

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)

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EMPLOYMENT POLICIES INSTITUTE FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1090 VERMONT AVENUE, NW 800 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005	D Employer identification number 52-1902264 E Telephone number (202) 463-7650 F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Website ▶ **WWW.EPIONLINE.ORG (STATEMENT 1)**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

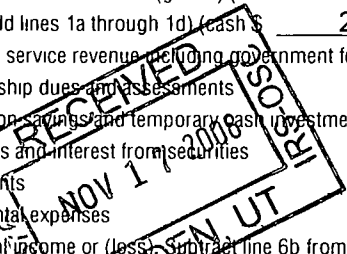
H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,547,428.**

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	Description	a	b	c	d
Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	2,538,218.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 2,538,218. noncash \$ _____)				1e 2,538,218.
	2 Program service revenue, including government fees and contracts (from Part VII, line 93)				2
	3 Membership dues and assessments				3
	4 Interest on savings and temporary cash investments				4 2,216.
	5 Dividends and interest from securities				5
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a				6c	
7 Other investment income (describe ▶ _____)				7	
	8 a Gross amount from sales of assets other than inventory	(A) Securities (B) Other			
	b Less: cost or other basis and sales expenses	8a	8b		
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)				8d
	9 Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a				9c	
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				10c
11 Other revenue (from Part VII, line 103)				11 6,994.	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 2,547,428.	
Expenses	13 Program services (from line 44, column (B))				13 2,350,505.
	14 Management and general (from line 44, column (C))				14 64,580.
	15 Fundraising (from line 44, column (D))				15 274,535.
	16 Payments to affiliates (attach schedule)				16
	17 Total expenses Add lines 16 and 44, column (A)				17 2,689,620.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12				18 <142,192.>
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 758,931.
	20 Other changes in net assets or fund balances (attach explanation)				20 0.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21 616,739.



SCANNED DEC 09 2008

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ <u>1209016.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	1,209,016.	1,209,016.	STATEMENT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A	20,000.	14,700.	2,800.	2,500.
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	47,895.		47,895.	
32	Legal fees	1,351.	<404.>	790.	965.
33	Supplies	1,865.	1,739.		126.
34	Telephone	128.	117.		11.
35	Postage and shipping	10,369.	9,207.		1,162.
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	42,509.	37,396.		5,113.
39	Travel	32,419.	11,723.		20,696.
40	Conferences, conventions, and meetings	4,539.	1,011.		3,528.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	384.	384.		
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 2	1,319,145.	1,065,616.	13,095.	240,434.
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,689,620.	2,350,505.	64,580.	274,535.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SPONSORED NINE INDEPENDENT STUDIES WHICH FOCUSED ON POLICIES AND ISSUES THAT AFFECT ENTRY-LEVEL EMPLOYMENT.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	519,768.
b PUBLICIZED NINE RESEARCH STUDIES, AS DESCRIBED ABOVE IN PART IIIA, AND MANY PREVIOUSLY-PUBLISHED RESEARCH REPORTS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	411,597.
c SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	112,347.
d IN A JOINT PROJECT WITH CENTER FOR UNION FACTS, EMPLOYMENT POLICIES INSTITUTE FOUNDATION CONTINUED TO PROVIDE CONTRIBUTIONS FOR AND ASSISTANCE WITH RESEARCH AND ADVERTISING EFFORTS RELATED TO EDUCATIONAL INFORMATION ON EMPLOYEES AND THEIR RELATIONSHIPS WITH LABOR UNIONS.	
(Grants and allocations \$ 1,209,016.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,210,000.
e Other program services (attach schedule) SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	96,793.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,350,505.

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	50,791.	73,460.
	46 Savings and temporary cash investments	650,124.	687,978.
	47 a Accounts receivable		
	b Less allowance for doubtful accounts		
	48 a Pledges receivable	85,000.	
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees	5,800.	99.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
55 a Investments - land, buildings, and equipment basis			
b Less accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment basis	8,724.		
b Less accumulated depreciation STMT 7	8,056.		
58 Other assets, including program-related investments (describe ▶ _____)			
59 Total assets (must equal line 74) Add lines 45 through 58	1,132,767.	847,205.	
Liabilities	60 Accounts payable and accrued expenses	373,836.	205,466.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ DUE TO RELATED PARTY)	0.	25,000.
66 Total liabilities. Add lines 60 through 65	373,836.	230,466.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	758,931.	566,739.
	68 Temporarily restricted		50,000.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	758,931.	616,739.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,132,767.	847,205.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	2,547,428.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,547,428.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	2,547,428.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,689,620.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,689,620.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	2,689,620.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

RICHARD BERMAN 1090 VERMONT AVENUE, NW #800 WASHINGTON, DC 20005	EXECUTIVE DIRECTOR, PRES. 12.00	5,000.	0.	0.
CRAIG GARTHWAITE 1090 VERMONT AVENUE, NW #800 WASHINGTON, DC 20005	SECRETARY/TREASURER 1.00	12,500.	1,000.	0.
JEFF CAMPBELL 1090 VERMONT AVENUE, NW #800 WASHINGTON, DC 20005	DIRECTOR 1.00	500.	0.	0.
JAMES R. LEDLEY 1090 VERMONT AVENUE, NW #800 WASHINGTON, DC 20005	DIRECTOR 1.00	500.	0.	0.
BERMAN & COMPANY, INC. 1090 VERMONT AVENUE, NW #800 WASHINGTON, DC 20005	MANAGEMENT COMPANY 0.00	725,136.	182,301.	0.
SHANNON FOUST 1090 VERMONT AVENUE, NW #800 WASHINGTON, DC 20005	DIRECTOR 1.00	500.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) **Yes No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 5		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 8	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" SEE STATEMENT 9 If "Yes," attach a statement that includes the information described in the instructions	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions) **Yes No**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	80a	X
81 a Enter direct and indirect political expenditures (See line 81 instructions) 81a 0.	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

	Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
	N/A			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
	N/A			
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
	N/A			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
	N/A			
c	Dues, assessments, and similar amounts from members	85c		
	N/A			
d	Section 162(e) lobbying and political expenditures	85d		
	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
	N/A			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
	N/A			
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b		
	N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
	N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 10</u>			
b	Number of employees employed in the pay period that includes March 12, 2007	90b		2
91 a	The books are in care of <u>THE BOOKKEEPER</u> Telephone no. <u>202-463-7650</u> Located at <u>1090 VERMONT AVENUE, NW #800, WASHINGTON, DC</u> ZIP + 4 <u>20005</u>			
b	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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,216.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a INSURANCE SETTLEMENT			01	32.	
b SPEAKING FEE					5,000.
c OTHER					1,962.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		2,248.	6,962.
105 Total (add line 104, columns (B), (D), and (E))					9,210.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103B	SPEAKING FEE FOR TOPIC RELATED TO EXEMPT PURPOSE
103C	REVENUES AND REIMBURSEMENTS FOR VARIOUS ACTIVITIES RELATED TO EXEMPT PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

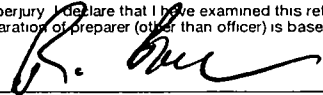
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
---	------------	-----------

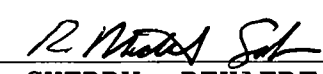
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer:  Date: 11/10/08

RICHARD BERMAN, EXECUTIVE DIRECTOR, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 11/7/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **CHERRY, BEKAERT & HOLLAND, L.L.P.**
1934 OLD GALLOWS ROAD
VIENNA, VA 22182-3992

Preparer's SSN or PTIN (See Gen Inst X): _____ EIN: _____ Phone no: **703 506-4440**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization **EMPLOYMENT POLICIES INSTITUTE FOUNDATION** Employer identification number **52 1902264**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSEPH L. KEFAUVER 1090 VERMONT AVE NW, WASH., DC 20005	DIRECTOR OF DEVELOPM 8.00	59,100.	450.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CORNELL UNIVERSITY 120 DAY HALL, ITHACA, NY 14853	RESEARCH STUDY	85,028.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BERMAN & COMPANY 1090 VERMONT AVE, NW #800, WASHINGTON, DC 20006	MANAGEMENT SERVICES	907,437.
WP COMPANY, LLC PO BOX 17641, BALTIMORE, MD 21297-1641	ADVERTISING	85,802.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit? SEE STATEMENT 11	2b	X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 12	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 13	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966? N/A	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ►		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,987,101.	1,442,171.	1,065,050.	1,033,184.	6,527,506.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		100.	1,722.	798.	2,620.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,732.	6,344.	4,230.	2,883.	20,189.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		6.	SEE STATEMENT 14		6.
23 Total of lines 15 through 22	2,993,833.	1,448,621.	1,071,002.	1,036,865.	6,550,321.
24 Line 23 minus line 17	2,993,833.	1,448,521.	1,069,280.	1,036,067.	6,547,701.
25 Enter 1% of line 23	29,938.	14,486.	10,710.	10,369.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					130,954.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					2,990,046.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					6,547,701.
d Add: Amounts from column (e) for lines: 18 20,189. 19 22 6. 26b 2,990,046.					3,010,241.
e Public support (line 26c minus line 26d total)					3,537,460.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					54.0260%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.												
38	Total lobbying expenditures (add lines 36 and 37)	38	0.												
39	Other exempt purpose expenditures	39	2,689,620.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	2,689,620.												
41	Lobbying nontaxable amount. Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	284,481.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	71,120.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.												

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	284,481.	315,054.	220,926.	182,859.	1,003,320.
46					1,504,980.
47		55,679.	858.	84.	56,621.
48	71,120.	78,764.	55,232.	45,715.	250,831.
49					376,247.
50		4,088.		0.	4,088.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e 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 other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)	<input checked="" type="checkbox"/>	
c	<input checked="" type="checkbox"/>	

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
BVI	7,500.	FIRSTJOBS INSTITUTE	SEE STATEMENT 15
C	0.	FIRSTJOBS INSTITUTE	

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
FIRSTJOBS INSTITUTE	501(C)(6)	SEE STATEMENT 16

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Business or activity to which this form relates

Identifying number

EMPLOYMENT POLICIES INSTITUTE FOUNDATION FORM 990 PAGE 2

52-1902264

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	384.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	384.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year.					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2007 DEPRECIATION AND AMORTIZATION REPORT

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	(D) SOFTWARE	123197	SL	3.00	16	750.			750.	750.		0.
	(D) SOFTWARE -											
2	STATISTICAL INFO. -EMP	072798	SL	3.00	16	757.			757.	757.		0.
	IBM 60 GB DESKSTAR											
3	COMPUTER W/19" MONITOR	111801	200DB	5.00	17	6,278.			6,278.	6,278.		0.
	VIDEO PRODUCTION											
4	CAMERA	120601	200DB	7.00	17	875.			875.	732.		75.
5	LIGHTING KIT	060705	200DB	7.00	17	818.			818.	338.		137.
6	BACKUP SERVER SYSTEM	1110505	200DB	5.00	17	753.			753.	324.		172.
	* TOTAL 990 PAGE 2											
	DEPR					10,231.		0.	10,231.	9,179.	0.	384.

FOOTNOTES

STATEMENT 1

ADDITIONAL WEBSITES (990 PG. 1, LINE G):

WWW.ECON4U.ORG

WWW.ROTTENACORN.ORG

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DATA STORAGE	549.	623.	<74.>	
OTHER PROFESSIONAL SERVICES	11,400.	5,169.		6,231.
CASUAL LABOR	350.	350.		
COMPUTER SUBSCRIPTION SERVICES	35,484.	34,309.		1,175.
PHOTOCOPY AND FAX SUBSCRIPTION SERVICES	18,855.	13,925.		4,930.
DIRECTORS INSURANCE	6,540.	5,922.		618.
TAXES, LICENSES & FEES	2,772.		2,772.	
PAYROLL EXPENSE	4,194.	360.		3,834.
MEDIA COSTS	64,981.	22,093.	10,397.	32,491.
ISSUE RESEARCH	536,883.	529,085.		7,798.
MARKETING	453,780.	453,780.		
	183,357.			183,357.
TOTAL TO FM 990, LN 43	1,319,145.	1,065,616.	13,095.	240,434.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	3
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
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PROGRAM SERVICES CENTER FOR UNION FACTS 1090 VERMONT AVENUE, NW SUITE 800 WASHINGTON, DC 20005-4961	1,209,016.
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TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,209,016.
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FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE THREE

WROTE AND SENT APPROXIMATELY 11 OPINION EDITORIALS AND 14 LETTERS TO THE EDITOR WHICH WERE PUBLISHED. WROTE AND SENT APPROXIMATELY 14 PRESS RELEASES WITH RELATED INFORMATION ON MINIMUM WAGE AND ECONOMIC LITERACY ISSUES. MEDIA OUTREACH RESULTED IN 6 RADIO AND 10 TELEVISION INTERVIEWS. SPOKESPERSONS WERE QUOTED IN A TOTAL OF 127 NEWS STORIES DURING 2007.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		112,347.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO CONDUCT EMPLOYMENT POLICY RESEARCH, DISSEMINATE THE RESULTS OF SUCH RESEARCH AND EDUCATE POLICYMAKERS AND THE GENERAL PUBLIC WITH RESPECT TO THE ECONOMIC AND SOCIAL EFFECTS OF EMPLOYMENT POLICY.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
THROUGH ITS ECONOMIC LITERACY PROGRAM, FIRSTJOBS EDUCATIONAL OUTREACH PROVIDED YOUNG ADULTS THE BASIC ECONOMIC KNOWLEDGE AND SKILLS NECESSARY TO SUCCEED IN SOCIETY AND ADVANCE IN THE WORKPLACE. RESEARCH CONTINUED REGARDING IMPROVING THE COASTER CAMPAIGN WHICH DIRECTED THOUGHT-PROVOKING AND INSPIRING ECONOMIC QUESTIONS AT YOUNG ADULTS THROUGH LOCAL RESTAURANTS AND BARS. RESEARCH EFFORTS ALSO CONTINUED TO UPDATE THE WWW.ECON4U.ORG WEBSITE WITH ADDITIONAL FINANCIAL LITERACY INFORMATION.	0.	52,058.

SPONSORED A HALF-DAY SEMINAR IN SEPTEMBER 2007 TO DISCUSS AND EXPLORE HEALTH CARE REFORM POLICY. WORKING WITH CORNELL UNIVERSITY, EMPLOYMENT POLICIES INSTITUTE FOUNDATION BROUGHT THREE PROMINENT SPEAKERS AND FOUR DISCUSSANTS TO PRESENT RESEARCH AND FINDINGS REGARDING "PAY OR PLAY" HEALTH CARE POLICIES. THE EVENT ATTRACTED MORE THAN 50 ATTENDEES.

0. 44,735.

TOTAL TO FORM 990, PART III, LINE E

96,793.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
IBM 60 GB DESKSTAR COMPUTER			
W/19" MONITOR	6,278.	6,278.	0.
VIDEO PRODUCTION CAMERA	875.	807.	68.
LIGHTING KIT	818.	475.	343.
BACKUP SERVER SYSTEM	753.	496.	257.
TOTAL TO FORM 990, PART IV, LN 57	8,724.	8,056.	668.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 8

INDIVIDUAL'S NAME

TITLE OR ROLE

RICHARD BERMAN

EXECUTIVE DIRECTOR AND PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

BERMAN AND COMPANY, INC.

MANAGEMENT COMPANY

EXPLANATION OF RELATIONSHIP

RICHARD BERMAN IS THE SOLE OWNER OF BERMAN AND COMPANY.

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 9

OFFICER'S NAME

RICHARD BERMAN

NAME OF RELATED ORGANIZATION

BERMAN AND COMPANY (BAC)

EMPLOYER ID NUMBER

52-1536666

RELATIONSHIP BETWEEN ORGANIZATIONS

BAC IS THE MGMT CO FOR EPIF & IS WHOLLY OWNED BY AND EMPLOYS RICHARD BERMAN

OFFICER'S NAME

RICHARD BERMAN

NAME OF RELATED ORGANIZATION

THE CENTER FOR CONSUMER FREEDOM (CCF)

EMPLOYER ID NUMBER

26-0006579

RELATIONSHIP BETWEEN ORGANIZATIONS

CCF AND EPIF ARE JOINTLY MANAGED BY BAC. CCF ALSO EMPLOYS RICHARD BERMAN

OFFICER'S NAME

RICHARD BERMAN

NAME OF RELATED ORGANIZATION

CENTER FOR UNION FACTS (CUF)

EMPLOYER ID NUMBER

20-4036946

RELATIONSHIP BETWEEN ORGANIZATIONS

CUF EMPLOYS R BERMAN, CONDUCTS JOINT PROG.W/EPIF, BOTH JOINTLY MG'D BY BAC.

OFFICER'S NAME

BERMAN & COMPANY

NAME OF RELATED ORGANIZATION

THE CENTER FOR CONSUMER FREEDOM (CCF)

EMPLOYER ID NUMBER

26-0006579

RELATIONSHIP BETWEEN ORGANIZATIONS

CCF AND EPIF ARE JOINTLY MANAGED BY BAC. CCF ALSO EMPLOYS RICHARD BERMAN

OFFICER'S NAME

BERMAN & COMPANY

NAME OF RELATED ORGANIZATION

CENTER FOR UNION FACTS (CUF)

EMPLOYER ID NUMBER

20-4036946

RELATIONSHIP BETWEEN ORGANIZATIONS

CUF AND EPIF ARE JOINTLY MANAGED BY BAC. CUF ALSO EMPLOYS RICHARD BERMAN

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN
PART VI, LINE 90

STATEMENT 10

STATES

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI, DC

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2B

STATEMENT 11

AN INADVERTENT ERROR WAS DISCOVERED AFTER 12/31/07 WHEREBY BERMAN AND COMPANY WAS OVER- REIMBURSED BY \$99 FOR COPY FEES. DURING 2008, THE \$99 WAS REPAID IMMEDIATELY UPON DISCOVERY.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 12

EMPLOYMENT POLICIES INSTITUTE FOUNDATION SHARES OFFICE SPACE WITH
BERMAN & COMPANY, INC. ON A COST PASSTHROUGH BASIS.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 13

EXECUTIVE DIRECTOR, RICHARD BERMAN, IS THE SOLE OWNER OF THE MANAGEMENT COMPANY, BERMAN & COMPANY, AND THUS RECEIVES COMPENSATION FROM THAT COMPANY. SEE ALSO PART V-A OF FORM 990. IN ADDITION, HE RECEIVED \$26,897 IN EXPENSE REIMBURSEMENTS ON A CASH BASIS.

SCHEDULE A

OTHER INCOME

STATEMENT 14

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
PUBLIC INSPECTION COPY CHARGES	0.	6.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	6.	0.	0.

SCHEDULE A INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 15
PART VII, LINE 51, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

FIRSTJOBS INSTITUTE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

FIRSTJOBS INSTITUTE INCLUDED MENTIONS OF THE JOINT PROJECT, "ECON4U", IN ITS PROMOTIONAL MATERIALS. IT SOLICITED FUNDS FOR THE EDUCATIONAL PORTION OF THE JOINT PROJECT ON EMPLOYMENT POLICIES INSTITUTE FOUNDATION'S BEHALF.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

FIRSTJOBS INSTITUTE

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

EMPLOYMENT POLICIES INSTITUTE FOUNDATION AND FIRSTJOBS INSTITUTE SHARED FREE COMMON OFFICE SPACE AND OVERHEAD EXPENSES PROVIDED UNDER THE MANAGEMENT AGREEMENT WITH BERMAN AND COMPANY.

SCHEDULE A AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 16
PART VII, LINE 52, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

FIRSTJOBS INSTITUTE

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

JOINT EDUCATIONAL PROJECT, "ECON4U".