990-EZ) 2017

3a

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

□ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Excess from 2017

Part VI	(Form 990 or 990-EZ) 2017 INSTITUT Supplemental Information. Provid Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c line 1, Part IV, Section D, lines 2 and 3, Par Section D, lines 5, 6, and 8, and Part V, Sec (See instructions)	e the explanations required by Part II, s, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, t IV, Section E, lines 1c, 2a, 2b, 3a, ar	line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section B, lines 1 and 2, Part IV, Section C, ad 3b, Part V, line 1, Part V, Section B, line 1e, Part V,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INSTITUTE FOR HUMANE EDUCATION

Employer identification number 01-0530866

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed 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	advisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	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		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			•
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(I	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's accounting for
	conservation easements		
Pa	d III Organizations Maintaining Collections o	-	her Similar Assets.
	Complete if the organization answered "Yes" on Form		······
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	,, ,	
•	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

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		TE FOR HUM								Page 2
Pa	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the	following that	at are a s	significan	t use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	C			hange progr	ams				
b	Scholarly research	€	, [(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizati	ion's exe	mpt pur	pose in Pa	ırt XIII	
5	During the year, did the organization solicit of					er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" or	n Form 9	90, Part IV	, line 9, or	
	Is the organization an agent, trustee, custod		diary for o	contribution	ns or other as	sets no	tinclude			· · · · · · · · · · · · · · · · · · ·
	on Form 990, Part X?	ian or other intermet	olary for c	301111111111111111111111111111111111111	15 01 011101 40	30000110		Ĭ F	Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	ahle				<u> </u>	163	
	1 105, explain the arrangement in rate XIII	and complete the ic	mowning to	abic				Ţ	Amount	
С	Beginning balance						1c	-	Amount	
ď	Additions during the year						1d			
ء	Distributions during the year		_				1e	1		
f	Ending balance						1f		-	
2a	Did the organization include an amount on F	orm 990 Part X line	21 for e	scrow or ci	ustodial acco	ount liabi		ΙΓ	Yes	No
	If "Yes," explain the arrangement in Part XIII						-		103	三 "
Par										
		(a) Current year		nor year	(c) Two yea			years back	(e) Four	years back
1a	Beginning of year balance	(a) our one your	(2)	. <u></u>	(6) 900	, o ouça	147	100.0000	10/100	, care sas.
b	Contributions	·								
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities				-				 	
•	and programs									
f	Administrative expenses									
g	End of year balance	···- <u>-</u> -								
2	Provide the estimated percentage of the curr	rent year end haland	e (line 1c	column (a	a)) held as					
a	Board designated or quasi-endowment	one your one balanc	%	,, 00.0 (0	,,, ,,o,u uo.					
b	Permanent endowment	%	_′°							
c	Temporarily restricted endowment	^ %								
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation that	t are held a	nd administe	ered for t	he organ	uzation		
-	by	oolon or the organiz	4.017 1.14			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o organ		ſ,	res No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations				•				3a(II)	
b	If "Yes" on line 3a(ii), are the related organizations	itions listed as requi	red on Sc	chedule R2					3b	
4	Describe in Part XIII the intended uses of the								(Ju	
Par			, minioni II							<u> </u>
	Complete if the organization answere). Part IV.	line 11a S	See Form 990). Part X.	line 10			
	Description of property	(a) Cost or o		(b) Cost			ccumula	ted	(d) Book	value
	2000.iption of property	basis (investr			(other)		preciatio	- 1	(4) 5001	- 3100
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			1	6,139.		15,2	200		939.
	Other			<u> </u>	$\frac{0,153.}{1,162.}$			62.		0.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1			<u></u>			939.

Schedule D (Form 990) 2017

	Schedule D (Form 990) 2017 `	INSTITUTE	FOR
	Part VII Investments - 0	Other Securities.	
•	Complete if the orga	anization answered "Ye	s" on f
	(a) Description of security or categ	OTY (including name of securit	y)
			$\overline{}$

Part VII	Investments - Other Securities.			D	
(a) Descrip	Complete if the organization answered "Yes" o	n Form 990, Part I\ (b) Book value			l-of-year market value
		(D) BOOK VAIGE	(C) WELLOU OF V	aldation Cost of Chic	o year market value
• •	al derivatives -held equity interests				
(2) Closely (3) Other	Tield equity interests		-		
(A)					
(A) (B)			_		
(C)					
(D)			· · · · · · · · ·		
(E)			· · · · · · · · · · · · · · · · · · ·		
(F)					
(G)				-	
(H)					
	b) must equal Form 990, Part X, col (B) line 12)				
	Investments - Program Related.				
	Complete if the organization answered "Yes" o	n Form 990, Part IV	/, line 11c See Form 990,	Part X, line 13	
	(a) Description of investment	(b) Book value			l-of-year market value
(1)					
(2)			-		
(3)	•				
(4)	,				
(5)					
(6)					<u> </u>
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)			·	· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.				
	Complete if the organization answered "Yes" o		/, line 11d See Form 990,	Part X, line 15	(L) Dealership
	(a) U	escription			(b) Book value
<u>(1)</u>					
(2)		 -			
(3)					
(4)				•	
(5)					
<u>(6)</u> (7)					·
(8)					
(9)	· · · · · · · · · · · · · · · · · · ·				•
	mn (b) must equal Form 990, Part X, col (B) line	15)			
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" or	n Form 990, Part IV	/, line 11e or 11f See Form	n 990, Part X, line 25	
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·	(b) Book value		,
	eral income taxes		,		
	EDIT CARD		1,895.		
	YROLL TAXES PAYABLE		7,916.		
(4)			•		
(5)					•
(6)					
(7)					
(8)					
(9)					•
Total. (Colu	mn (b) must egual Form 990, Part X, col (B) line	25)	9,811.	·	1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	rt XI Reconciliation of Revenue per Audited Financial S		ie ner Return	age +
rai			ie pei netuin.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine iza.	1	
1	Total revenue, gains, and other support per audited financial statements		' 	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e		(_ <u></u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	I	
С.	Other losses	2c		
d	Other (Describe in Part XIII) Add lines 2a through 2d			
е 3	Subtract line 2e from line 1		2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	·	3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b	<u> </u>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
Par	rt XIII Supplemental Information.		1	
⊃rovi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b, P	art V, line 4, Part X, line 2, Part XI,	-
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information		
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SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

. (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization Employer identification number INSTITUTE FOR HUMANE EDUCATION 01-0530866 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (b) Relationship (c) Purpose (d) Loan to or (i) Written (a) Name of (e) Original (f) Balance due (g) In by board or from the default? agreement? interested person with organization of loan principal amount committee? organization? Yes To From Yes No Yes No No **▶** \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

INSTITUTE FOR HUMANE EDUCATION

Employer identification number 01-0530866

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			ts
1	Art - Works of art							
2	Art - Historical treasures							
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	Securities - Publicly traded	X	2	29,813.	FMV PER LI	STED	EX	CHA
10	Securities · Closely held stock							
11	Securities · Partnership, LLC, or							
	trust interests	ľ						
12	Securities · Miscellaneous							
13	Qualified conservation contribution -			· · · · · · · · · · · · · · · · · · ·				
_	Historic structures							
14	Qualified conservation contribution - Other						-	
15	Real estate - Residential	_					-	
16	Real estate · Commercial							
17	Real estate - Other						•	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (OFFICE SPACE)	X	1	3.600.	ESTIMATED	RENT	AL.	INC
26	Other (
27	Other (· · · · · · · · · · · · · · · · · · ·		 -				
28	Other (<u> </u>		-		
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 828	7	•					
		,, -					Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rec	orted in Part I. lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II	•				552		
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	itions?	31		х
	Does the organization hire or use third parties of					<u> </u>		
	contributions?	J. 10.000 01	34. 1124.10110 to 3011	, p. 00000, or oon nonodorr		32a		\mathbf{x}_{-}
b	If "Yes," describe in Part II					520		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	v for which column (a) is che	cked			
-	describe in Part II	J. J. 107 101	a type of propert	, minori ocidirili (a) is oric	ψ			
ΙHΔ	For Panerwork Paduction Act Notice see	the Instruct	tions for Form 00		Schodulo	BA /Carr	- 000	2047

Schedule M (Form 990) 2017

<u>Schedule M</u>	l (Form 990) 2017	INSTITUTE	FOR HUM	ANE EDUCA	NOITE		01-02308	366 Page 2
Part II	s reporting in Par this part for any a	I Information. P t I, column (b), the n dditional information	rovide the inform umber of contrib n.	nation required boutions, the number	y Part I, lines 30 per of items rece	b, 32b, and 33, eived, or a comb	and whether the ination of both A	organization Also complete
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INSTITUTE FOR HUMANE EDUCATION U1-U530866
FORM 990, PART VI, SECTION B, LINE 11B:
AN ELECTRONIC COPY OF FORM 990 WAS PROVIDED TO BOARD MEMBERS FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS REVIEW AND SIGN A CONFLICT OF INTEREST FORM ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION IS SET AND APPROVED BY BOARD OF DIRECTORS BASED ON
COMPARABILITY DATA AND DELIBERATION AND DECISION.
FORM 990, PART VI, SECTION C, LINE 18:
THESE DOCUMENTS ARE MADE AVAILABLE ON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THESE DOCUMENTS ARE MADE AVAILABLE ON REQUEST.
FORM 990, PART IX, ADMINISTRATIVE AND FUNRAISING COSTS:
IN COMMON WITH MANY SMALLER NON-PROFIT ORGANIZATIONS, IHE HAS THE NEED
TO SPEND A CERTAIN MINIMUM AMOUNT ON MANAGEMENT AND FUNDRAISING
EXPENSES THAT ARE NECESSARY FOR ITS CONTINUED EXISTENCE. THESE COSTS
SUPPORT IHE'S CAPACITY TO CARRY OUT ITS PROGRAMS AND MISSION.
FURTHERMORE, IHE BENEFITS FROM THE SIGNIFICANT UNCOMPENSATED SERVICES
OF ITS FOUNDER AND PRESIDENT, ZOE WEIL. THIS RESULTS IN IHE'S TOTAL
PROGRAM SERVICE EXPENSES, AND ASSOCIATED PROGRAM SERVICE EXPENSE RATIO,
BEING LOWER THAN THEY OTHERWISE WOULD BE HAD THESE SERVICES BEEN
REMUNERATED. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
LDA FOR Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule U (Form 990 or 990-EZ) (2017)

	the organ	zation	0-EZ) (2017) INSTITUTE	FOI	R HUMANE	EDUCAT	ION	Employer identification numb
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FORM	990,	PART	XI, LINE	9,	CHANGES	IN NET	ASSETS:	
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