# Form 990

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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

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

Α	For t	he 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	)
В	Check applica	use IRS IRAN HUMAN RIGHTS DOCUMENTATION CENTER,	D Employer identif	ication number
	Add	dress label or LINC.		
	Nar	ne type Din n	20-2	744292
	Initi retu Ten ateo	al See Number and street (or P.O. box if mail is not delivered to street address) Room/s		er -772–2218
		ended tions.	G Gross receipts \$	716,745.
Ē	App	lica NEW HAVEN CT 06510	H(a) Is this a group r	eturn
	pen	F Name and address of principal officer:RENEE REDMAN	for affiliates?	Yes X No
		129 CHURCH STREET, NEW HAVEN, CT 06510	H(b) Are all affiliates in	cluded? Yes No
1	Tax-e	xempt status: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		site: WWW.IRANHRDC.ORG	H(c) Group exemption	on number 🕨
			fear of formation: 2005	▼ State of legal domicile: CT
	art I			
6)	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{ORGA}}$	NIZATION'S MI	SSION IS TO
ŭ		INVESTIGATE AND DOCUMENT HUMAN RIGHTS ABUSES	IN IRAN, RAI	SE
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
o ve	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
es S	5	Total number of employees (Part V, line 2a)	5	7
Ϋ́	6	Total number of volunteers (estimate if necessary)		0
cti	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		55.
_	ь	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
			Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)	559,894.	716,596.
nue	9	Program service revenue (Part VIII, line 2g)		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		94.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8.	55.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	559,902.	716,745.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	376,592.	456,510.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)   8,982.		
úì		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	172,886.	241,977.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	549,478.	698,487.
	19	Revenue less expenses. Subtract line 18 from line 12	10,424.	18,258.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	68,822.	72,922.
t As	21	Total liabilities (Part X, line 26)	52,595.	38,437.
SE PE	22	Net assets or fund balances. Subtract line 21 from line 20	16,227.	34,485.
	ırt II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (officer trian-officer) is based on all information of which preparer has any knowled	nts, and to the best of my knowledg	e and belief, it is true, correct,
		)))		
Sign	1	Such hern		
Here	9	Signature of officer	Date	<i>i</i> - <i>l</i>
		RENEE REDMAN, EXECUTIVE DIRECTOR	10	18/10
		Type or print name and title	/	7'
Do:-			Check if Prepare (see ins	r's identifying number tructions)
Paid	3 * 0 * ' ~	signature ANTHONY F. SANTORE 09/20/10	employed 🕨 🔲	
Prep:		Firm's name (or yours if BEERS, HAMERMAN & CO., P.C.	EIN ▶	
Use (	311 <b>1y</b>	self-employed). 234 CHURCH STREET		
		address, and NEW HAVEN, CONNECTICUT 06510-0615	Phone no. ▶ (2	203) 787-6527
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Fon	m 990 (2009) INC.		20-2744292 Page <b>2</b>
Pa	art III Statement of Program Service	Accomplishments	
1	Briefly describe the organization's mission: INVESTIGATION, LEGAL AND IRAN	ALYSIS AND REPORTING OF 1	HUMAN RIGHTS ABUSES IN
		and the vegetable were est	listed on
2	·		
3	If "Yes," describe these new services on Scheol Did the organization cease conducting, or make		oram services?
5	If "Yes," describe these changes on Schedule (		<u></u>
4	Describe the exempt purpose achievements for Section 501(c)(3) and 501(c)(4) organizations are allocations to others, the total expenses, and re-	nd section 4947(a)(1) trusts are required to reporevenue, if any, for each program service reported	t the amount of grants and
4a	THE IHRDC SEEKS TO PROMO AND THE RULE OF LAW IN I ISLAMIC REPUBLIC. THE INCOME ACTIVITIES: TO INVE IRAN; TO RAISE AWARENESS REPORTS; AND TO ESTABLIS	502,668. including grants of \$ DTE ACCOUNTABILITY, A CUITAN BY MONITORING HUMAN HRDC'S MISSIONS BREAKS DO ESTIGATE AND DOCUMENT HUM S OF HUMAN RIGHTS VIOLATION A SECURE ARCHIVE OF MAINTENANCE OF MAINTENANCE ON A SEARCHABLE ONI	RIGHTS ABUSES IN THE DWN INTO THE FOLLOWING MAN RIGHTS ABUSES IN TONS IN IRAN BY ISSUING ATERIAL RELATED TO HUMAN
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
d	Other program services. (Describe in Schedule C	_	
	(Expenses \$ including g	rants of \$ ) (Revenue \$ 602,668.	)
<u>e</u>	Total program service expenses ► \$	502,000.	Form <b>990</b> (2009)

Page 3

<u> </u>	oneomist of frequired oblication		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u>                                     </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u></u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•				
	Part VI.			
•	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 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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			
	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.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	\$		
	Schedule D, Parts XI, XII, and XIII.	12	Х	e en en en
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	8-50		\$4.5°
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
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		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		
. •	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	'	- +	
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19		,,		Х
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		$\frac{\mathbf{x}}{\mathbf{x}}$
20	und the organization operate one or more hospitals? If thest complete Schedule H	Eorm 9	· · · ·	

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Ì	
	Schedule J	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24ь		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			i
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			:
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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):			
ē	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Χ
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
- •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
~	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
	140 (c. 7 ) in 1 c. 17 C. C. Inc. C. d. C.		1.	

·	Statements Regarding Other IRS Filings and Tax Compliance				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	11			
b			0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable	gaming			
	(gambling) winnings to prize winners?			1c	X	1
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			-3.7		
	filed for the calendar year ending with or within the year covered by this return	2a	7			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	e instructio	ns)			1,111
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by this	retum?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and				
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg			i		]
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he organiz	ation solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		ts		İ	
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Similar party for			İ		
	provided to the payor?			7a		_X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as require	t		]	
	to file Form 8282?	 I I		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				OK O	
	benefit contract?			7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified liet. Its dual to the contributions of qualified liet.			7 <b>f</b>	$\rightarrow$	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		$\frac{X}{X}$
8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h	Day of the	<u> </u>
•	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a depart advised fund maintained by a second in the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the section of t					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have except at any time during the year?		- 1	4.50		33133
9	at any time during the year?  Sponsoring organizations maintaining donor advised funds.			В		<u> </u>
а	Did the organization make any taxable distributions under section 4966?		[			ech éfit
	Did the organization make a distribution to a donor, donor advisor, or related person?			9a		
0	Section 501(c)(7) organizations. Enter:			9ь	85 87 8 F	Gristari
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
		10a			1	
1	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a			1	
	Gross income from other sources (Do not net amounts due or paid to other sources against	, 10				
	amounts due or received from them.)	116				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			2a		Jan Jerra
		12b				1715

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management				T
		1 1	1.0000	Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?			X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision	Į		
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed?	4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?	5		X
6	Does the organization have members or stockholders?		6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the			
	governing body?		7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following:		100 100 100 100 100 100 100 100 100 100		
а	The governing body?		8a	X	
ь	Each committee with authority to act on behalf of the governing body?	.,,,,,,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapters, affiliates,	į		Í
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the form?	11	X	
11A	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.				M. I
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give rise			
	to conflicts?		12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		f I	X	
14	Does the organization have a written document retention and destruction policy?				X
15	Did the process for determining compensation of the following persons include a review and approval				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		Χ
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			26.22	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b	20100002-041	474,536 - 1
	ion C. Disclosure		<u> </u>		
	List the states with which a copy of this Form 990 is required to be filed ▶CT, NY		<del></del>		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(501(c)(3)s only) ava	ilable for		
	public inspection. Indicate how you make these available. Check all that apply.	(+ = - (+)(-)),			
	Own website Another's website X Upon request				
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	inflict of interest notice	cv. and finer	ncial	
	pescribe in scriedule of whether faild it so, how), the digalization makes its governing documents, co statements available to the public.	st or interest poin	e, and ma	. 5141	
	State the name, physical address, and telephone number of the person who possesses the books and	d records of the ora:	anization: 🕨		
	THE ORGANIZATION - 203-772-2218	2.000103 Of the orga	ALTICULUITA P		
-	129 CHURCH STREET, NO. 304, NEW HAVEN, CT 06510				
	LES Choices Distally 1101 Doly Meli Mithing Of 00010				

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employee.'
- 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 the organization did not c	(A) (B)				C) itior		الماد	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours	(c)	heck				oly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RENEE REDMAN	40.00	Х		Х				83,078.	0.	7,700.
EXECUTIVE DIRECTOR	40.00	^	-	^	-	╁┈		03,070.	0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
RAMIN AHMADI	0.50	X			İ	Ì		0.	0.	0.
BOARD MEMBER	0.30	1	-		-		<del> </del> —			
PAYAM AKHAVAN BOARD MEMBER	0.50	Х						0.	0.	0.
ROYA BOROUMAND	0.50	<u>~</u>		-	-	-	╁			
BOARD MEMBER	0.50	X						0.	0.	0.
LAURA DICKINSON	0.30	1		-	-	$\vdash$	$\vdash$			
BOARD MEMBER	0.50	Х						0.	0.	0.
LAWRENCE DOUGLAS	0000	-		-	<del> </del>	T				
BOARD MEMBER	0.50	Х		ļ				0.	0.	0.
JONATHAN FREIMAN							Т			
BOARD MEMBER	0.50	Х						0.	0.	0.
ELIZABETH GRAY						Π				
BOARD MEMBER	0.50	Х						0.	0.	0.
ANDREA CHRISTIE PIZZICON										
BOARD MEMBER	0.50	Х	Ĺ					0.	0.	0.
JOHN SIMON	•									
BOARD MEMBER	0.50	X	·					0.	0.	0.
FREDERICK (JERRY) STREET									_	_
BOARD MEMBER	0.50	X			L			0.	0.	0.
OWEN FISS										^
BOARD CHAIR	1.00			X		<u> </u>	<u> </u>	0.	0.	0.
ROYA HAKAKIAN			ĺ							•
BOARD SECRETARY	0.50			Х		<u> </u>		0.	0.	0.
ADRIANA ODICE										0
FINANCE COMMITTEE CHAIR	10.00			X		-		0.	0.	0.
						<u> </u>				
						-				
			L							5 000 (0220)

INC.

	VII Section A Officers Directors Tr	ustees Kev Fr	mple	vee	s. aı	nd l		est	Compensated Employ	ees (continued)				
Parl	VII Section A. Officers, Directors, Tr (A)  Name and title	ustees, Key Er (B) Average hours per week			Posi all t	c) itior that	app	dy)	Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	ees (continued) (E) Reportable compensati from relate organization (W-2/1099-Mi	e ion :d ns	com fr org	(F) stimate nount other pensa om th anizat d relat	of ation e ion ed
	Total						<b>D</b>		83,078.		0.		7,7	00.
3 4 5	Total number of individuals (including but compensation from the organization  Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete Scheion B. Independent Contractors  Complete this table for your five highest of	r, director or tru such individual 50,000? If "Yes, accrue compe dule J for such	estee ele co " co nsati pers	omple mple ion f	y em ensa ete S from	nplo ation Sche any	yee, n and edule unr	or h	ighest compensated er ner compensation from or such individual ed organization for serv	mployee on the organization ices rendered to	) )	3 4 5 ation f	Yes	X X X
	the organization. NONE  (A)  Name and busines								(B) Description of s			(C	•	<u> </u>
	Total number of independent contractors \$100,000 in compensation from the organ		ot lir	nite	d to		se lis	sted	above) who received n	nore than			000 (°	2000

	rt VIII	Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines	1b 1c 1d ions) 1e ts, and ve 1f 1a-1t \$		716,596.			
Program Service (	2 a b c d e f	All other program service reve	nue	Business Code	A CONTRACTOR CONTRACTO			
	3	Total. Add lines 2a-2f	dividends, intere	est, and  proceeds	94.			94.
	b b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d 8 a	Net gain or (loss)  Gross income from fundraising including \$  contributions reported on line  Part IV, line 18  Less: direct expenses	g events (not of 1c). See					
0	с 9 а b	Net income or (loss) from fund Gross income from gaming at Part IV, line 19 Less: direct expenses	iraising events stivities. See a b					
	10 a b	Net income or (loss) from gam Gross sales of inventory, less and allowances	retums a					
-		Miscellaneous Revenu OTHER		Business Code 519100	55.		55.	
93200	d e 12	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		_	55. 716,745.	0.	55.	94. Form <b>990</b> (2009)

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		01 701	0 770	6 214
	trustees, and key employees	97,783.	81,791.	9,778.	6,214.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.00 417	247 257	41,160.	
7	Other salaries and wages	288,417.	247,257.	41,100.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	22 720	28,146.	4,593.	
9	Other employee benefits	32,739.	32,034.	4,980.	557.
10	Payroll taxes	37,571.	32,034.	4,500.	3311
11	Fees for services (non-employees):				
а	Management	6,000.	6,000.		
b	Legal	16,800.	0,000.	16,800.	
С	Accounting	10,000.		10,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	86,306.	86,306.		
g	Other	00,300.	00,300.		
12	Advertising and promotion	5,515.	4,702.	731.	82.
13	Office expenses	28,094.	28,094.		
14	Information technology	20,001.	20,0320		
15	Royalties	26,460.	22,561.	3,507.	392.
16	Occupancy	22,994.	22,994.		
17	Travel	22,001			
18	Payments of travel or entertainment expenses		•		
- 0	for any federal, state, or local public officials  Conferences, conventions, and meetings				
19					
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	5,353.	4,564.	789.	
23	Insurance	4,859.	4,143.	716.	
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PRINTING AND POSTAGE	33,281.	31,179.	333.	1,769.
b	TELEPHONE	3,398.	2,897.	451.	50.
ε	MEALS AND ENTERTAINMENT	991.		991.	
d	EDUCATION MATERIALS	971.		971.	
e	MISCELLANEOUS	955.		955.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	698,487.	602,668.	86,755.	9,064.
26	Joint costs. Check here  if following		<del></del>		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			100	
00001	0.02-04-10				Form <b>990</b> (2009)

INC.

Part X | Balance Sheet (A) (B) Beginning of year End of year 18,601. 21,036. Cash · non-interest-bearing 4,108. 2 Savings and temporary cash investments 34,750. 16,945. 3 Pledges and grants receivable, net 3 420. 420. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 14,324. 2,600. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 30,370. basis. Complete Part VI of Schedule D 10a 17,927. 16,097. 12,443. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 68,822. 72,922. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 33,932. 34,188. 17 17 Accounts payable and accrued expenses ..... 18 18 Grants payable \_\_\_\_\_ 18,663. 4,249. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 52,595. 38,437. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 16,227. 34,485. Unrestricted net assets 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 
and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 16,227. 34,485. Total net assets or fund balances 33 33 72,922. 68,822. Total liabilities and net assets/fund balances ....

Form 990 (2009)

Form	1990 (2009)			
Par	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1.5.5		.,
2a	and the state of t	2a		X
 b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	and the suite of t	2c	Х	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  Both consolidated and separate basis			
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  Act and OMB Circular A-133?	3a		X
b	the properties did not undergo the required audit	3ь		
	of addition explain mit mediced a discrete and a di	Earm	990 /	้วกกดา

#### SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

IRAN HUMAN RIGHTS DOCUMENTATION CENTER,

Employer identification number 20-2744292

Pa	rt I	Reason f	or Public Chari	ty Status (All organiza	ations mus	t complete	this part	.) See insti	ructions.				
he	organi	zation is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	nly one b	ox.)					
1		A church, con	vention of churches	s, or association of churc	hes descri	ibed in <b>se</b> d	ction 170	(b)(1)(A)(i).					
2		A school desc	cribed in section 17	<b>0(ь)(1)(А)(іі).</b> (Attach Sch	nedule E.)								
3		A hospital or a	a cooperative hospit	al service organization d	lescribed in	n section	170(b)(1)(	A)(iii).					
4	一	A medical res	earch organization o	operated in conjunction v	with a hosp	oital descri	bed in <b>se</b>	ction 170	ъ)(1)(A)(iii)	. Enter the	e hospitai'	s nam	e,
·		city and state	·•										
5		An organization	on operated for the I	benefit of a college or un	iversity ow	rned or op	erated by	a governn	nental unit	described	d in		
			b)(1)(A)(iv). (Comple										
_		A fodoral stat	e or local novernme	ent or governmental unit	described	in section	n 170(b)(1	)(A)(v).					
6		An expensional	en that normally reco	eives a substantial part o	of its suppo	ort from a	governme	ntal unit o	r from the	general pu	ublic descr	ribed ii	n
7	$\triangle$		o)(1)(A)(vi). (Comple				_						
_		Section 170(L	trust described in s	ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
8	$\vdash$	A community	en that namelly reco	eives: (1) more than 33 1	73% of its	support fr	om contril	butions, m	embership	fees, and	d gross rec	eipts t	from
9	لـــا	An organization	on that normally reco	nctions - subject to certa	in exceptio	ons, and (2	) no more	than 33 1	/3% of its:	support fr	om gross	invest	ment
		activities relat	ed to its exempt fur	axable income (less sect	ion 511 tax	x) from bus	sinesses a	acquired b	y the organ	nization af	ter June 3	0, 197	5.
		income and u	nrelated business to		1011 2 1 1 100	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	•	,				
	$\overline{}$	See section 5	509(a)(2). (Complete	perated exclusively to tes	et for nubli	c safety. S	ee sectio	n 509(a)(4	)_				
10	$\vdash$	An organization	on organized and of	perated exclusively to test perated exclusively for the	s henefit c	of to perio	rm the fur	nctions of.	or to carry	out the p	urposes o	f one	or
11		An organization	on organized and of	perated exclusively for the ations described in section	on EDDIONA	), to perio	n 509(a)(2	See sec	tion 509(a	)(3). Chec	k the box	that	
		more publicly	supported organiza	ations described in secur	311 309(a)( 1	to through	. 11h	.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,			
			i	organization and comple	Tues	e III - Func	tionally int	enrated		d 🔲	Type III • C	Other	
		a Type I	b L_	_ Type II c	: Typ∙	م براده معالم	cionally line	by one or	more disc				n
е		By checking t	this box, I certify tha	at the organization is not	controlled	directly of	tions door	oribadin s	action 509	(a)(1) or se	ection 509	(a)(2).	
		foundation ma	anagers and other t	han one or more publicly	y suppone	o organiza	T	II or Tuna	. 111	(α/( ) ε. ε.	0011017	(-/(-/	
f		If the organiza	ation received a writ	ten determination from t	the IHS tha	ntrisa iyi	pe i, Type	ii, or Type	<del>.</del> 111				
		supporting or	ganization, check th	nis box						?	,		
g	ı	Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	ii) balaw		Yes	No
		(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	described i	in (ii) arid (ii	ii) below,	11g(i)	163	110
		the gove	erning body of the s	upported organization?									
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)	L	
ŀ	1	Provide the fo	ollowing information	about the supported or	ganization(	(s).							
				(iii) Type of	(i) In the o	rganization	(w) Did you	u notity the	(vi) Is	the	(vii) Am	o tunt o	of .
(i	) Name	of supported	(ii) EIN	organization		sted in your		ion in col.	organizatio (i) organize	n in col.		port	'
	org	anization		(described on lines 1-9		document?		r support?	U.S.	?			
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(266 mannemona)	163	- 110							
					<del> </del>								
					<del> </del>			<u> </u>			****		
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					-			<del> </del>					
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					1	Chekan da	3232000			<b>1</b> , 2, 3 0,			
								1					
Tot	al		International Control of the Control		1 in a trickweek	4 (************************************	1	4 ** *********************************	Schodul	e A (Form	990 or 99	0-EZ	2009

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

Schedule A (Form 990 or 990-EZ) 2009

20-2744292 Page 2 Schedule A (Form 990 or 990-EZ) 2009 INC.

Part II Support Schedule for Organ 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.)

Sec	tion A. Public Support					/ / 0000	(f) Total
	ndar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) 10(a)
	Gifts, grants, contributions, and						
	membership fees received. (Do not			100 505	FF0 004	716,596.	2213813.
	include any "unusual grants.")		444,728.	492,595.	559,894.	710,330.	2213013.
2	Tax revenues levied for the organ-						
	ization'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				EE0 004	716 506	2213813.
4	Total. Add lines 1 through 3		444,728.	492,595.	559,894.	716,596.	2213013.
5	The portion of total contributions						
J	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,						25 (02
	column (f)						25,683.
c	Public support. Subtract line 5 from line 4						2188130.
	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4		444,728.	492,595.	559,894.	716,596.	2213813.
	Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	İ				94.	94.
_	Net income from unrelated business						
9					į		
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income. Do not include gain		•		Ì		
	or loss from the sale of capital		1,624.	198.	8.	55.	1,885.
	assets (Explain in Part IV.)	4-0.475.883-8246.86					2215792.
11	Total support. Add lines 7 through 10	-t- /instruct	ions)			12	
12	Gross receipts from related activities First five years. If the Form 990 is for	, etc. (see instruct	e first second thi	ird fourth or fifth t	ax vear as a sectio	on 501(c)(3)	
13	First five years. If the Form 990 is to	r the organization	S IIISI, Second, III	ia, roartii, or iiitii t	<u> </u>		►X
_	organization, check this box and sto	p here Pe	rcentage				
Se	ction C. Computation of Pub	iic Support r	divided by line 11	column (f))		14	%
14	Public support percentage for 2009	(line 6, column (t)	Divided by line 11,	Column (i)			%
15	Public support percentage from 200	8 Schedule A, Par	III, line 14	- line 12 and line	14 is 33 1/3% or n		ox and
16	a 33 1/3% support test - 2009. If the	organization did no	of check the box o	- and the	14 13 00 17070 0. 11		▶ 🗔
	stop here. The organization qualifies	s as a publicly sup	ported organizatio	F	line 15 is 33 1/3%	6 or more, check!	his box
1	b 33 1/3% support test - 2008. If the	organization did no	ot check a box on	line 13 or 16a, and	Time 13 is 33 ir 5 /	B OF THORE, CHECK	▶ □
	and stop here. The organization qua	ilifies as a publicly	supported organi	zation	40 40 16b	and line 14 is 10%	
17	and stop here. The organization que a 10% -facts-and-circumstances tes	${ m st}$ - 2009.If the org	ganization did not i	check a box on line	3, 16a, of 150, 6	and the 14 is 1070	enization
	and if the exampleation meets the "fa	cts-and-circumsta	nces" test, check :	this box and stop	nere. Explain in Pa	TILL HOW the orga	Elization
		" test. The organiz	ation qualifies as a	a publicly supporte	d organization		
	L 400/ facts and sircumstances te	st = 2008. If the ord	anization did not :	check a box on line	e 13, 16a, 16b, or	I/a, and the 19 b	1070 01
	dif the arganization master	the "facts-and-circ	umstances" test. o	check this box and	stop nere. Explai	HELLINGS	
		rcumstances" test	. The organization	qualifies as a pub	lidiy supported org	arization	······································
18	Private foundation. If the organizati	on did not check a	box on line 13. 1	<u>6a, 165, 17a, or 17</u>	b. check this box	and see mandado	113
					Sch	edule A (Form 99	0 or 990-EZ) 2009

Part III Support Schedule for C	ranizations	Described in	Section 509(a	(2) (Complete only	if you checked the bo	on line 9 of Part L)
Section A. Public Support	ngamzations	Described III	0001011.000(	-74-7 (Odinplete only	TI YOU OHOUNG THE E	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	(8) 2000	(B) 2000	(-)			
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				1		
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						
c Add lines 7a and 7b					Twitten Total Talahan (198	
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		· · · · · · · · · · · · · · · · · · ·	_		1	
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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	- 1					
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						<u>P</u>
Section C. Computation of Publ	ic Support Pe	rcentage			lar l	0/
15 Public support percentage for 2009 (	ine 8, column (f) d	ivided by line 13,	column (f))		15	<u>%</u> %
16 Public support percentage from 2008	Schedule A, Part	III, line 15			16	
Section D. Computation of Inves	stment Incom	e Percentage	)		17	%
17 Investment income percentage for 20	100 (line 10c, colur	nn (f) divided by l	ne 13, column (f))		18	%
18 Investment income percentage from 2	2008 Schedule A,	Part III, line 17				
19a 33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and lin	e to is more than.	ou 17070, asia line i otion	/ is flot
more than 33 1/3%, check this box a	nostop here. The	organization qual	mes as a publicly	supported organiza	ore than 33 1/3%	 Pad
b 33 1/3% support tests - 2008. If the	organization did r	not check a box o	n line 14 or line 19	a, anu ille 10 iS III as a publich supp	orted organization	<b>▶</b>
line 18 is not more than 33 1/3%, che	ck this box andst	op nere. The orga	anization qualities	this hax and ead in	structions	▶
20 Private foundation. If the organization	n dia not check a	DUX OFFIINE 14, IS	va, Or 130, Crieck I	Sci	nedule A (Form 99	0 or 990-EZ) 2009

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

IRAN HUMAN RIGHTS DOCUMENTATION CENTER, TNC

Employer identification number 20-2744292

Pa	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the	
<u> </u>	organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Angregate value at end of year			
5	Did the organization informall donors and donor advisors in write	ing that the assets held in donor advi	ised funds	
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes No	
6	Did the organization informall grantees, donors, and donor advi	sors in writing that grant funds can be	e used only	
_	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	e conferring	
	impermissible private benefit?		Yes No	
Pa	Conservation Easements. Complete if the organ	ization answered "Yes" to Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or plea		istorically important land area	
	Protection of natural habitat		tified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last	
	day of the tax year.			
	,		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
С	the second secon		2c	
d	Number of conservation easements included in (c) acquired after	er 8/17/06	2d	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	e organization during the tax	
	year ▶			
4	Number of states where property subject to conservation easen	nent is located >		
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements of	during the year -	
7	Amount of expenses incurred in monitoring, inspecting, and enf	ording conservation easements during	g the year ► \$	
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expens	e 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.		0: 2 4	
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.	
	Complete if the organization answered "Yes" to Form 990	O, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and t	palance sheet works of art, historical	
	treasures, or other similar assets held for public exhibition, educ		ublic service, provide, in Part XIV, the text of	
	the footnote to its financial statements that describes these item	rs.		
b	If the organization elected, as permitted under SFAS 116, to rep	ort in its revenue statement and balar	nce sheet works of art, historical treasures,	
	or other similar assets held for public exhibition, education, or re-	search in furtherance of public servic	e, provide the following amounts relating to	
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$	
2	If the organization received or held works of art, historical treasures	res, or other similar assets for financia	al gain, provide	
	the following amounts required to be reported under SFAS 115	relating to these items:		
а	Revenues included in Form 990, Part VIII, fine 1			
b	Assets included in Form 990, Part X		<b>&gt;</b> \$	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	IRAN HUN	MAN RIGHTS	DOCUM	ENTATION C	ENTER			
Sche	dule D (Form 990) 2009 INC .						2744292	
Par	t III Organizations Maintaining C							
3	Using the organization's acquisition, accession	on, and other record	ts, check an	y of the following th	at are a si	gnificant use of	its collection	items
	(check all that apply):							
а	Public exhibition	, d	I Loa	n or exchange prog	rams			
b	Scholarly research	е	Oth	er				
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they t	urther the organizat	tion's exer	mpt purpose in F	Part XIV.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of t	the organiza	tion's collection?			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if organi:	ation answered "Ye	es' to Forr	n 990, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par							
	Is the organization an agent, trustee, custodia	an or other intermed	diary for con	tributions or other a	ssets not	included		
	on Form 990, Part X?						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV a							
_	, , , oo, o, p.a.s. the animage man and a second	,	C				Amount	
c	Beginning balance					1c		
	Additions during the year					4 1		
	Distributions during the year					f 1		
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	☐ No
	If 'Yes,' explain the arrangement in Part XIV.	in coo, rait, in						
	TV Endowment Funds. Complete if	the organization an	swered "Ye	s' to Form 990, Par	t IV, line 10	0.		
	Little Complete	(a) Current year	(b) Prior		T I	(d) Three years ba	ck (e) Four v	rears back
4.0	Beginning of year balance	1 1	(2) 1 1101	,04, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				
1a	'							
ь	Net investment earnings, gains, and losses							
ن د	, ,							
a	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses			7 (2 (1 ) (2 ) (2 ) (3 ) (3 ) (4 ) (4 ) (4 ) (4 ) (4 ) (4				TERVES.
g	End of year balance			13.11.18.47.1.35				
2	Provide the estimated percentage of the year	end balance neld a						
а	Board designated or quasi-endowment		_%					
ь	Permanent endowment	%						
С	Term endowment ►9	-			4 4			
3a	Are there endowment funds not in the posses	ision of the organiza	ation that are	e neid and administ	erea for th	ie organization	I,	/os No
	by:	•					0.00	es No
	(i) unrelated organizations							
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the							
Par	t VI Investments - Land, Building	s, and Equipme	e <b>nt.</b> See Fo	rm 990, Part X, line		<u> </u>		
	Description of investment	(a) Cost or o	1	b) Cost or other		cumulated	(d) Book	value
		basis (investr	nent)	basis (other)	l	reciation		
1a	Land							
ь	Buildings	1						
С	Leasehold improvements	I						
	_			30 370	1	17.927.	12	.443.

Schedule D (Form 990) 2009

12,443.

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

-		$\sim$	
1	N	( '	

Part VII Investments - Other Securities. Se	e Form 990 Part X line	12		
(a) Description of security or category	(b) Book value		(c) Method of value	
(including name of security)	(b) Book value		Cost or end-of-year ma	rket value
Financial derivatives				
Closely-held equity interests				
Other				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X, line			
			(c) Method of value	
(a) Description of investment type	(b) Book value		Cost or end-of-year ma	ket value
				The state of the s
		Carra Paris Paris Carra		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	15	Lindia y dedenia de segge de cina y	# 8.7.75 #C - 4 C	
	Description			(b) Book value
•••				
sen-i <sup>†</sup>				
				,
	4-7		<b>&gt;</b>	* .
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,				,
(a) Description of liability	In le 25.	(b) Amount		
		(-,		
Federal income taxes				
The second secon				
Total. (Column (b) must equal Form 990. Part X. col เฮ็มโกล	€ 25.)		Maria Balana Maria	

2. FIN 48 Footnote. In Part XIV, 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.

932053 02-01-10 Schedule D (Form 990) 2009

	IRAN HUMAN RIGHTS DOCUME	MIMITON	CERTER,	20-27	744292 Page
Sche	edule D (Form 990) 2009 INC.  TXI Reconciliation of Change in Net Assets from Form 99	O to Audited	Financial S		
	A XI Reconciliation of Change in Net Assets from 1 orm 55	o to Addrec	1	, tatorriorrio	716,745
1	Total revenue (Form 990, Part VIII, column (A), line 12)				698,487
2	Total expenses (Form 990, Part IX, column (A), line 25)				18,258
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)		8		0
9	Total adjustments (net). Add lines 4 through 8		9		18,258
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9		or Dotum	10,230
Pa	XII Reconciliation of Revenue per Audited Financial State	ements with	i Revenue p	er Return	756,874
1	Total revenue, gains, and other support per audited financial statements			1	730,074
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		193	
а	Net unrealized gains on investments		40,1	20	
b	Donated services and use of facilities	1 1	40,1	29.	
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)	2d			40,129
e	Add lines 2a through 2d			2e	716,745
3	Subtract line 2e from line 1			3	710,743
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				0
С	Add lines 4a and 4b			4c	716 745
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	716,745
Pai	t XIII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses	per Return	720 (16
1	Total expenses and losses per audited financial statements			1	738,616
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		40.1	_	
а	Donated services and use of facilities	2a	40,1	29.	
ь	Prior year adjustments	2b			
С	Other losses	2c			
					40 100
е	Add lines 2a through 2d			2e	40,129
3	Subtract line 2e from line 1				698,487
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	44			
С	Add in ics 46 and 46				0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	698,487
Par	t XIV Supplemental Information				
Com	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F	Part III, lines 1a a	and 4; Part IV, li	nes 1b and 2b;	Part V, line 4; Part
Y line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this pa	art to provide as	ny additional inf	ormation.
, III / N					
	•				• •

Schedule D (Form 990) 2009

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

IRAN HUMAN RIGHTS DOCUMENTATION CENTER,

Employer identification number 20-2744292

INC.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTERNATIONAL AWARENESS OF HUMAN RIGHTS VIOLATIONS AND ESTABLISH AN
ONLINE ARCHIVE OF HUMAN RIGHTS DOCUMENTS THAT IS ACCESSIBLE TO THE
PUBLIC FOR RESEARCH AND EDUCATIONAL PURPOSES.
FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS RAMIN AHMADI AND ROYA
HAKAKIAN HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES A COPY OF
ITS FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE FORM.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUESTS
OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES TO NOTIFY THEM OF ANY
UPDATES REGARDING DISCLOSURE RELATED TO THE CONFLICT OF INTEREST POLICY AND
MONITORS AND ENFORCES THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE
DIRECTOR IS APPROVED BY THE BOARD OF DIRECTORS AND IS BASED ON COMPARATIVE
COMPENSATION OF SIMILAR ORGANIZATIONS. THERE ARE NO OTHER COMPENSATED
OFFICERS OR KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM
990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE
ORGANIZATION'S MAILING ADDRESS.
ullet