Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

917

_	-01 41	2012 Calefidar year, or tax year beginning	' y		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	EMPLOYMENT POLICIES INSTITUTE FOUNDATION			
	Name chang	Doing Business As DEFEATTHEDEBT.COM		52-1	902264
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone number	<u> </u>
Г	Termi			(202) 463-7650
F	Amen	ded C		G Gross receipts \$	2,958,081.
F	return Appli	WASHINGTON, DC 20005			
_	Liốn pendi	WASHINGTON, DC 20005		H(a) Is this a group re	Yes X No
		F Name and address of principal officer:RICHARD BERMAN		for affiliates?	
_		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		te:▶ SEE SCHEDULE O		H(c) Group exemption	
K	Form o	organization: X Corporation Trust Association Other	. Year	of formation: 1994 N	State of legal domicile: DC
	art I	Summary		•	
_	1	Briefly describe the organization's mission or most significant activities: RESEARC	ΗV	ARIOUS LABO	R AND
Activities & Governance		ECONOMIC POLICIES AND CONSEQUENCES; EDUCATE	TH	E PUBLIC, (CONTINUED)
'n	2	Check this box If the organization discontinued its operations or disposed or			
Ve	3	Number of voting members of the governing body (Part VI, line 1a)	1111010	3	8
ဗိ				r 1	$\frac{3}{7}$
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
ië	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
Ξ	6	Total number of volunteers (estimate if necessary)		6	
Ğ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		1,628,429.	2,957,698.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	117.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		599.	266.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	902.	0.
			-	1,629,930.	2,958,081.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	+	2,955.	5,286.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,955.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		_	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,812.	25,691.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
χ	b	Total fundraising expenses (Part IX, column (D), line 25) 35,085.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,074,129.	2,326,111.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,103,896.	2,357,088.
	19	Revenue less expenses. Subtract line 18 from line 12750511/50		<473,966.	> 600,993.
28	3		Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		491,258.	809,760.
ASS	21	Total liabilities (Part X, line 26)	-	410,612.	148,971.
Net Assets of Fund Balance	22	(5)	-	80,646.	660,789.
	art II	Net assets or fund balances. Subtract line 2i from line 20 In	Ц	00,040.	000,703.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	nas any knowledge/	/ ₁
		Musell & Maries			<u>13</u>
Sig	n	Signature districter		Date	
Hei	re	GERALD FRANCIS, SECRETARY/TREASURER/D	IRE	CTOR_	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	- 1	ate Check	PTIN
Pai	d	MIREYA TORRA Mureya John	1	1/07/13 self-employe	
Pre	parer	Firm's name RICHARD BERMAN AND COMPANY, INC.		Firm's EIN	52-1536666
Use	Only	Firm's address 1090 VERMONT AVE. NW, SUITE 800			
	-	WASHINGTON, DC 20005		Phone no. (2	202) 463-7100
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 12-				Form 990 (2012) ₂
	16"	no repetite it to add and it and a transpipated in a comparate in a data of the comparate in the c			. J (EU (E)/2

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

232002 12-10-12

4e

2,225,100.

Total program service expenses

603,700. including grants of \$

5,286.) (Revenue \$

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Form 990 (2012) EMPLOYMENT P
Part IV Checklist of Required Schedules

			V	
	504/ VO) 4047/ V(1) 41 41 44 45 45 45 45 45 45 45 45 45 45 45 45		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-22	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	<u> </u>		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
_	dunng the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	 		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	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	11d		<u> X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 ((2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	!		7.7
_	disqualified person duning the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
00	Schedule L, Part I	25b		Λ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	1 1		X
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Λ_
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	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	_27		
20	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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		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		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	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		
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2012)

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EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			- -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
J	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-0		—
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			į l
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ı
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			. /
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			!
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

232005 12-10-12

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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		i	
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	L	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_ <u></u> _	
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		- 	لـــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	_A	
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			'
.oa	taxable entity during the year?	16a		X '
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailah	ماد	
	for public inspection. Indicate how you made these available. Check all that apply.	unuu		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
.5	statements available to the public during the tax year.	- midi	.o.ui	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	RICHARD BERMAN - 202-463-7650			
	1090 VERMONT AVENUE, NW #800, WASHINGTON, DC 20005			
232000 12-10-	· · · · · · · · · · · · · · · · · · ·	Form	990	(2012)

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII	
Check it Schedule O contains a response to any question in this Fait vii	

- Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter-0-in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	l organization compensat						ated any current officer, director, or trustee					
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box, unless pers			erson is both an		han	compensation	compensation	amount of		
	week	⊢	I an	l a u	116010	Titus	166)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	0.0	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	uste	tast		g ₂	ubeu		(W-2/1099-WISC)		and related		
	below	lad t	tiona		nploy	yee y				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бо гтег			or garmeanonio		
(1) RICHARD BERMAN	8.20									_		
PRESIDENT, EXECUTIVE DIR.		X		X		L.		14,100.	0.	0.		
(2) CRAIG GARTHWAITE	0.20											
SEC/TREAS [RESIGNED SEP-2012], DIR		X		X				500.	0.	0.		
(3) JOHN BERGLUND	0.10					ŀ				_		
DIRECTOR		X						500.	0.	0.		
(4) JAMES R. LEDLEY	0.20	,,						F00		•		
DIRECTOR	0 20	X		Щ		<u> </u>		500.	0.	0.		
(5) SHANNON FOUST DIRECTOR	0.20	x						500.	0.	0.		
(6) PAUL AVERY	0.10	^			_			300.				
DIRECTOR	0.10	X						500.	0.	0.		
(7) GERALD FRANCIS	0.20	<u> </u>	-	\vdash	_	-		300.	<u></u>			
SEC/TRES [EFF SEP-2012], DIRECTOR		x		x				500.	0.	0.		
(8) WARREN HARDIE	0.10				_	-						
DIRECTOR		Х						500.	0.	0.		
										-		
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Form 990 (2012)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
	(A)	(B)	• • •				(D)	(E)			(F)			
	Name and title	Average	Position (do not check more than one					one	Reportable Reportabl			E:	stimate	∌d
		hours per	box	unle	ss pe	rson	is bot	th an	1			ar	nount	of
		week	├	Cer ar	iu a u	III BCI	1744	T	from	from related			other	
		(list any hours for	Individual trustee or director						the organization	organization			ipensa rom th	
		related	90.0	8			sated		(W-2/1099-MISC)	(W-2/1099-MI	3C)		janizat	
		organizations	rase	Institutional trustee		8	E E	l	(11 27 1033 111100)				d relat	
		below	ā	i i i	_	Key employee	oyee yee	, _E					anızatı	
		line)	ş	Tage	Officer	Ç G	Highest compensate employee	Ē						
			1											
								Π						
				<u>l </u>							_			
			<u> </u>	$ldsymbol{oxed}$	_	L	_	╙						
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			İ											
	Sub-total Sub-total		<u> </u>		<u> </u>	Щ.	_	<u></u>	17,600.		0.	<u> </u>		0.
	Total from continuation sheets to Part VI	I Section A							0.		0.			0.
	Total (add lines 1b and 1c)	i, Section A							17,600.		0.			0.
2	Total number of individuals (including but n	ot limited to th	IOSA	liste	ed al	hove	e) w	ho r		000 of reportab		l		
	compensation from the organization						.,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
													Yes	No
3	Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on		٠ ا		×
4	line 1a? If "Yes," complete Schedule J for s							a a .	hav aamaaaattaa frans	tha avancation		3		
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	ine organization		4	-	X
5	Did any person listed on line 1a receive or a									dual for services	:	1		
Ū	rendered to the organization? If "Yes," com							Cia	ted organization or indivi	oddi for scrvicos		5		X
Sec	tion B. Independent Contractors						-						<u></u>	
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of con	npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	ear.				
	(A)								(B)		_		C)	
5. 7.	Name and business		1 /	300				_	Description of s			ompe	nsatio	<u> </u>
	CHARD BERMAN & COMPANY					201	n n 1		MGMT, ADVERT RESEARCH & A		1	0.3	0 6	21
V E.F	MONT AVE, NW #800, WAS	DUTINGTOR	ν,	<u> </u>	- 4	201	00.	-	RESEARCH & A	CCI FEES		,03	8,6	<u> </u>
								_						
								_	·					
2	Total number of independent contractors (i \$100,000 of compensation from the organization from the organizatio	-	ot III	mite	d to		se l:	sted	d above) who received m	nore than				

2,958,081

232009 12-10-12

e Total. Add lines 11a-11d

Total revenue. See instructions

266.

Form 990 (2012)

Part IX	Statement	of Functional	Expenses
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	Check if Schedule O contains a respon	ise to any question in thi	s Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	F 20C	E 206		
	organizations in the United States. See Part IV, line 21	5,286.	5,286.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	17,600.		3,500.	14,100
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,259.			6,259
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,832.			1,832
11	Fees for services (non-employees):	4 000 604	262 265		
а	Management	1,038,621.	968,365.	70,256.	
b	Legal	13,031.	11,562.	1,469.	
C	Accounting	17,000.		17,000.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	157,661.	155,303.	1,250.	1 109
	column (A) amount, list line 11g expenses on Sch O.)	1,023,307.	1,023,057.	1,230.	1,108 250
12	Advertising and promotion	20,140.	14,699.	508.	4,933
13	Office expenses Information technology	13,719.	12,628.	300.	1,091
14 E	Royalties	13,713.	12,020.		1,001
15 16	Occupancy	7,421.	7,421.		<u>, , </u>
17	Travel	20,651.	15,139.		5,512
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	511.	363.	148.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34.	34.		
23	Insurance	2,772.		2,772.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TAXES, LICENSES & FEES	11,066.	11,066.		
b	MEMBERSHIP DUES	114.	114.		
C	SUBSCRIPTIONS & PUBLICA	63.	63.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,357,088.	2,225,100.	96,903.	35,085
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			İ	
	Check here If following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		288,051.	1	787,952
	2	Savings and temporary cash investments		172,561.	2	2,254
	3	Pledges and grants receivable, net	29,880.	3	19,504	
	4	Accounts receivable, net		732.	4	50
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensations				
]	Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
	i	section 4958(f)(1)), persons described in section	· ·			
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).			6	
2	7	Notes and loans receivable, net		·	7	
Assets	8	Inventories for sale or use	İ		8	
•	9	Prepaid expenses and deferred charges		-	9	
		Land, buildings, and equipment cost or other	1 1			
	1.00	basis. Complete Part VI of Schedule D	10a 818.			
	Ь	Less: accumulated depreciation	10b 818.	34.	10c	0
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments - program-related. See Part IV, line	· · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	İ		15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	491,258.	16	809,760
	17	Accounts payable and accrued expenses	410,612.	17	148,971	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
n	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
<u> </u>	22	Loans and other payables to current and former	P			
Liabilities		key employees, highest compensated employee				
۔ دُ		Complete Part II of Schedule L			22	·
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	·			
		parties, and other liabilities not included on lines				
		Schedule D	, ,		25	
	26	Total liabilities. Add lines 17 through 25		410,612.	26	148,971
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S	Ì	complete lines 27 through 29, and lines 33 an	,			
net Assets of Fund Balances	27	Unrestricted net assets		<79,846.	>27	426,663
ala	28	Temporarily restricted net assets		160,492.	28	234,126
2	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔲 🏻			
5		and complete lines 30 through 34.			- 1	
212	30	Capital stock or trust principal, or current funds	j		30	
50	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
	32	Retained earnings, endowment, accumulated in	· · · · · · · · · · · · · · · · · · ·	· · · · ·	32	
	33	Total net assets or fund balances	·	80,646.	33	660,789
	34	Total liabilities and net assets/fund balances	ř	491,258.	34	809,760.

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

Form 990 (2012)

X

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За

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

EMPLOYMENT POLICIES INSTITUTE FOUNDATION

Employer identification number

			ENT POLICIES							2-1902264
Part I	<u> </u>		ity Status (All organiz					tructions.		
The organ			because it is: (For lines 1							
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i).		
2			'0(b)(1)(A)(ii). (Attach Sc							
з 🖳			tal service organization (
4 📖	A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital's name,
	city, and stat									.
5 📖	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental uni	it describ	ped in
		(b)(1)(A)(iv). (Comple								
6 🖳			ent or governmental uni							
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general	public described in
	section 170((b)(1)(A)(vi). (Comple	ete Part II.)							
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 📖	An organizat	on that normally rec	eives: (1) more than 33 1	1/3% of its	s support f	rom contri	butions, n	nembershi	p fees, a	and gross receipts from
	activities rela	ited to its exempt fur	nctions - subject to certa	aın excepti	ions, and (2) no more	than 33	1/3% of its	suppor	t from gross investment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	ax) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June 30, 1975.
		509(a)(2). (Complete								
10	An organizat	ion organized and op	perated exclusively to te	st for publ	lic safety S	See sectio	n 509(a)(4	4).		
11	An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purposes of one or
	more publicly	y supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 50 9(a)(3). Ch	eck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_					
	a L Type			-	nctionally	_		• •		n-functionally integrated
e 📖	By checking	this box, I certify that	at the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	section 509	9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	tten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Typ	e III		_
		rganization, check th								L
g			organization accepted ar							
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (ні) below	
	•	• •	upported organization?							11g(i)
			n described in (i) above?							11g(ii)
			person described in (i) o							11g(iii)
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).					
		ı	<u> </u>					/v:\ Ia	46.0	<u></u>
	of supported	(ii) EIN	. , p & & g &		organization		u notify the ion in col.	(vi) Is organizațio	i the on in col.	(vii) Amount of monetary
org	anızation				sted in your document?		support?	(i) organiz U.S	ed in the	support
			(see instructions))	Yes	,		,	Yes	,	
				res	No	Yes	No	res	No	
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Total	Damamussis Dis	duation Ast Nation		<u> </u>	L	<u> </u>	<u> </u>	Cabadad	. A /F.s=	m 000 or 000 E7\ 0040
LMA FOR I	-aperwork Re	suuction ACT NOTICE	, see the Instructions for	ur				əcneaul	e a (FOI	m 990 or 990-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	2540738.	10881090.	5907976.	1628429.	2957698.	23915931.
2	Tax revenues levied for the organ-						
	ızatıon'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						
4	Total. Add lines 1 through 3	2540738.	10881090.	5907976.	1628429.	2957698.	23915931.
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)						6631054.
	Public support. Subtract line 5 from line 4					<u> </u>	17284877.
	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		,
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2540738.	10881090.	5907976.	1628429.	2957698.	23915931.
8	Gross income from interest,						
	dividends, payments received on						•
	securities loans, rents, royalties	44 506	4 740	0.445	500		40.000
	and income from similar sources	11,526.	4,713.	2,116.	599.	266.	19,220.
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	450	4 500		000	445	0.000
	assets (Explain in Part IV.)	150.	1,799.		902.	117.	
	Total support. Add lines 7 through 10						23938119.
	Gross receipts from related activities,		-			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
800	organization, check this box and stop ction C. Computation of Publ	here	rcentage				
			· · · · · · · · · · · · · · · · · · ·	-1 (0)		44	72.21 %
	Public support percentage for 2012 (I		•	olumn (t))		14	50.00
	Public support percentage from 2011	· ·	•	- l 40 - mal l.m. :	14 := 00 1/00/ ====	15	
iba	33 1/3% support test - 2012. If the content have The appropriate available	-			14 IS 33 1/3% OF IT	tore, check this be	ox and ►X
.	stop here. The organization qualifies				lung 15 in 22 1/20/	or more shook t	
O	33 1/3% support test - 2011. If the cand stop here. The organization qual	-		•	1110 13 13 33 1/3%	or more, check to	LIIS DUX
170	,				12 16a ar 16b a	and line 14 in 100/	or more
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact		· ·	•	•	t iv now the orgal	Inzation _
.	meets the "facts-and-circumstances"	_	•		=	l7a and line 15 :-	10% or
О	10% -facts-and-circumstances tes						
	more, and if the organization meets the		·		•		
10	organization meets the "facts-and-circ		•		-		
10	Private foundation. If the organization	п ою посслеска	DOX OF RITE 13, 168	a, 100, 178, 01 1/0			o or 990-EZ) 2012
					JUITE		, or occuracy 20 12

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
	qualify under the tests listed below, please complete Part II)
tion	A Public Support

Sec	ation A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				į		
	membership fees received. (Do not		1		}		
	include any "unusual grants ")					<u> </u>	
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 bus-						
	iness under section 513		1				
4	Tax revenues levied for the organ-				1		
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		1				
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						
С	Add lines 7a and 7b		_				
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	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 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, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (I	ine 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2011					16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	12 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2			.,,		18	%
	33 1/3% support tests - 2012. If the	•		on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box as	-					ightharpoons
b	33 1/3% support tests - 2011. If the	•	•		• • •		and
-	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		•	•		-	
	3 12-04-12				•	hedule A (Form 99	0 or 990-FZ) 2012

Part IV	Suppler	nental I	nform	ation. C	omplete	this part to		explanat	tions require	d by Part II, line 10; Part II, line 17a or 17b;
								_		INCOME:
PUBLIC	DISCI	LOSURI	E COI	PIES		<u>-</u> .				
2011 A	MOUNT	: \$_	20.							
2012 A	MOUNT	: \$	18.							
SPEAKI	NG FEI	ES		<u> </u>						
OPINIO			_ INC	COME						
2008 AI	MOUNT	: \$	150	•						
2009 A	MOUNT	:_\$	450	•						
EXPENS		MBIID CI		re				-		
2009 AI			1,34							
2009 A			632		-				. =	
2011 A	MOON1	Э	052	•		·-·				
INSURA	NCE SI	ETTLE	MENT							
2012 A	MOUNT	: \$	10.			· · · · · · · · · · · · · · · · · · ·				
REPRIN'	T PERM	MTSST		 ER						
2011 A			250							
<u>VENDOR</u>	SETTI	LEMEN	r							
2012 A	MOUNT	: \$	89.					· · · - · ·		····
				.						
									·	
				 -						
							-			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes." to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organization 	tions: Complete Part III		, , , , , , , , , , , , , , , , , , ,	
Name of organization		-		Employer identification number
	ENT POLICIES INS			52-1902264
Part I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 52	27 organization.
Provide a description of the organiz Political expenditures Volunteer hours				▶ \$
	janization is exempt und			<u></u>
1 Enter the amount of any excise tax				\$
2 Enter the amount of any excise tax)	► \$
3 If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				└── Yes └── No
b If "Yes," describe in Part IV. Part I-C Complete if the organization	anization is exempt und	der section 501/c)	except section	501(c)(3)
				► \$
1 Enter the amount directly expended	, ,	•		
2 Enter the amount of the filing organ	ization's lunds contributed to o	ther organizations for s	ection 527	▶ s
exempt function activities 3 Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120 POL		
line 17b	. Add lines I and 2 Enter here	and on Form 1120-FOL		> \$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en	•	(INI) of all section 527 pc	olitical organizations to	
made payments. For each organiza	, ,		_	• •
contributions received that were pre-	•			•
political action committee (PAC). If	•			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	om (e) Amount of political
(2) (12.11.0	(5)	(47 =	filing organization	
			funds. If none, ente	
				delivered to a separate political organization.
				If none, enter -0
		İ		
			ļ	
For Paperwork Reduction Act Notice,	see the Instructions for Form	990 or 990-EZ.	Schedu	lle C (Form 990 or 990-EZ) 2012

232041 01-07-13

LHA

Schedule C (Form 990 or 990-EZ) 2012	EMPLOYMEN'	POLICIES IN	STITUTE FOU	NDATIO 52-1	902264 Page 2
Part II-A Complete if the org	anization is e	cempt under section	n 501(c)(3) and fil	ed Form 5768	
(election under sec					
A Check ► ☐ If the filing organizat	tion belongs to an	affiliated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	e of excess lobby	ng expenditures).			
B Check ► if the filing organizat	tion checked box	and "limited control" pro	ovisions apply.		
Limit	ts on Lobbying Ex	nenditures	:	(a) Filing	(b) Affiliated group
		nounts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ	ience public opini	on (grass roots lobbying)		0.	
b Total lobbying expenditures to influ	ience a legislative	body (direct lobbying)		0.	
c Total lobbying expenditures (add lii	nes 1a and 1b)			0.	
d Other exempt purpose expenditure	es			2,357,088.	
e Total exempt purpose expenditure	s (add lines 1c and	f 1d)		2,357,088.	
f Lobbying nontaxable amount Enter	er the amount from	the following table in bot	h columns.	267,854.	
If the amount on line 1e, column (a) o	r (b) is: The	lobbying nontaxable am	ount is:		
Not over \$500,000	20%	of the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100	,000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000 \$225	,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			į
g Grassroots nontaxable amount (en	ter 25% of line 1f)			66,964.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	•			0.	<u> </u>
j if there is an amount other than zei	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720	Г	
reporting section 4911 tax for this				<u></u>	Yes No
(C		Averaging Period Under		alata all af the five	
		a section 501(h) election the instructions for line			
		penditures During 4-Yea			
	Lobbying Ex	penditures burning 4- 164	Averaging Period		T
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	690,60	502,713.	255,195.	267,854.	1,716,366.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,574,549.
c Total lobbying expenditures	93,03	5. 84.	1,460.	0.	94,579.
d Grassroots nontaxable amount	172,65	1. 125,678.	63,799.	66,964.	429,092.
e Grassroots ceiling amount (150% of line 2d, column (e))					643,638.
f Grassroots lobbying expenditures	92,94	5. O.	1,460.	0.	94,406.

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 EMPLOYMENT POLICIES INSTITUTE FOUNDATIO 52-1902264 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)		(t)
	e lobbying activity.	Yes	N	0	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	1				
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:		l			
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					_
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?		L			
j	Total. Add lines 1c through 1s		<u> </u>			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u></u>			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), c	or se	ection	
	501(c)(6).					
			г		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	_1_		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501/o	/E\ _	3	otion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			Par		ne 3, is
1	Dues, assessments and similar amounts from members		-	_1_		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the postice 507(f) toy was noted.	icai				
_	expenses for which the section 527(f) tax was paid).		-			
	Current year		ŀ	2a 2b		-
	Carryover from last year Total			2c		
c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		H	3		
3 4	, , , , , , , , , , , , , , , , , , , ,	(0000	<u>-</u>	<u> </u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political	-	 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		ŀ	5		
Par				_~_		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A (affili	ated o	roup	list): Part II-	A line 2:
	Part II-B, line 1 Also, complete this part for any additional information	art ii / i (aiiiii	alou g	, oup	,,	, ,, ,, ,, , , , , , , , , , , , , , ,
						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

Employer identification number

	EMPLOYMENT POLICIE	ES INSTITUTE	FOUNDATION	52-1902264
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	ed 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	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets h	eld in donor advised	d funds
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	•		sed only
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Ye	es" to Form 990, Par	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or			rically important land area
	Protection of natural habitat			ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	oution 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
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic st	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not or	n a historic structure	9
	listed in the National Register	·		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the c	organization during the tax
	year ▶			•
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	enodic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements	rt holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conserva	tion easements dur	ing the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation e	easements dunng th	ne year 🕨 \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremer	nts of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			└ Yes └ No
9	In Part XIII, describe how the organization reports conservat	ion easements in its reve	enue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statemen	ts that describes th	e organization's accounting for
_	conservation easements.			
Pai	t III Organizations Maintaining Collections of		easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex	hibition, education, or re-	search in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in	furtherance of publi	c service, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, historical tre		-	ain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to	these items:	
а	Revenues included in Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			> \$

		NT POLICI								Page 2
Par	t III Organizations Maintaining Co	llections of A	<u>rt, His</u>	torical Tr	easures,	or Othe	er Simil	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accession	i, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	е	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explai	in how tl	hey further t	he organizat	ion's exe	mpt purp	ose ın Paı	t XIII.	
5	During the year, did the organization solicit or re	eceive donations	of art, h	istorical trea	sures, or oth	ner sımılaı	r assets		_	
	to be sold to raise funds rather than to be main	ntained as part of	the orga	ınızatıon's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21								
	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other a	ssets not	ıncluded		_	
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	nd complete the fo	llowing	table:						
	, .	·	•						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			_
2a	Did the organization include an amount on Forr	m 990. Part X. line	217						Yes	No No
	If "Yes," explain the arrangement in Part XIII. C			on has been	provided in	Part XIII				
Par							0.			
		(a) Current year		Prior year	(c) Two yea		(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance	,ay carrons year	\~/.	vier year	(3)		(-)		1,5/	
b	Contributions	-								
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
·	and programs					- 1				
f	Administrative expenses				<u>. </u>				 	
g	End of year balance						·			
2	Provide the estimated percentage of the currer	nt vear end halanc	re (line 1	a column (a	all held as:				.	
a	Board designated or quasi-endowment	n your ond balanc	%	9, 00.0 (0	2), 11010 00.					
b	Permanent endowment	%								
-	Temporanly restricted endowment	—^* %								
Ū	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess		ation the	at are held a	nd administr	ered for th	he organi	zation		
74	by:	or and organize			agriiiindti	00 IQI II	J. gaill		[·	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations li	sted as required r	n Scher	dule R2					3b	-
4	Describe in Part XIII the intended uses of the or	•							[20]	
	t VI Land, Buildings, and Equipme								-	
	Description of property	(a) Cost or o			or other	(c) Ac	ccumulate	ed	(d) Book	value
	boomphon or property	basis (investr			(other)		preciation		(4) 5000	14140
12	Land	1			·/					
b	Buildings							_		
~	Leasehold improvements	·								
d	Equipment				818.		8	18.		0.
-	Other									
	Add lines 1s through 1s (Column (d) must equ	ual Form 000 Part	Y colur	nn (R) line 1	(O(c))					<u>n</u> .

Schedule D (Form 990) 2012

52-1902264 Page 4 EMPLOYMENT POLICIES INSTITUTE FOUNDATION Schedule D (Form 990) 2012 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 2,958,081. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2b Donated services and use of facilities ь 2c c Recoveries of prior year grants 2d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 2.958.081. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII.) 0. 4c c Add lines 4a and 4b 2,958,081. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 2,377,938. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 20,850. 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 2d 20,850. e Add lines 2a through 2d 2e 2.357,088. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII) n. 4c c Add lines 4a and 4b 2,357,088. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: MANAGEMENT HAS EVALUATED THE EFFECT OF GUIDANCE PROVIDED BY U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT BELIEVES THAT THE FOUNDATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT DECEMBER 31, 2012. MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT AFFECT [SIC] ON THE FINANCIAL STATEMENTS AND DETERMINED THE FOUNDATION HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2012. THE FOUNDATION'S TAX RETURNS FOR THE TAX YEARS FROM

232054

Schedule D (Form 990) 2012

Schedul Part X	e D (Fo	<u>m 990) 2</u> upplem	ental I	nformation (Contin	ued)	1.14	51111	JIE FOUNDA	1110N3Z-1	1902204 Page 5
											CDDUTCD
2009	TO	2011	ARE	SUBJECT	TO	EXAMINATION	BA	THE	INTERNAL	REVENUE	SERVICE.
							-			· · · · · · · · · · · · · · · · · · ·	
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

INSTITUTE FOUNDATION

EMPLOYMENT POLICIES

Open to Public Inspection Employer identification number

52-1902264

2 (h) Purpose of grant or assistance X Yes GENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. 5,286. (d) Amount of cash grant (c) IRC section if applicable 501(C)(3) 83-0335099 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization THE MARTIN FAMILY FOUNDATION GREENWOOD VILLAGE, CO 80121 or government 4321 EAST PERRY PARKWAY Parti Part II

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

232101 12-18-12

Schedule I (Form 990) (2012)

52-1902264

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	ormation
SCHEDULE I, PART I, LINE 2: PERFORMED		DILIGENCE	DUE DILIGENCE ON THE RECIPIENT	IPIENT TO	
ENSURE THE ORGANIZATION WAS A NONP	ROFIT IN	GOOD STAN	DING AND I	A NONPROFIT IN GOOD STANDING AND IN COMPLIANCE	
WITH ITS FILING WITH THE INTERNAL REVENUE SERVICE.	REVENUE	SERVICE.			

Schedule I (Form 990) (2012)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part II

Name of the organization

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open To Public Inspection

EMPLOYMENT POLICIES INSTITUTE FOUNDATION	Dort	Evenes Benefit Transaction			
		EMPLOYMENT	POLICIES	INSTITUTE	FOUNDATION

Employer identification number 52-1902264

1,,,,	(b) Relationship between disqualified	(-) D	(d) Con	ected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	
 				
 				

section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

art II	Loans to and/or From Interested Persons.	

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved by board or committee? (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In with from the principal amount agreement? interested person of loan default? organization organization? To From Yes No Yes No Yes No

Part III | Grants or Assistance Benefiting Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz reven	
RICHARD BERMAN AND COMPANY	MANACEMENT ETDM	1,038,621.	DADU V	Yes	No X
RICHARD BERMAN AND COMPANI	MANAGEMENT FIRM	1,030,021.	FART V	_	
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Part V Supplemental Information Complete this part to provide additional	I Il information for responses to question	ns on Schedule L (see	instructions).		
PART IV (D) DESCRIPTION OF	TRANSACTIONS:				
SERVICES PROVIDED INCLUDE	RESEARCH AND DAILY	MONITORING/	ANALYSIS ON	i A	
WORLDWIDE BASIS ON ISSUES	 				
PUBLIC AND MEDIA RELATIONS					
INFORMATION TO THE PUBLIC,		•			
MANAGEMENT, GENERAL AND AD					
NEEDED IN MEETING THE OBJE					
FOUNDATION IN THE FULFILLM			•		
TOOKSTITON IN THE TOUR IDEA	DIVI OI IID HIDDION	MO DADII I	TORT ODED:		
					
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264
FORM 990, PART I, DOING BUSINESS AS:
CENTER FOR ECONOMIC AND ENTREPRENEURIAL LITERACY
EMPLOYMENT POLICIES INSTITUTE
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEDIA AND POLICYMAKERS ON FINDINGS; ENGAGE IN OTHER PUBLIC EDUCATION
CAMPAIGNS RELATED TO PROMOTING ECONOMIC RESEARCH AND CONCEPTS.
FORM 990, PAGE 1, ITEM J:
WEBSITES INCLUDE THE FOLLOWING:
EPIONLINE.ORG, DEFEATTHEDEBT.COM, ECON4U.ORG, RETHINKREFORM.COM,
VOTEOURFUTURE • ORG
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EMPLOYMENT, FINANCIAL AND GOVERNMENT SPENDING POLICIES AND DISSEMINATE
THE RESULTS OF SUCH RESEARCH.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
IN 2012, THE FOUNDATION LAUNCHED A NONPARTISAN GET-OUT-THE-VOTE EFFORT,
VOTE OUR FUTURE. VOTE OUR FUTURE EDUCATED AMERICA'S YOUTH ABOUT THE
IMPORTANCE OF FEDERAL SPENDING POLICIES THROUGH A WEBSITE
[VOTEOURFUTURE.ORG], ONLINE ADVERTISEMENTS, AND EDUCATIONAL VIDEOS. THE
FOUNDATION ALSO RECEIVED A GRANT IN 2012 TO DEVELOP AND LAUNCH THE
INTERSTATE POLICY ALLIANCE, AN EFFORT TO COORDINATE AND PROMOTE
STATE-SPECIFIC ECONOMIC RESEARCH EFFORTS TO A WIDER AUDIENCE.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) Schedule O (Form 990 or 990-EZ) (2012)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RELEASED THREE INDEPENDENT STUDIES ON LABOR POLICIES AND THEIR OUTCOME,

INCLUDING WHETHER RAISING THE MINIMUM WAGE CAN REDUCE POVERTY OR OTHER

MEASURES OF 'HARDSHIP', THE IMPACT OF A \$9.80 MINIMUM WAGE HIKE, AND

THE LABOR MARKET EFFECTS OF CITYWIDE COMPENSATION FLOORS. CONDUCTED

RESEARCH ON ANNUAL AND MONTHLY UNEMPLOYMENT DATA FROM THE BUREAU OF

LABOR STATISTICS. ANALYZED APPLICATION OF MINIMUM WAGE INDEXING LAWS.

CONTRACTED ADDITIONAL RESEARCH PROJECTS WITH INDEPENDENT ECONOMISTS FOR

FUTURE RELEASE.

EXPENSES \$ 238,577. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WITH GRANT FUNDING, LAUNCHED THE INTERSTATE POLICY ALLIANCE (IPA), AN

EFFORT TO COORDINATE AND PROMOTE STATE-SPECIFIC ECONOMIC RESEARCH

EFFORTS TO A WIDER AUDIENCE. PROMOTED IPA AMONG THE STATE FREE-MARKET

ORIENTED POLICY COMMUNITY. RELEASED TWO STUDIES THROUGH THE IPA.

ENGAGED IN OUTREACH TO PROMOTE IPA STUDIES IN LOCAL MEDIA MARKETS. WITH

STATE POLICY ORGANIZATIONS, DEVELOPED FUTURE RESEARCH PROJECTS AND

OUTREACH OPPORTUNITIES FOR 2013 AND BEYOND.

INCLUDING GRANTS OF \$ 0.

PUBLICIZED STUDIES AS DESCRIBED IN PART III, #4D, AS WELL AS MANY

PREVIOUSLY PUBLISHED REPORTS. WROTE AND DISTRIBUTED OP-EDS AND LETTERS

TO THE EDITOR WHICH WERE PUBLISHED. WROTE AND DISTRIBUTED PRESS

RELEASES WITH RELATED INFORMATION ON ENTRY-LEVEL POLICY ISSUES,

PARTICULARLY THE IMPACT OF MINIMUM WAGE INCREASES ON EMPLOYMENT

OPPORTUNITIES; MEDIA OUTREACH RESULTED IN COVERAGE IN 250 RADIO/TV

STORIES AND PRINT/ONLINE NEWS ARTICLES.

01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

EXPENSES \$ 140,872.

REVENUE \$ 0.

Name of the organization **Employer identification number** EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 EXPENSES \$ 118,268. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CONTINUED THE FOUNDATION'S PROMOTIONAL EFFORTS TO INCLUDE DISCUSSIONS RELATED TO EDUCATION REFORM AS IT APPLIES TO THE SKILL LEVEL AND PREPAREDNESS OF THE ENTRY-LEVEL JOB MARKET. PARTICIPATED IN EDUCATIONAL CAMPAIGNS IN SPECIFIC AREAS. COMMUNICATED VIA ONLINE ADVERTISING, SOCIAL MEDIA AND SUPPORTED GRASSROOTS COMMUNICATIONS. EXPENSES \$ 88,167. INCLUDING GRANTS OF \$ 5,286. REVENUE \$ 0. CONTINUED TO OPERATE A PROJECT TO HELP EDUCATE THE PUBLIC ON FINANCIAL AND ECONOMIC LITERACY, THE CENTER FOR ECONOMIC AND ENTREPRENEURIAL LITERACY (CEEL). RESEARCHED AND MAINTAINED A DYNAMIC WEBSITE, ECON4U.ORG, THAT PROVIDED INFORMATION ON FISCAL LITERACY, GOVERNMENT SPENDING AND BUSINESS/PERSONAL FINANCE. EXPENSES \$ 10,347. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. PROVIDED INFORMATION ABOUT THE ECONOMIC CONSEQUENCES OF EMPLOYER MANDATES TO LEGISLATIVE BODIES/POLICYMAKERS IN SELECTED STATES AND LOCALITIES. UPON REQUEST FROM LOCAL ORGANIZATIONS, TESTIFIED BEFORE STATE/LOCAL POLICYMAKERS ON THE IMPACT OF EMPLOYER MANDATES ON THE ENTRY-LEVEL WORKFORCE. EXPENSES \$ 7,469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 3: RICHARD BERMAN AND COMPANY, INC. IS THE MANAGEMENT COMPANY FOR THE EMPLOYMENT POLICIES INSTITUTE FOUNDATION. RICHARD BERMAN, PRESIDENT AND EXECUTIVE DIRECTOR OF THE EMPLOYMENT POLICIES INSTITUTE FOUNDATION, WAS COMPENSATED AS PRESIDENT OF RICHARD BERMAN AND COMPANY, INC. DURING 2012. DUE TO THE FOUNDATION'S ESTABLISHED 232212 Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 52-1902264

ACCOUNTING AND FINANCIAL INTERNAL CONTROL PROCESSES, WHICH HAVE BEEN

APPROVED BY THE INDEPENDENT AUDITING FIRM, THE CONFIDENTIAL COMPENSATION

INFORMATION IS UNAVAILABLE TO THE PREPARER AND SIGNING OFFICER.

FORM 990, PART VI, SECTION B, LINE 11: EMPLOYMENT POLICIES INSTITUTE

FOUNDATION'S FORM 990 WAS REVIEWED BY THE MANAGEMENT COMPANY'S CPAS.

MEMBERS OF THE GOVERNING BODY AND OUTSIDE LEGAL COUNSEL BOTH RECEIVED AND

REVIEWED COPIES OF THIS FORM 990 REDACTED FOR DONOR INFORMATION PRIOR TO

ITS FILING. COMMENTS WERE ADDRESSED BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYMENT POLICIES INSTITUTE

FOUNDATION ANNUALLY REQUIRES THE OFFICERS AND DIRECTORS TO READ AND SIGN

THE POLICY AND TO DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE TO THE

ENTIRE BOARD. THE BOARD THEN DECIDES WHETHER OR NOT THERE EXISTS A

CONFLICT. ANY OFFICERS OR BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM

VOTING UPON ISSUES INVOLVING THEIR PARTICULAR CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE DIRECTORS AND EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS; PERSONS WITH CONFLICTS OF INTEREST REGARDING THE COMPENSATION ARRANGEMENT AT ISSUE ARE RECUSED. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING ARE DONE WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS WAS REVIEWED AS OF 2012 FOR THE EXECUTIVE DIRECTOR AND DEVELOPMENT POSITIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK

232212
Schedule O (Form 990 or 990-EZ) (2012)

Form **8868** (Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		ı	X	
	are filing for an Additional (Not Automatic) 3-Month Ex			this form)			
	omplete Part II unless you have already been granted						
	ic filing (e-file). You can electronically file Form 8868 if					poration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page						
	urs.gov/efile and click on e-file for Charities & Nonprofits		,				
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I only)	▶ □	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	1ICs, and t	trusts must use Form 7004 to reques	t an exter	nsion of time		
Type or print	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification nun	nber (EIN) or	
File by the	EMPLOYMENT POLICIES INSTITU				52-19022		
due date for filing your return See	Number, street, and room or suite no If a P O box, s 1090 VERMONT AVENUE, NW, NO			Social se	ecurity number (SS	(SSN)	
Instructions	City, town or post office, state, and ZIP code For a for WASHINGTON, DC 20005	oreign add	dress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
~	0 (individual)	03	Form 4720			09	
Form 990		04	Form 5227			10	
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
	RICHARD BERMAN						
• The bo	ooks are in the care of > 1090 VERMONT AV	VENUE	. NW #800 - WASHING	GTON.	DC 20005		
	one No ► 202-463-7650		FAX No. ► 202-420-78				
•	organization does not have an office or place of business	s in the Ur				• 🔲	
	s for a Group Return, enter the organization's four digit			f this is fo	r the whole group,	check this	
box ▶ [If it is for part of the group, check this box				-		
1 red	quest an automatic 3-month (6 months for a corporation				<u> </u>		
			tion return for the organization name		The extension		
ıs fo	or the organization's return for						
▶[X calendar year 2012 or						
▶[tax year beginning	, an	d ending		_		
2 If th	te tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on Initial return I	Final retur	'n		
	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		¢	0	
	refundable credits. See instructions		refundable gradite and	3a	\$	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,			- Oh	ي ا	0.	
	mated tax payments made. Include any prior year overp			3b	_\$	<u> </u>	
	ance due. Subtract line 3b from line 3a Include your pa			3c	s	0.	
Dy L	using EFTPS (Electronic Federal Tax Payment System). S If you are going to make an electronic fund withdrawal v	uth this E	orm 8868, see Form 8453.FO and Fo				
	or Privacy Act and Paperwork Reduction Act Notice,				Form 8868 (F	Rev 1-2013)	
LHA Fo	of intracy Act and i aportion incadonon Act Notice,					·-	

223841 01-21-13

Form 8868 (Rev 1-2013)					Page 2	
 If you are filing for an Additional (Not Automatic) 3-Mor 	nth Extension,	complete only Part II and check this	s box	>	X	
Note. Only complete Part II if you have already been grante	ed an automatic	3-month extension on a previously f	iled Form 886	8		
 If you are filing for an Automatic 3-Month Extension, co 						
Part II Additional (Not Automatic) 3-Mor	nth Extensio	n of Time. Only file the origin	al (no cop	ies needed).		
	· · · · · · · · · · · · · · · · · · ·	Enter filer's	ıdentifying r	number, see in	structions	
Type or Name of exempt organization or other filer, see	instructions		Employer ide	entification num	ber (EIN) or	
print DOLIGIES THE THE						
tue date for Number street, and room or suits no. If a R.O.			1.	2-19022		
Sing your Number, Street, and room or suite no if a FO		tions	Social secur	ity number (SSI	V)	
return See 1090 VERMONT AVENUE, NW,						
City, towird post office, state, and zir code it	or a foreign add	fress, see instructions				
WASHINGTON, DC 20005	<u> </u>		_			
Enter the Return code for the return that this application is	for (file a separa	ite application for each return)			0 1	
	· · · · · · · · · · · · · · · · · · ·	T				
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720		_ 	09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already gr		natic 3-month extension on a prev	riously filed F	orm 8868.		
RICHARD BER		NW #OOO WACUTN	CMON T	20005		
• The books are in the care of 1090 VERMON	T AVENUE	$FAX No \ge 202 - 420 - 78$	610N, 1	<u> 20005</u>		
Telephoné No ► 202-463-7650			02			
 If the organization does not have an office or place of bill this is for a Group Return, enter the organization's four 	r digit Group Ev	emotion Number (GEN)	f this is for th	e whole group	check this	
		ach a list with the names and EINs o				
box I fit is for part of the group, check this box I request an additional 3-month extension of time unt		BER 15, 2013	I all mornboro	the extension	3 101	
2012		, and endin	α			
to the Section Alban 40 man			Final retu	m	-	
6 If the tax year entered in line 5 is for less than 12 mor						
7 State in detail why you need the extension						
ADDITIONAL INFORMATION IS	YET REQU	IRED IN ORDER TO P	RODUCE	A COMPL	ETE	
AND ACCURATE TAX RETURN.						
1212				 		
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, e	enter the tentative tax, less any				
nonrefundable credits See instructions			8a \$	<u> </u>	0.	
b If this application is for Form 990-PF, 990-T, 4720, or	6069, enter any	refundable credits and estimated				
tax payments made. Include any prior year overpaym						
previously with Form 8868			8b \$	<u> </u>	0.	
c Balance due. Subtract line 8b from line 8a. Include y	our payment wi	th this form, if required, by using			_	
EETPS (Electronic Federal Tax Payment System) Se	e instructions		8c 9	<u> </u>	0.	
Signature and Ver	ification mu	st be completed for Part II	only.			
Under penalties of perjury, I declare that have examined this form it is true, correct, and complete, and there are authorized to prepar	i, including accom	panying schedules and statements, and t	o the best of m			
	DREST	DENT. EXECUTIVE DI	RECDate ▶	. 8/2//	3	

Form 8868 (Rev 1-2013)