efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493350010219 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 08-01-2018 , and ending 07-31-2019 D Employer identification number B Check if applicable INSTITUTE FOR HUMANE EDUCATION □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (207) 667-1025 City or town, state or province, country, and ZIP or foreign postal code SURRY, ME  $\,$  04684  $\,$ G Gross receipts \$ 522,070 Name and address of principal officer H(a) Is this a group return for ZOE WEIL ☐Yes **☑**No subordinates? PO BOX 260 H(b) Are all subordinates SURRY, ME 04684 ☐Yes ☐No ıncluded? **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► HUMANEEDUCATION ORG **H(c)** Group exemption number ▶ L Year of formation 1996 M State of legal domicile ME Summary 1 Briefly describe the organization's mission or most significant activities TO CREATE A MORE JUST, HUMANE, AND SUSTAINABLE WORLD THROUGH EDUCATION Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 0 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 295 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 190,062 361,821 Ravenua 117,029 Program service revenue (Part VIII, line 2g) . 83,305 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 138 295 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20 -1,501 273,525 477,644 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 242,941 386,006 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶45,139 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 68,374 85,148 471,154 311,315 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -37,790 Revenue less expenses Subtract line 18 from line 12 . 6,490 Net Assets or Fund Balances Beginning of Current Year 274,705 280,011 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 10,561 9,380 264,144 270,631 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-12-16 Signature of officer Sign Here ZOE WEIL PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf 2019-12-13 P00036873 Paid self-employed Firm's EIN ▶ Preparer Use Only Firm's address ▶ 42 ACKLEY FARM ROAD Phone no (207) 374-5971 BLUE HILL, ME 04614 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

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Pa	rt III Statement	t of Program Service	e Accomplis	hments		
	Check if Sch	edule O contains a respoi	nse or note to a	any line in this Part III		🗆
1	Briefly describe the	organization's mission		•		
		TITUTE FOR HUMANE ED	UCATION IS TO	DEDUCATE PEOPLE TO	CREATE A WORLD ON WHICH ALL I	HUMANS, ANIMALS, AND
NATU	JRE CAN THRIVE					
2	Did the organization	undertake any significar	nt program serv	vices during the year w	hich were not listed on	
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe th	ese new services on Sch	edule O			
3	Did the organization	n cease conducting, or ma	ake significant i	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Schedule	: O			
4	Section 501(c)(3) a		ns are required	to report the amount	largest program services, as meast of grants and allocations to others, t	
4a	(Code	) (Expenses \$	101,346	ıncludıng grants of \$	) (Revenue \$	93,609 )
	See Additional Data					
4b	(Code	) (Expenses \$	50,017	including grants of \$	) (Revenue \$	9,425 )
	See Additional Data					
4c	(Code	) (Expenses \$	127,265	including grants of \$	) (Revenue \$	12,494 )
	See Additional Data					
4d	Other program serv	rices (Describe in Schedul	e O )			_
	(Expenses \$	ınclu	ding grants of	\$	) (Revenue \$	)
4e	Total program ser	rvice expenses >	278,6	28		

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 . . . . . . . . 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Yes

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year?

12a No

**b** Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

No

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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 14h valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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 . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

15

16 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(see instructions)

17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

19 

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20a

20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21

Form	990 (2018)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V

Nο

Nο

No

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36

37

38

1c

0

1a

1b

Yes

Yes

36

37

38

Part V

orm	990 (	2018)			Page <b>6</b>
Pai	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines
Se	ction	n A. Governing Body and Management			
				Yes	No
1a	Ente	r the number of voting members of the governing body at the end of the tax year a			
	body	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
Ь		r the number of voting members included in line 1a, above, who are independent  1b 0			
2		any officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3	Dıd t	he organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors or trustees, or key employees to a management company or other person?	3		No
4		the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5		he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did t	he organization have members or stockholders?	6		No
7a		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more ibers of the governing body?	7a		No
Ь	Are a	any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8	Did t	he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	The g	governing body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
				Yes	No
10a	Did t	he organization have local chapters, branches, or affiliates?	10a		No
Ь		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has t form	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Desc	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Dıd t	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь		e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
C		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Dıd t	he organization have a written whistleblower policy?	13		No
14	Dıd t	he organization have a written document retention and destruction policy?	14		No
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Othe	r officers or key employees of the organization	15b		No
		es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxal	he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	ın joi	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation int venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?			
_		· · · · · · · · · · · · · · · · · · ·	16b		
<u>Se</u> 17		n C. Disclosure the States with which a copy of this Form 990 is required to be filed▶			
± /	LISU	ME , OR , MA , NY			
18	Sectionly)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply			
		Own website $\ \square$ Another's website $\ \emph{ extbf{Y}}$ Upon request $\ \square$ Other (explain in Schedule O)			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest y, and financial statements available to the public during the tax year			
20		e the name, address, and telephone number of the person who possesses the organization's books and records E ORGANIZATION PO BOX 260 SURRY, ME 04684 (207) 667-1025			

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

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, or 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 nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t cho unles ficer	s pers	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust¥≑	Officer	key employee	Highest compensated employee	Former	(W- 2/1099-	(W- 2/1099- MISC)	organization and related organizations
(1) ZOE WEIL PRESIDENT	30 00	Х		x				8,750	0	0
(2) STEPHANIE HANNER DIRECTOR	5 00	Х						0	0	0
(3) NEIL J HORNISH TREASURER	5 00	Х		х				0	0	0
(4) JULIE MELTZER DIRECTOR	5 00	Х						0	0	0
(5) NIRAV SHAH DIRECTOR	5 00	Х						0	0	0
(6) KATHLEEN SKERRETT DIRECTOR	5 00	х						0	0	0
(7) LAURA R WEIR SECRETARY	5 00	х		х				0	0	0
(8) STACY HOULT-SAROS BOARD CHAIR	5 00	Х		x				0	0	0
(9) HAJ CAR DIRECTOR	5 00	X						0	0	0
										Form <b>990</b> (2018)

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Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntınued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n off	che nles icer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b Sub-Total		<b>&gt;</b>				
c Total from continuation sheets to Pa	in vii, section					

1b Sub-Total			٠.	٠.	▶	•			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α			<b>&gt;</b>				
d Total (add lines 1b and 1c)					▶		8,750	0	0

1b Sub-Total	Sub-Total											

1b Sub-Total						

1b Sub-Total						<b>&gt;</b>					
c Total from continuation sheets to Part VII. Section A											

С	otal from continuation sneets to Part VII, Section A	•	•	•	•	,	^			
d 1	otal (add lines 1b and 1c)					•	•	8,750	0	0
2	Total number of individuals (including but not limited to of reportable compensation from the organization $\blacktriangleright$ 0	thc	se l	ıste	d ab	oove) w	vho	o received more than	\$100,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

line 1a? If "Yes," complete Schedule J for such individual .

3

4

individual .

compensation from the organization ▶ 0

d 1	otal (add lines 1b and 1c)	8,750	0	0
2	Total number of individuals (including but not limited to those listed above) v of reportable compensation from the organization $\blacktriangleright$ 0	ho received more than	\$100,000	

d	Fotal (add lines 1b and 1c)	▶ 8,750	0		0
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization $\blacktriangleright$ 0	who received more than	\$100,000		
				Yes	No

3

4

(B)

Description of services

Nο

No

(C)

Compensation

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5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			
S	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con-	npensa	tion				

Part '		Statement of Check if Schedul		a respo	onse or note to	any line in	this Part VIII	<u></u> .	<u> </u>	<u></u>	<u></u> 🗆
							(A) revenue	( <b>I</b> Relat	ed or mpt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	12	Federated campaigi	ns	1a							
ant	ı	<b>b</b> Membership dues		<b>1</b> b							
يق ق	١	c Fundraising events		1c							
ar 4		d Related organizatio		1d							
3, G		e Government grants (co		1e							
Contributions, Gifts, Grants and Other Similar Amounts	1	<ul> <li>All other contributions, and similar amounts no above</li> </ul>		1f	361,	821					
喜豆	9	Noncash contribution in lines 1a - 1f \$	ons included	48	,603						
Son		h <b>Total.</b> Add lines 1a-	-1f				361,821				
	<u> </u>				Bus	iness Code	301,821				
물	2a	TUITION				611600	1	07,309	107,3	309	
Program Service Revenue	b	SPEAKING AND WORKS	НОР			611710		9,425	9,4	125	
3.	С	PROGRAM FEES				611600		295		295	
Ē											
ဋ	d e										
gra		All other program se	rvice revenue	!							
ĞΪ	g	<b>Total.</b> Add lines 2a-2	f		<b>&gt;</b>	117,029	1				
	3 ]	Investment Income (II	ncluding divid	lends, i	nterest, and o	ther	25			26	
		•			dd-	<u> </u>	364	+		36	4
		Income from investme Royalties				<b>▶</b>					
	•		(ı) Rea		(II) Persor						
	6a	Gross rents									
	b	Less rental expenses									
	c	Rental income or									
	d	(loss) Net rental income of	r (loss)			<u> </u>					
			(ı) Securit		(II) Othe						
	7a	Gross amount from sales of		40,511							
		assets other than inventory									
	b	Less cost or other basis and		40,580							
	c	sales expenses Gain or (loss)		-69							
	d	Net gain or (loss) .				<u> </u>	-69	9		-61	9
	8a	Gross income from for (not including \$	_	ents of							
Other Revenue		contributions reporte	d on line 1c)		]						
eve		See Part IV, line 18 Less direct expenses		a b							
<del>بر</del> ا		: Net income or (loss)			ents	<b>▶</b>					
the last	9a	Gross income from g		ies							
١		See Part IV, line 19		а	}						
	b	Less direct expenses	s	ь							
	c	Net income or (loss)	from gaming	activit	ies	<b>&gt;</b>					
ŀ	10a	Gross sales of invent returns and allowand									
		recarris and anomario		а	}	2,345					
	b	Less cost of goods s	sold	b		3,846					
	c	Net income or (loss)		invent		<u> </u>	-1,50	1	-1,501		
	11	Miscellaneous	Revenue		Business C	ode					
	11	a									
	b							1			
								1			
	c	:						1			
	_										
	d	All other revenue .						1			
	е	Total. Add lines 11a	-11d			<b>&gt;</b>		1			
	12	Total revenue. See	Instructions			<b>•</b>		1		ب	
							477,644	+[	115,528	29.	5 0 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,750		8,750	
<b>6</b> 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	314,617	217,946	61,273	35,398
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,451	4,299	1,464	688
<b>9</b> Other employee benefits	29,636	6,812	21,272	1,552
<b>10</b> Payroll taxes	26,552	17,844	5,786	2,922
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	753		753	
c Accounting	5,800		5,800	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,415	20,000	5,415	
12 Advertising and promotion	7,323	703	6,361	259
13 Office expenses	798	39	759	
<b>14</b> Information technology	1,589		1,589	
15 Royalties				
<b>16</b> Occupancy	7,200		7,200	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	546		546	
23 Insurance	8,639		8,639	
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 O)				
a TELEPHONE/INTERNET	7,723	3,738	3,325	660
b COURSE EXPENSES	5,505	5,367	138	
c FEES & LICENSING	4,038	660	2,399	979
d PRINTING AND COPYING	2,945		607	2,338

6,874

471,154

1,220

278,628

5,311

147,387

343

45,139

Form **990** (2018)

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)

21

23

24

26

27

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29

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31

32

33

34

Liabilities

Assets or Fund Balances

Net

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

raitA	Check if Schedule O contains a response or not	te to any line ii	n this Part IX			🗆
				(A) Beginning of year		( <b>B</b> ) End of year
1	Cash-non-interest-bearing			20,946	1	10,255
2	Savings and temporary cash investments .	[	245,172	2	235,079	
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net		[		4	30,355
5	Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L		5			
6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	B), and on 501(c)(9) ons) Complete		6		
8 8	Inventories for sale or use		4.251	8	2.632	
و اک	Prepaid expenses and deferred charges			3,397	9	1,297
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,301			
b	Less accumulated depreciation	10b	16,908	939	10c	393
11	Investments—publicly traded securities .	· · · · ·			11	
12	Investments—other securities See Part IV, line	11			12	
13	Investments—program-related See Part IV, line	e 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	ual line 34) .		274,705	16	280,011
17	Accounts payable and accrued expenses			750	17	3,820
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	

21

22 23

24

25

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29

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31 32

33

34

5.560

9.380

270.631

270,631

280,011

Form **990** (2018)

0

9.811

10.561

202.064

62,080

264,144

274,705

Form	990 (2018)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			477,644
2	Total expenses (must equal Part IX, column (A), line 25)	2			471,154
3	Revenue less expenses Subtract line 2 from line 1	3			6,490
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			264,144
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-3
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			270,631
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Chesk in our leader of contains a response of floor to any line in this factor in the contains a response of floor to any line in this factor in the contains a response of floor to any line in this factor in the contains a response of floor to any line in this factor in the contains a response of floor to any line in this factor in the contains a response of floor to any line in this factor in the contains a response of floor to any line in this factor in the contains a response of floor to any line in the contains a response of floor to any line in the contains a response of the c	•		Yes	No
4	Accounting method used to prepare the Form 990				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2018)

## **Additional Data**

Software ID:

**EIN:** 01-0530866

Form 990 (2018)

WORLD

Form 990, Part III, Line 4a:

Software Version:

Name: INSTITUTE FOR HUMANE EDUCATION

THE ORGANIZATION PROVIDES GRADUATE PROGRAMS TO HELP PEOPLE BECOME HUMANE EDUCATORS AND SOLUTIONARIES FOR A MORE JUST, SUSTAINABLE, HUMANE

#### Form 990, Part III, Line 4b: THE ORGANIZATION PROVIDES PROFESSIONAL DEVELOPMENT WORKSHOPS, TOOLS, AND RESOURCES TO HELP PEOPLE BECOME HUMANE EDUCATORS AND SOLUTIONARIES FOR A BETTER WORLD

#### Form 990, Part III, Line 4c: THE ORGANIZATION IS LAUNCHING A CENTER FOR SOLUTIONARY CHANGE TO SERVE AS A HUB OF LEARNING, PROFESSIONAL DEVELOPMENT, AND RESOURCES FOR THE GROWING SOLUTIONARY MOVEMENT, AMONG OTHER THINGS, IT HAS PRODUCED A FREE, DIGITAL SOLUTIONARY GUIDEBOOK FOR EDUCATORS AND CHANGEMAKERS.

efile	GR/	APHIC prii	nt - DO NOT I	PROCESS	As Filed Data -			DLN: 9	3493350010219
SCH	łED	ULE A		Public (	Sharity Statu	s and Pul	hlic Sunn	ort	OMB No 1545-0047
	n 990	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.						2018	
	•	the Treasury		► Go to	Attach to Form swww.irs.gov/Forms	990 or Form 99	0-EZ.		Open to Public
		<del>ue Service</del> ne organiza	tion					Employer identific	Inspection ation number
NSTIT	UTE FC	OR HUMANE ED	DUCATION					01-0530866	
Pai	tΙ	Reason	for Public Ch	arity Statu	ıs (All organization	s must comple	te this part.) S		
ne o	ganız				it is (For lines 1 thro				
1		A church, c	onvention of chi	urches, or as:	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	П	A school de	scribed in <b>secti</b>	on 170(b)(1	L)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperative	hospital serv	ice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		· ·	·	•	-			170(b)(1)(A)(iii). E	nter the hospital's
•	Ш	name, city,		acion operace	ed in conjunction with	a nospital desci	bed iii section .	170(b)(1)(A)(III). L	nter the hospitars
5		-	ation operated fo (iv). (Complete		of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local go	vernment or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7	<b>✓</b>		ation that norma 'O(b)(1)(A)(vi			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust describe	d in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in <b>170(b)(1)</b> ee instructions Enter			with a land-grant coll college or university	ege or university or a
0		from activit	ies related to its income and uni	exempt fund related busine	ctions—subject to cer	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	ipport from gross
1					exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported or	ganızatıons d		<b>09(a)(1)</b> or <b>se</b>	ction <b>509</b> (a)(2	s of, or to carry out th	
a		Type I. A so	supporting organ	nization opera to regularly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting orga	ınızatıon supe tıng organıza	tion vested in the sar			organization(s), by ha ge the supported orga	
С		Type III f	unctionally inte	<b>egrated.</b> A s				nd functionally integra	ted with, its
d		functionally	ıntegrated The	organization		fy a distribution	requirement and	th its supported orgar I an attentiveness req	
e		Check this	, box if the organ	Ization receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Ento-		or Type III non of supported or	•	integrated supporting	organization			
g				_	pported organization(	(c)		_	
<u>-</u>		lame of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					,	Yes	No		
otal						1	i		†

organization

instructions

supported organization

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	III. If the organization fa	ils to qualify und	er the tests liste	ed below, please	complete Part	III.)	
_	Section A. Public Support	•		•		•	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	472,750	331,906	296,509	390,996	361,821	1,853,982
_	include any "unusual grant ") Tax revenues levied for the				+		
2	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	472,750	331,906	296,509	390,996	361,821	1,853,982
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						1,853,982
	line 4						1,653,962
	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
-	(or fiscal year beginning in) ►	472,750				361,821	
7 8	Amounts from line 4 Gross income from interest,	472,750	331,906	296,509	390,996	361,821	1,853,982
8	dividends, payments received on						
	securities loans, rents, royalties and	699	1,000	535	302	294	2,830
	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 assets		10	2,265			2,275
	(Explain in Part VI )						
11	10						1,859,087
12	Gross receipts from related activities, e	tc (see instruction	ıs)	•		12	584,190
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth t	tax year as a sect	ion 501(c)(3) orgai	nization,
	check this box and stop here					▶ □	
- 5	Section C. Computation of Public						
14	Public support percentage for 2018 (lin	e 6, column (f) dıv	ided by line 11, co	lumn (f))		14	99 730 %
15	Public support percentage for 2017 Sch	nedule A, Part II, lir	ne 14			15	99 690 %
16	<b>33 1/3% support test—2018.</b> If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox
	and <b>stop here.</b> The organization qualif	ies as a publicly su	pported organizat	ion			▶ ☑
ŀ	33 1/3% support test—2017. If the	e organization did r	ot check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	3% or more, check	this
	box and <b>stop here.</b> The organization						▶ □
17	10%-facts-and-circumstances test				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

b 10%-facts-and-circumstances test—2017. 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

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

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, ,			
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	(1)
1	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						
4	under section 513 Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and <b>stop here</b>						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f	))	17	
	Investment income percentage from 20	<b>D17</b> Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Section A. All Supporting Organizations							
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,						

If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
describe the designation If historic and continuing relationship, explain	1
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 <b>Part VI</b> how the organization determined that the supported organization was described	
in section 509(a)(1) or (2)	

	describe the designation If historic and continuing relationship, explain	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	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	3a	

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	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	3a	
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 <b>Part VI</b> when and how the organization made the		
	determination	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?		

	below	3a		
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 <b>Part VI</b> when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> 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 ın Part I, answer (b) and (c) below	4a		

	determination	3b	'			
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b ın 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b				
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 <b>Part VI</b> 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	_	$\overline{}$			

U	Did the organization have ditimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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	4c		
5а	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 <b>Part VI</b> , 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)	5a		
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?	5b		
		_		

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			

6	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 <b>Part VI.</b>	6	
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		

	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)	7				
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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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,"

Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a			
h	A family member of a person described in (a) above?	11b		$\vdash$	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
	ection B. Type I Supporting Organizations				
_	cetton b. Type I Supporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Pa VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year				
		1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2			
_	action C. Tuna II Summarting Organizations				
3	ection C. Type II Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of	103	110	
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tayear? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard				
_					
1	ection E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otions)			
	The organization satisfied the Activities Test. Complete line 2 below	Ctions)			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instru	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	of 3a			
	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 <b>Part VI.</b> the role played by the organization in this regard	3b			
		, 55	1	i	

instructions)

	Type 111 Non-1 directionally integrated 309(a)(3) Supporting of	,ı gaiii	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014. . . . . .

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

**d** Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

## **Additional Data**

## Software ID:

Software Version:

EIN: 01-0530866

Name: INSTITUTE FOR HUMANE EDUCATION

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**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.

DLN: 93493350010219 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** INSTITUTE FOR HUMANE EDUCATION 01-0530866 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

Assets included in Form 990, Part X Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Revenue included on Form 990, Part VIII, line 1

following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Schedule D (Form 990) 2018

Par	t III	Organizations M	aintaining Col	lections of .	Art, Histo	rical T	reası	ires, o	r Other	Similar A	ssets (	continu	ıed)	
3		the organization's acq (check all that apply)	uisition, accession	n, and other re	ecords, checl	k any of	the fo	llowing t	that are a	significant	use of its	collec	tion	
а		Public exhibition			d		Loan	or exch	ange pro	grams				
b		Scholarly research			е		Othe	r						
С		Preservation for future	e generations											
4	Provid Part X	e a description of the III	organization's col	lections and ex	xplain how t	hey furt	her the	e organız	zation's e	xempt purpo	ose in			
5		g the year, did the org s to be sold to raise fui								nılar	☐ Ye	<sub>:s</sub> [	<b>□</b> м	D
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			on Form 99	0, Part	t IV, lı	ne 9, o	r reporte	ed an amo	unt on F	orm 9	990,	Part
1a		organization an agent ed on Form 990, Part		an or other int	ermediary fo	or contr	ibution	s or othe	er assets	not	☐ Ye	s [	□ N•	D
ь	If "Ye:	s," explain the arrange	ement in Part XIII	and complete	the followin	g table				-	Amount			-
С		ning balance				-			1c					-
d	Addıtı	ons during the year							1d					_
е	Distrib	outions during the yea	r						1e					_
f	Ending	g balance							1f					_
2a		e organization include									_	s [	□ N	D
b		s," explain the arrange						•						
Pa	rt V	Endowment Fun	<b>ds.</b> Complete if									/-\F-		
1 a	Reginni	ng of year balance .		(a)Current y	ear (b	Prior yea	ar	(c)IWO y	ears back	(d)Three ye	ars back	(e)Fou	ır year	5 раск
	-	utions												
		estment earnings, gair	ns. and losses											
		or scholarships	•											
		xpenditures for faciliti												
_		grams												
f	Adminis	strative expenses .												
g	End of	year balance												
2 a		e the estimated perce designated or quasi-e	=	ent year end b	alance (line	1g, colu	ımn (a	)) held a	is					
ь	Perma	nent endowment <b>&gt;</b>												
c	Tempo	orarily restricted endo	wment <b>&gt;</b>											
Ĭ		ercentages on lines 2a		ld equal 100%	)									
3a		ere endowment funds	not in the posses	sion of the org	ganization th	at are h	neld an	d admın	istered fo	or the		_		
	-	zation by									<u> </u>		Yes	No
		related organizations										a(i) a(ii)	$\dashv$	
b		elated organizations . s" on 3a(ii), are the re			uired on Sch	· · nedule F	۲۶.					3b	$\rightarrow$	
4		be in Part XIII the inte	-	•						- '			1	
Pa	rt VI	Land, Buildings,												
		Complete if the or	ganization ansv	vered "Yes" o										
	Descrip	otion of property	(a) Cost or otl (investme		<b>b)</b> Cost or oth	er basıs (	(other)	(c) Acc	cumulated	depreciation	(	( <b>d)</b> Boo	k value	;
<b>1</b> a	Land .													
b	Building	js												
c	Leaseho	old improvements												
d	Equipm	ent					16,139			15,746				393
е	Other						1,162			1,162				0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Schedule D (Form 990) 2018  Part VII Investments—Other Securities. Complete if the o	rganizatio	on answered	"Yes" on Form 990.	Page 3 Part IV. line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category		(b)	(c) Method o	
(including name of security)		Book value	Cost or end-of-ye	
(1) Financial derivatives				
(2) Closely-held equity interests	<u> </u>			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>			
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Forn	n 990. Pa	rt IV. line 11	c. See Form 990, Par	t X. line 13.
(a) Description of investment	<b>(b)</b> Boo		(c) Method o Cost or end-of-ye	f valuation
(1)			cost of end of ye	ar market valde
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>			
Part IX Other Assets. Complete if the organization answered 'Ye  (a) Description	s' on Form	990, Part IV,	ine 11d See Form 990,	Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				•
<b>Other Liabilities.</b> Complete if the organization answ See Form 990, Part X, line 25.	vered Yes			or 11f.
1. (a) Description of liability (1) Federal income taxes		(b) Book va	lue	
CREDIT CARD			2,847	
PAYROLL TAXES PAYABLE (3)			2,713	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the	• footnote t	to the organiza	5,560	nts that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740)				

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

1

Schedule D (Form 990) 2018

Page 4

а	Net unrealized gains (losses) on invest	tments	2a				
b	Donated services and use of facilities		2b				
c	Recoveries of prior year grants		2c				
d	Other (Describe in Part XIII )		2d				
е	Add lines 2a through 2d			2e			
3	Subtract line <b>2e</b> from line <b>1</b>			3			
4	Amounts included on Form 990, Part V	/III, line 12, but not on line <b>1</b>					
а	Investment expenses not included on	Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII )		4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c			
5	Total revenue Add lines 3 and 4c. (Th	nis must equal Form 990, Part I, line 12 )		5			
Par		ses per Audited Financial Statem		er Return.			
		on answered 'Yes' on Form 990, Part	•				
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					
а	Donated services and use of facilities		2a				
b	Prior year adjustments		2b				
C	Other losses						
d	d Other (Describe in Part XIII )						
е	Add lines 2a through 2d			2e			
3	Subtract line <b>2e</b> from line <b>1</b>			3			
4	Amounts included on Form 990, Part I	X, line 25, 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				
c	Add lines 4a and 4b			4c			
5	Total expenses Add lines 3 and 4c. (1	This must equal Form 990, Part I, line 18	)	5			
Pai	t XIII Supplemental Informa	ation					
		I, lines 3, 5, and 9, Part III, lines 1a and 4			X, line 2, Part		
ΧI,	lines 2d and 4b, and Part XII, lines 2d a	and 4b Also complete this part to provide	any additional information				
	Return Reference	Explanation					

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info	rmation (continued)	
Ret	curn Reference	Explanation	
			Schedule D (Form 990) 2018

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Schedule L (Form 990 or 990	-EZ) ► Com						d Persor		5a. 2	25h. 26		MB No	1545	-0047
27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.								"	20	11	Q			
► Attach to Form 990 or Form 990-EZ.  ► Go to www.irs.gov/Form990 for the latest information.								20	L	O				
Department of the Trea	I											Open Inst	to Pu ectio	
Name of the org	anızatıon							E	mplo	yer ide	ntifica			
INSTITUTE FOR HU	MANE EDUCATION	ON .						0:	L-053	0866				
		ransactions (						ganız	ations	s only)				
		nization answere										1		
1 (a	) Name of disc	squalified person		<b>(b)</b> Re		tween disqua organization	lified person ar	nd		escript) ansacti			) Corr es	rected?
								+			-	1	es	No
								_						
								-						
Cor	nplete if the or orted an amou (b) Relations	nt on Form 990, ship (c) Purpose	Part X, I	es" on Form 990-EZ, F , line 5, 6, or 22		(e)Original principal amount	38a, or Form 99 ( <b>f)</b> Balance due	(g) In default? Approve board commit		h) ved by rd or nittee?	d by agreement?			
			То		From			Yes	No	Yes	No	Yes		No
		+	<del>                                     </del>											
Tatal														
Total					<b>_</b>	<b>\$</b>		<u> </u>						
		<b>stance Benefi</b> organization ar					line 27							
(a) Name of Inter		(b) Relationshi				of assistance	(d) Type (	of ass	stanc	e l	<b>(e)</b> Pu	rpose o	of assi	ıstance
(-,	F	interested perso organiza	on and th				(4) // // -				(-)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				$\overline{}$										
				$\dashv$						-+				
						<u> </u>					· ·	· ·		
				- 1			1							

(a) Name of Interested person	(b) Relationship between interested	(c) Amount of transaction	(d) Description of transaction	(e) Sh	narıng f
	person and the organization			organız reven	
				Yes	No
(1) ZOE WEIL	PRESIDENT		DONATED OFFICE SPACE AND STUDENT HOUSING RENT PAID		No

 TRESIDENT	STUDENT HOUSING RENT PAID	1

**Explanation** 

Schedule I (Form 990 or 990-F7) 2018

Provide additional information for responses to questions on Schedule L (see instructions)

Part V

Supplemental Information

**Return Reference** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493350010219 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ 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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** INSTITUTE FOR HUMANE EDUCATION 01-0530866 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 40,580 FMV PER LISTED EXCHANGE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 7,200 FMV OF COMMERCIAL RENT Real estate—Commercial . Χ 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 823 COST 25 Other ▶ ( Χ BOOKS ) Other ▶ ( \_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018) Page 2								
Supplemental Information.  Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting I, column (b), the number of contributions, the number of items received, or a combination of both. Also con								
this part for any add								
Return Reference	Explanation							
	Schedule M (Form 990) (2018)							

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CCHEDIII	E 0				E-7	OMB No 1545-0047			
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.		ions on	2018				
Department of the T	•	Open to Public Inspection							
<b>Name! &amp; the ง</b> โร INSTITUTE FOR HI		TION			Employer ident 01-0530866	ification number			
990 Schedul	e O, Supp	lemental Informatio	ın						
Return Reference				Explanation					
FORM 990, PART VI, SECTION B, LINE 11B	RT VI, CTION B, CTION								

Return Explanation
Reference

LINE 12C

FORM 990, PART VI, SECTION B,

Return Explanation

LINE 15A

FORM 990, COMPENSATION IS SET AND APPROVED BY BOARD OF DIRECTORS BASED ON COMPARABILITY DATA AND DELIBERATION AND DECISION SECTION B.

Return Explanation
Reference

LINE 18

FORM 990, THESE DOCUMENTS ARE MADE AVAILABLE ON REQUEST PART VI, SECTION C.

Return Explanation
Reference

LINE 19

FORM 990, THESE DOCUMENTS ARE MADE AVAILABLE ON REQUEST PART VI, SECTION C.

Return Reference	Explanation
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 FURT HERMORE, 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

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, ROUNDING -3 PART XI, LINE 9