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

A	FOR THE	e 2010 calendar year, or tax year beginning and	a enaing							
В	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addre	EMPLOYMENT POLICIES INSTITUTE FOUNDAT	TION							
	Name chang	DEFENDATION COM	<del></del>	52-1	902264					
	Initial		Room/suite	E Telephone numbe	<u> </u>					
	Termi	(202								
	Amen	n- 1090 VERMONT AVENUE, NW  City or town, state or country, and ZIP + 4		G Gross receipts \$	5,910,092.					
	Applic	WASHINGTON, DC 20005		H(a) Is this a group re	eturn					
	pendi	F Name and address of principal officer:RICHARD BERMAN		for affiliates?	Yes X No					
٠,		SAME AS C ABOVE		H(b) Are all affiliates inc						
ī	I Tax-exempt status X 501(c)(3) 501(c) ( ) (Insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)									
	J Website: ▶ SEE SCHEDULE O H(c) Group exemption number ▶									
ĸ	Form of	organization: X Corporation Trust Association Other	L Year		M State of legal domicile: DC					
P	art I	Summary								
- Ф	1	Briefly describe the organization's mission or most significant activities RESE	EARCH V	ARIOUS LABO	R/ECON.					
Ž		POLICIES & CONSEQUENCES; EDUCATE THE (CO	NTINUE	ED)						
Ĕ	2	Check this box   If the organization discontinued its operations or dispositions of the continued its operations or disposition.	osed of more	than 25% of its net a	ssets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8					
න ග	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7					
ės	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2					
<u> </u>	6	Total number of volunteers (estimate if necessary)		6	0					
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0,					
		RECEIV	ED 🗀	Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		10,881,090.	5,907,976.					
Revenue	9	Program service revenue (Part VIII, line 2g)	2011	450.	0.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d	2011	4,713.	2,116.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) Fine 12)	UT	10,887,602.	5,910,092.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	J 0.	257,548.					
		Benefits paid to or for members (Part IX, column (A), line 4)		18,508.	44,248.					
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	) <u> </u>	10,500.	0.					
ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	130 -		· · ·					
Ä		Total fundraising expenses (Part IX, column (D), line 25) 53, 4	±30•	10,793,575.	6,752,464.					
2		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	· -  -	10,812,083.	7,054,260.					
5	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	75,519.	<1,144,168.					
<u>ੇ                                    </u>	31	Revenue less expenses. Subtract line 18 from line 12	- R	eginning of Current Year	End of Year					
Net Assets of	20	Total assets (Part X, line 16)	<u></u>	3,240,214.	943,412.					
ASS	21	Total liabilities (Part X, line 16)	<u> </u>	1,541,434.	388,800.					
Se Se	22	Net assets or fund balances Subtract line 21 from line 20		1,698,780.	554,612.					
	art II									
		alties of perjury, I declare that I have examined this return, including accompanying schedul	les and statem	ents, and to the best of m	y knowledge and belief, it is					
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v			•					
		K. Bull		11/10/1	<u>'1</u>					
Sig	ın	Signature of officer		Date	<u> </u>					
He	re	RICHARD BERMAN, PRESIDENT, EXEC. DIR.								
_	Type or print name and title									
	Print/Type preparer's name Preparer's signature Date Check PTIN									
Pa				self-employ	ed					
	parer	Firm's name RICHARD BERMAN AND COMPANY, INC		Firm's EIN						
Us	Use Only Firm's address 1090 VERMONT AVE. NW, SUITE 800									
_		WASHINGTON, DC 20005		Phone no. (	202) 463-7100					
		RS discuss this return with the preparer shown above? (see instructions)		<del></del>	X Yes No					
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form <b>990</b> (2010)					

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-	990 (2010) EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Page 2
Par	t III Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III.
	Check if Control of Contains a response to any question in the contains
1	Briefly describe the organization's mission
	EPI IS THE ONLY NONPROFIT FOCUSED ON RESEARCH OF LABOR AND HEALTHCARE
	POLICIES THAT AFFECT EMPLOYMENT GROWTH, PARTICULARLY POLICIES
	AFFECTING THE ENTRY-LEVEL WORKFORCE. EPI ALSO EDUCATES THE PUBLIC
	ABOUT THE SHORT AND LONG TERM CONSEQUENCES OF UNCONTROLLED (CONTINUED)
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4,554,499 • including grants of \$ ) (Revenue \$)
	MAINTAINED AND PROMOTED AN INTERACTIVE WEBSITE, DEFEATTHEDEBT.COM,
	FOCUSED ON INCREASING PUBLIC AWARENESS ABOUT THE SHORT-TERM AND
	PERSONAL CONSEQUENCES OF THE RAPIDLY GROWING NATIONAL DEBT. RESEARCHED
	THE SOURCE OF THE NATION'S DEBT AND THE ECONOMIC IMPACT OF ITS
	INCREASED GROWTH. CULTIVATED A SOCIAL MEDIA FOLLOWING VIA FACEBOOK AND
	TWITTER. PRODUCED AND PLACED SEVERAL TV/RADIO ADVERTISEMENTS AND
	DESIGNED SEVERAL PRINT ADS THAT RAN IN REGIONAL AND NATIONAL
	PUBLICATIONS AND ON OUTDOOR BILLBOARDS IN NEW YORK AND WASHINGTON, DC.
	WROTE AND DISTRIBUTED 14 PRESS RELEASES RESULTING IN COVERAGE IN 6
	RADIO/TV AND 14 ONLINE/PRINT NEWS OUTLETS. WROTE AND PLACED 15 OP-EDS
	AND 3 LETTERS TO THE EDITOR IN NATIONAL AND REGIONAL PUBLICATIONS.
	AND 5 HEITERS TO THE EDITOR IN MILITARIE IND RESTORME TODAY
4b	(Code ) (Expenses \$ 1,743,467. including grants of \$ ) (Revenue \$)
40	CONTINUED TO PROMOTE A WEBSITE, RETHINKREFORM.COM, THAT PROVIDED THE
	PUBLIC WITH ADDITIONAL INFORMATION ON HEALTHCARE REFORM AND THE
	ECONOMIC IMPACT OF REFORM POLICIES. PRODUCED/PLACED PRINT, TELEVISION
	AND RADIO ADVERTISEMENTS IN REGIONAL AND NATIONAL PUBLICATIONS/OUTLETS.
	FEATURED IN MEDIA COVERAGE IN 3 ONLINE/PRINT MEDIA OUTLETS.
	FERIORED IN MEDIA COVERAGE IN 3 ONDINE/FRINT MEDIA OUTDIES.
-	
	255 202
4c	(Code: ) (Expenses \$ 355,293. including grants of \$ ) (Revenue \$ )
	RELEASED 5 INDEPENDENT STUDIES ON LABOR POLICIES AND THEIR OUTCOME ON
	POVERTY AND UNEMPLOYMENT, LITERACY AND THE ENTRY-LEVEL WORKFORCE, THE
	TEEN UNEMPLOYMENT CRISIS, THE EROSION OF THE ENTRY LEVEL JOB MARKET,
	AND WAGE HIKES AND THEIR FAILURE TO STIMULATE ECONOMIC GROWTH. RELEASED
	ONE IN-HOUSE ANALYSIS ON THE CREDENTIALS OF 650 ECONOMISTS SUPPORTING
	WAGE HIKES AS SOUND EMPLOYMENT POLICY. 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.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 214, 252. including grants of \$ ) (Revenue \$ )
<del>4e</del>	Total program service expenses ► 6,867,511.
กรรกกร	Form <b>990</b> (2010)

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		[	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		₹.	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	.	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-		
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	1	х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		1985 Y	, s 1
	as applicable.	* 1		
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	Х	
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			v
	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	-	$\frac{x}{x}$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
ı	the organization's separate or consolidated linancial statements for the tax year include a footnote that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
12.0	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, "complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	<u> </u>
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	١		
	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,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	├ <del>`</del> °	<del>                                     </del>	<del>                                     </del>
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<del>                                     </del>	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	<del></del>		$\overline{}$
~	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
_		Form	990 (	2010)

•	•			
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Fai	rt IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	INO
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22	<u> </u>	
	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	<b></b>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	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	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del> </del> -	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		x
h	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254	$\vdash$	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			- <u></u>
а		28a	<u> </u>	X
ь		28b		Х
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
-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		х
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, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
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		x

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37

X

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

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

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

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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			!
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-4	
	(gambling) winnings to prize winners?	1c	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			İ
	filed for the calendar year ending with or within the year covered by this return		_ <del></del>	
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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	1		
	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		X
	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?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			X
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		<u> </u>
	If "Yes " did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b> -		x
	to file Form 8282?	7c		<del>-</del> -
d	If "Yes," indicate the number of Forms 8282 filed during the year			X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<del> </del>	<del> </del>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	-	$\vdash$
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<del>                                     </del>	<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	 8	~	
_		<del>-</del>	<del>                                     </del>	<del>                                     </del>
9	Sponsoring organizations maintaining donor advised funds.	9a		-
a	Did the organization make any taxable distributions under section 4966?	9b	_	<del>                                     </del>
10	Did the organization make a distribution to a donor, donor advisor, or related person?		<u> </u>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	ı		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	í		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l		
	amounts due or received from them.)	į		ļ.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l –	
	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.	ĺ		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	į		
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ı		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L_	
	The state of the s	_	990	(2010)

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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				
b	Enter the number of voting members included in line 1a, above, who are independent  1b 7				
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		v		
_	of officers, directors or trustees, or key employees to a management company or other person?	3	X	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X	
6	Does the organization have members or stockholders?	0			
1 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
•	by the following.				
а	The governing body?	8a	X		
	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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	
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	10b			
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b					
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	40h	х		
_	to conflicts?	12b			
·	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	x		
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>	
14	Does the organization have a written document retention and destruction policy?	14	X		
	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization	15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b	L	L	
	tion C. Disclosure				
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 (501(c)(3)s only) available.	IOF			
	public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request				
10	·	nd fina	ncial		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	iu III le	uiolai		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🖿	•		
	RICHARD BERMAN - 202-463-7650				
	1090 VERMONT AVENUE, NW #800, WASHINGTON, DC 20005				
	The state of the s	Form	990	(20 10)	

032006 12-21-10

#### 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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organize							nsat				
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position					L A	Reportable	Reportable	Estimated amount of	
	hours per week	<del></del>	(check all that apply)				iy)	compensation from	compensation from related	other	
	(describe	ector	ļ					the	organizations	compensation	
	hours for	盲	"	ŧ		ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste	1	   81	l ge		(W-2/1099-MISC)		organization	
	organizations	la t	tonal		yoldu	is as				and related	
	ın Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
RICHARD BERMAN								00 070	0	0	
PRESIDENT, EXECUTIVE DIR.	13.00	X	<u> </u>	X	L	ļ	<u> </u>	28,279.	0.	0.	
CRAIG GARTHWAITE		l	ł				ŀ				
SECRETARY/TREASURER, DIR.	0.20	X	<u> </u>	X	<u> </u>	<u> </u>	İ	500.	0.	0.	
JOHN BERGLUND	1				1		1			_	
DIRECTOR	0.10	X	<u> </u>			<u> </u>		500.	0.	0.	
JAMES R. LEDLEY										_	
DIRECTOR	0.20	X	<u> </u>		ļ	_		500.	0.	0.	
SHANNON FOUST		l	ŀ					500	1	_	
DIRECTOR	0.20	X	<u> </u>			╄		500.	0.	0.	
PAUL AVERY		<b> </b>	İ							,	
DIRECTOR	0.10	X	<del> </del> _	_	ļ	<u> </u>	_	500.	0.	0.	
GERALD FRANCIS	0.10	,,							0.	_	
DIRECTOR	0.10	X	<u> </u>	_	<u> </u>	-	<b></b>	500.		0.	
WARREN HARDIE	0.10	1,,			ĺ			500.	0.	0.	
DIRECTOR	0.10	Х	├	_	├—	┼—	-	500.	0.	0.	
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Par	t VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours per						ly)	( <b>D)</b> Reportable compensation	(E) Reportable compensation		(F) Estimate amount	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS(	C)   C	other impense from th rganizat and relat ganizat	ation le tion ted
							-						
		1											_
	Cub Asset								31,779.		0.		0.
	Sub-total  Total from continuation sheets to Part V	II Section A							0.		0.		0.
	Total (add lines 1b and 1c)	ii, occiion A							31,779.		0.		0.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) w	no re	eceived more than \$100	0,000 in reportable	)		0
	compensation from the organization	<del></del>								<del></del>		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	3		x
4	For any individual listed on line 1a, is the s		le co	omp	ensa	atioi	n and	d otl	her compensation from	the organization	- *-		
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	<b>"</b> ço	mpl	ete S	Sch	edul	e J f	for such individual		_4	<u> </u>	X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	· ·						elat	ed organization or indiv	idual for services	- = <u>=</u> 5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest countries the organization.	ompensated inc	depe	ende	ent c	ont	racte	ors t	that received more than	\$100,000 of com	pensatio	n from	
	(A)								( <b>B</b> ) Description of s	conucos	Com	(C) pensatio	nn.
<u>~₽·</u>	Name and business		ייי	T	51	<u> </u>		_	Description of s	Services	COIII	Pensau	J11

(A)	(B) Description of services	(C) Compensation
Name and business address	Description of services	Compensation
ORION PRECISION MARKETING RESEARCH, 50		
PROGRESS CIRCLE, UNIT 6-A, NEWINGTON, CT	MEDIA BROKERAGE	3,223,190.
RICHARD BERMAN & COMPANY, INC., 1090		
VERMONT AVE, NW #800, WASHINGTON, DC 20005	MANAGEMENT SERVICES	1,630,104.
GOOGLE, INC.		
P.O. BOX 39000, SAN FRANCISCO, CA 94139	MESSAGE ADVERTISING	692,493.
VAN WAGNER COMMUNICATIONS LLC, 800 THIRD		
AVENUE, 28TH FLOOR, NEW YORK, NY 10022	MESSAGE ADVERTISING	145,333.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \bigsim \)

Form **990** (2010)

Total revenue   Related of exempt function   Total revenue   Related of exempt function   Total revenue   Related of exempt function   Total revenue   Related of exempt function   Total revenue   Related of exempt function   Total revenue   Related of exempt function   Total revenue   Related of exempt function   Total revenue   Related of exempt function   Total revenue   Tota	Pa	rt VII	Statement of Rever	nue					
Business Code    Business Code	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
Business Code    Business Code	nts ts	1 a	Federated campaigns	1a					
Business Code    Business Code	돌등	b	Membership dues	1b		]			
Business Code    Business Code	s, g	С	Fundraising events	1c					
Business Code    Business Code	ar a		<del>-</del>	1d		1			
Business Code    Business Code	S,E			ions) 1e		1			
Business Code    Business Code	rioi i	f	· ·			1			
Business Code    Business Code	t pg				,976.				
Business Code    Business Code	음	я	Noncash contributions included in lines			1			
2 a b b d d d d d d d d d d d d d d d d d	유	-			<u> </u>	5,907,976.			
g Total, Add lines 2a-2!  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gam or (loss) d Net gam or (loss) d Net gam or (loss) e B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross along maning activities. See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C O O O O O O O O O O O O O O O O O O				Busin	ess Code	_			
g Total, Add lines 2a-2!  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gam or (loss) d Net gam or (loss) d Net gam or (loss) e B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross along maning activities. See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C O O O O O O O O O O O O O O O O O O	<u>я</u>	2 a							
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other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  Gross Rents  Less rental expenses  Rental income or (loss)  Net rental income or (loss)  Income from sales of assets other than inventory  Less. cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  Royalties  Net income or (loss)  Net gain or (loss)  Read of contributions reported on line 1c). See Part IV. line 18  Less. direct expenses  Net income or (loss) from fundraising events  Net income or (loss) from gaming activities. See Part IV. line 19  Less. direct expenses  Net income or (loss) from gaming activities. See Part IV. line 19  Less. cost of goods sold  Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  Code of the code				dividends, interest, and	d				
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c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less. direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  > 5,910,092.  O. 0. 2,116.	ᇍ	h	·			1			
9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  5,910,092.  0. 0. 2,116.	δ			·	_				
Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  5,910,092.  0. 0. 2,116.									
b Less. direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  b 5,910,092.  0. 0. 2,116.		J u		1					
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.		h			••	1			
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  5,910,092.  0.  0.  2,116.				· · · · · · · · · · · · · · · · · · ·					
and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.				-					
b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  b									]
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.		h		<del></del>		1			
Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  Business Code  5,910,092.  0. 0. 2,116.			<del>-</del>			<del>-</del>			=
11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  > 5,910,092.  0.  0.  2,116.	t				ess Code			-	
b C d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  5,910,092.  0.  0.  2,116.	ł	11 -			COUE	1			~
c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  > 5,910,092.  0.  0.  2,116.			<del></del>	<del></del>		<del> </del>			
d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  5,910,092.  0.  0.  2,116.				<del></del>		<del> </del>		<del>                                     </del>	
e Total. Add lines 11a-11d  12 Total revenue. See instructions.  5,910,092.  0.  2,116.		_	All other revenue	<del></del>		<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>
12 Total revenue. See instructions.		a		<u> </u>		<del> </del>			
	ŀ	12				5.910.092	0.	0.	2.116.
	03200		TOTAL TOTORNO. OGG IIISH NGHUHIS.			- / - 20 / 00 20			Form <b>990</b> (2010)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 257,548 257,548 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 31,779. 3,500. 28,279. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,272. 9,272. 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 3,197. 3.197. 10 Payroll taxes Fees for services (non-employees): 102,948 1,630,104. 1,527,156. Management 5,094. <del>175.</del> 14,095. 8.826. b Legal 19,000. 19,000. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 1,021. 324,997. 326,018. g 4,656,177. 4,656,177. 12 Advertising and promotion 5,539. 38,547. 33,003. Office expenses 13 27,792. 2,278. 30,070. Information technology 14 15 Royalties 16 Occupancy 3,669. 29,217. 25,548. 17 Travel -Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,082 3,082. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 121. 121. 22 Depreciation, depletion, and amortization 2.772 2.772.23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 2,762. 2.762. TAXES, LICENSES & FEES <u>499.</u> 499. SUBSCRIPTIONS AND PUBLI C d All other expenses 7,054,260. 6,867,511. 133,319. 53,430. Total functional expenses. Add lines 1 through 24f Joint costs. Check here | if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

032010 12-21-10

943,412. Form 990 (2010)

554,612.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,698,780.

3,240,214.

33

Form	990 (2010) EMPLOYMENT POLICIES INSTITUTE FOUNDATION	-1902	264	Pag	<sub>je</sub> 12		
	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI		_				
1	Total revenue (must equal Part VIII, column (A), line 12)		,91				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,05			
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>68.</u> >	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,69	<u>8,7</u>	<u>80.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		55	4,6	<u>12.</u>	
Pai	rt XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response to any question in this Part XII					<u> </u>	
					Yes	No	
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other			}			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>	
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			İ	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			'	,		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a					
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit			7.7	
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred aı	udit	1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b_		Щ.	
				Form	990 (	2010)	

## 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

52-1902264 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other c \_\_\_\_ Type III - Functionally integraled b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? -Provide the following information about the supported organization(s). (vi) Is the organization in col. (iii) Type of (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (I) listed in your organization in col. support organization (described on lines 1-9 aovernina document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Yes No Yes No No

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Schedule A (Form 990 or 990-EZ) 2010

## Schedule A (Form 990 or 990-EZ) 2010 EMPLOYMENT POLICIES INSTITUTE FOUNDATION52-1902264 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	tion A. Public Support						<del>,</del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	ınclude any "unusual grants.")	3057351.	2538218.	2540738.	10881090.	5907976.	24925373.			
2	Tax revenues levied for the organ-				ĺ					
	ization's benefit and either paid to									
	or expended on its behalf				_					
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge				10001000	E00505	0.400 0.000			
4	Total. Add lines 1 through 3	3057351.	2538218.	2540738.	10881090.	5907976.	24925373.			
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				1					
	amount shown on line 11,									
	column (f)						6836039.			
6	Public support. Subtract line 5 from line 4						18089334.			
Sec	ction B. Total Support						<del></del>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	3057351.	2538218.	2540738.	10881090.	5907976.	24925373.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	6,732.	2,216.	11,526.	4,713.	2,116.	27,303.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)		6,994.	150.	1,799.		8,943.			
11	Total support. Add lines 7 through 10				L		24961619.			
_12_	Gross receipts from related activities	, etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n-501(c)(3) –				
	organization, check this box and sto	p here		·	<del></del>					
Se	ction C. Computation of Pub						H6 4H			
14	Public support percentage for 2010 (			column (f))		14	72.47 %			
	Public support percentage from 2009					15	78.51 %			
16a	1 33 1/3% support test - 2010.If the o				14 is 33 1/3% or m	nore, check this b	ox and			
	stop here. The organization qualifies						►X			
t	33 1/3% support test - 2009.If the o	organization did no	t check a box on I	ne 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box			
	and stop here. The organization qua									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac					rt IV how the orga	ınızatıon			
	meets the "facts-and-circumstances"						▶∟			
t	10% -facts-and-circumstances tes									
	more, and if the organization meets t						ne .			
	organization meets the "facts-and-cir						<b>▶</b> ⊨			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instructio	ns PL			
	Schedule A (Form 990 or 990-EZ) 2010									

## Schedule A (Form 990 or 990-EZ) 2010 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		!				
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					1	
iness under section 513						
4 Tax revenues levied for the organ-				<del></del>		
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)	一般のおおり 「ない」	111 歌為愛心	要なる 海外なか	から変換を	本のはいません	
Section B. Total Support	<del></del>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain 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	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	•					▶□
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2010 (			column (f))		15	
16 Public support percentage from 2009		•			16	
Section D. Computation of Inve	<del> </del>					
17 Investment income percentage for 20					17	1
18 Investment income percentage from					18	1
19a 33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than		7 is not
more than 33 1/3%, check this box a						►□
b 33 1/3% support tests - 2009. If the		- '				and
line 18 is not more than 33 1/3%, che						▶
20 Private foundation. If the organization						
032023 12-21-10	AL OIG HOL CHECK &	200 OII III 0 14, 18	a, or rab, criock i		hedule A (Form 99	0 or 990-E7\ 20

Schedule A (Form 990 or 990-EZ) 2010 EMPLOYMENT POLICIES INSTITUTE FOUNDATION52-1902264 Page 4  Part IV. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
PUBLIC INSPECTION COPY CHARGES
SPEAKING FEES
OPINION EDITORIAL INCOME
EXPENSE REIMBURSEMENTS
INSURANCE SETTLEMENT

## 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

➤ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Inspection

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 35a (Proxy Tax), then

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III.			
Name of organization	<del></del>		E	mployer identification number
	ENT POLICIES INS			52-1902264
Part I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 52	7 organization.
<ul><li>1 Provide a description of the organiz</li><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>				<b>&gt;</b> \$
	ganization is exempt un			
1 Enter the amount of any excise tax	• •			\$
2 Enter the amount of any excise tax				<b>*</b>
3 If the organization incurred a section	in 4955 tax, did it file Form 4720	) for this year?		Yes No
4a Was a correction made?				└─ Yes
b If "Yes," describe in Part IV.    Part I-C   Complete if the ord	ganization is exempt un	der section 501(c)	except section	(01(c)(3)
	<del></del>			► \$
1 Enter the amount directly expended	, ,	•		<b></b>
2 Enter the amount of the filing organ exempt function activities	nzation's funds contributed to o	ther organizations for si	30tion 527	<b>▶</b> \$
3 Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120 POL		<u> </u>
line 17b	S. Add lines 1 and 2. Enter nere	and on Form 1120-FOL	!	<b>&gt;</b> ¢
	1120 BOL for this year?			Yes No
<ul><li>4 Did the filing organization file Form</li><li>5 Enter the names, addresses and er</li></ul>		(IN) of all contion 527 pe	ultical organizations to	
made payments. For each organiza				
contributions received that were pr				
_ political action committee (PAC). If				, L
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	om- (e) Amount-of political _
(a) Name	(b) Address	(0) 2114	filing organization	
			funds. If none, enter	r -0 promptly and directly
				delivered to a separate political organization.
				If none, enter -0
			<del></del>	
<del></del>			ļ	
		<del> </del>		
		i		
For Paperwork Reduction Act Notice.	see the Instructions for Form	990 or 990-EZ.	Schedu	le C (Form 990 or 990-EZ) 2010

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Schedule C (Form 990 or 990-EZ) 2010	EMPLOYMENT	POLICIES IN	VSTITUTE FO	UNDATION2-1	902264 Page 2
Part II-A Complete if the orga		ipt under section		ea Form 5700	
<del></del>					
	on belongs to an affiliation checked box A and	<del>-</del> .	usions apply		
Limite	s on Lobbying Expenditures" means amour	ditures	лысна арргу.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	· · · · · ·	· -		84.	
b Total lobbying expenditures to influ	·	y (direct lobbyling)		84.	
c Total lobbying expenditures (add lin				7,054,176.	
<ul><li>d Other exempt purpose expenditure</li><li>e Total exempt purpose expenditures</li></ul>				7,054,260.	
f Lobbying nontaxable amount. Ente			columns	502,713.	
If the amount on line 1e, column (a) or		ying nontaxable amo			
Not over \$500,000	· <u>`-i</u>	he amount on line 1e.	Aut 10.		
Over \$500,000 but not over \$1,000		plus 15% of the exce	ess over \$500,000.		i i
Over \$1,000,000 but not over \$1,50		plus 10% of the exce		-	
Over \$1,500,000 but not over \$17,0		plus 5% of the exces			į,
Over \$17,000,000	\$1,000,0				!
g Grassroots nontaxable amount (ent	er 25% of line 1f)			125,678.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer	o on either line 1h or li	ne 1i, did the organiza	ition file Form 4720	_	
reporting section 4911 tax for this y	/ear?				Yes No
	ations that made a se		do not have to com		
COI	umns below. See the				
	Lobbying Expen	ditures During 4-Yea	r Averaging Period	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2007	( <b>b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	284,481.	227,295.	690,604.	502,713.	1,705,093.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,557,640.
c Total lobbying expenditures		802.	93,035.	84.	93,921.
d Grassroots nontaxable amount	71,120.	56,824.	172,651.	125,678.	426,273.
e Grassroots ceiling amount (150% of line 2d, column (e))					639,410.
f Grassroots lobbying expenditures		802.	92,946.	0.	93,748.

Schedule C (Form 990 or 990-EZ) 2010

# Schedule C (Form 990 or 990-EZ) 2010 EMPLOYMENT POLICIES INSTITUTE FOUNDATION 2-1902264 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)).

local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  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 similar means?  i Other activities? If 'Yes,' describe in Part IV  j Total. Add lines 1c through 1i  a 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 by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did the Form 4720 for this year?  at III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying and political expenditures from the prior year?  2	1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Pald staff or management (include compensation in expenses reported on lines 1c through 1i)?  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 similar means?  i Other activities? If "Yes," describe in Part IV  j Total. Add lines 1e through 1:  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  d If the filing organization incurred a section 4912 tax, did if the Form 4720 for this year?  Part IIII-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures from the prior year?  2 Did the organization make only in-house lobbying expenditures from the prior year?  2 Did the organization make only in-house lobbying expenditures from the prior year?  3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures from the prior year?  2 Dues assessments and similar amounts from members  2 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar	a		(a	·)	(b	<u> </u>
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Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1	Were substantially all (90% or more) dues received nondeductible by members?		1		
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Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	a	Current year		I		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  5	b	Carryover from last year		<b>2</b> b		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  4	4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  5	C	Total		2c		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  5	3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<del>-</del> -	3_	<del>-</del>	
expenditure next year?	expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  5	4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
· · · · · · · · · · · · · · · · · · ·	5 Taxable amount of lobbying and political expenditures (see instructions) 5		does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
Taxable amount of lobbying and political expenditures (see instructions)			·		4		
	Part IV   Supplemental Information			<del></del>	5		
	- with a positional information	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? Taxable amount of lobbying and political expenditures (see instructions)		4		
art IV Supplemental Information	Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. A or any additional information.	b c 3 4	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)  IV Supplemental Information	political	2t 2d 3	) ;	3

Schedule C (Form 990 or 990-EZ) 2010

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

EMPLOYMENT POLICIES INSTITUTE FOUNDATION

Employer identification number 52-1902264

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	L Yes L No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	ımpermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	·	
	Preservation of land for public use (e.g., recreation or e	<del></del>	torically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguisned, or terminated by the	organization during the tax
	year •	annumb in Innerted N	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe- violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		No_
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
_	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2010

		ENT POLICI						2264	
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t are a s	ignificant use	of its c	ollection it	ems
	(check all that apply).								
а	Public exhibition	d		hange progra	ıms				
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how they further t	he organizati	on's exe	mpt purpose	ın Part	XIV.	
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or oth	er simılaı	r assets		, ,	_
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered '	'Yes" to	Form 990, P	art IV, lii	ne 9, or	
	reported an amount on Form 990, Par								<del></del>
1a	Is the organization an agent, trustee, custodic	an or other intermed	liary for contribution	ns or other as	sets not	included		1 (	_
	on Form 990, Part X?							Yes (	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			<del>_</del>
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				l	Yes	No
b	If "Yes," explain the arrangement in Part XIV.								
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	<del></del>					<del></del>
	ļ	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three year	rs back	(e) Four ye	ars back
1a	Beginning of year balance			ļ					
b	Contributions	· · ·							<del></del> !
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			İ	İ				
	and programs								
f	Administrative expenses								
g	End of year balance				1				<u> </u>
2	Provide the estimated percentage of the yea	r end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
C	Term endowment	%							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administe	ered for t	the organizat	tion		
	by:								es No
-	_(i) _unrelated organızatıons							3a(i)	<del></del>
	(ii) related organizations					-	-	- 3a(ii)	<del></del> -
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the					<del></del>			
Pa	t VI Land, Buildings, and Equipm			<del></del>			_		<del></del>
	Description of investment	(a) Cost or o	1 ' '	t or other		ccumulated		(d) Book v	alue
		basis (ınvestı	ment) basis	(other)	de	preciation			
1a	Land	<u> </u>							
b	Buildings			. —					
	Leasehold improvements			2 446		7 74	<del>-   -</del>		104
	Equipment	ļ <del></del>		2,446.		2,34	4 •		104.
e	Other	15 222 5		10(-1)					104.

Schedule D (Form 990) 2010

art VII Investments - Other Securities.	See Form 990, Part X, Iir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	С	(c) Method of value ost or end-of-year ma	
Financial derivatives				<u>.</u>
Closely-held equity interests				
Other				
(A)				
(B)	<u> </u>			<del> </del>
(C)				
(D)				<del></del>
(E)			<del> </del>	
<u>(F)</u>				
(G)		<del>-   </del>	·	
(H) (l)	<u> </u>			<del></del>
tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
rart VIII Investments - Program Related.			<del></del>	
· · · · · · · · · · · · · · · · · · ·		10.	(c) Method of valu	ation:
(a) Description of investment type	(b) Book value		ost or end-of-year ma	
(1)	<u> </u>	-	•	
(2)				
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)		·		
(7)				**************************************
(8)				
(9)				
(10)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	•			
art IX Other Assets. See Form 990, Part X, II	ine 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				<u></u>
(6)				
(7)		-		
(8)				
(9)				
(10)				
tal. (Column (b) must equal Form 990, Part X, col (B)		<u></u>		
Part X Other Liabilities. See Form 990, Part	X, line 25.			
(a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)			_	
(4)			-	
(5)			_	
(6)		<del></del>	4	
			_	
(7)	1		4	
(8)			i e	
			_	
(8)			_	
(8)				

	dule D (Form 990) 2010 EMPLOYMENT POLICIES INSTIT					1902264	Page 4
Pa	t XI∲ Reconciliation of Change in Net Assets from Form 990 t	o Aud	ited Finan	ciai S	tatemen		-000
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		5,910	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		7,054	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<1,144	<u>,168.</u> :
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5_			
6	Investment expenses			6_			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9		10		<1,144	<u>,168.</u> :
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ients v	Vith Revei	nue p	<u>er Keturi</u>	1	
1	Total revenue, gains, and other support per audited financial statements				1	5,910	,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1		
а	Net unrealized gains on investments	_2a	<u> </u>				
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c	<u> </u>				
d	Other (Describe in Part XIV.)	_2d			1.5		
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	5,910	<u>,092.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				18		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a					
b	Other (Describe in Part XIV.)	4b			***		
С	Add lines 4a and 4b				4c		_0.
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5_	5,910	,092.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stater	nents	With Expe	nses	per Retu		
1	Total expenses and losses per audited financial statements				1	7,054	,260.
Ž	Amounts included on line 1 but not on Form 990, Part IX, line 25				3.4		
а	Donated services and use of facilities	2a	I				
b	Prior year adjustments	2b			***		
С	Other losses	2c			ī		
d	Other (Describe in Part XIV.)	2d			100		
е	Add lines 2a through 2d	•			2e		0.
3	Subtract line 2e from line 1				3	7,054	,260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				-A.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b	<u> </u>	<del></del>		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			_	- 5 -	-7,054	
	t XIV Supplemental Information		<del></del>			<del></del>	<del></del>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III. lines	1a and 4: Pa	ert (V. fu	nes 1b and	2b: Part V. line	4. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also con						, ,, ,
,	to the second management and the second mana				.,		
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					Sched	dule D (Form 9	90) 2010

12-20-10

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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.

OMB No. 1545-0047

**Employer identification number** 

ê | REGARDING UNIONIZATION OF 52-1902264 (h) Purpose of grant DUCATIONAL ISSUES or assistance X Yes 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 MPLOYEES recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(b) EIN

(c) IRC section

(d) Amount of non-cash grant or government

(e) Amount of valuation (book, roll assistance assistance other)

(b) EIN

(c) IRC section

(d) Amount of non-cash grant or government assistance other) 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 o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. EMPLOYMENT POLICIES INSTITUTE FOUNDATION 257,548. 501(¢)(3) Enter total number of section 501(c)(3) and government organizations 20-4036946 \*Part I \* | General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization 1090 VERMONT AVE NW, #800 CENTER FOR UNION FACTS WASHINGTON, DC 20005 Part II 🌣

Schedule I (Form 990) (2010)

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

52-1902264 Schedule I (Form 990) (2010) EMPLOYMENT POLICIES INSTITUTE FOUNDATION

Je Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2 -

(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
	<del>-</del> -				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE ORGAN	GANIZATION	ON RECEIVES	S PERIODIC	REPORTS	
REGARDING THE USE OF GRANT FUNDS T	O ENSURE	TO ENSURE THAT THE GRANT IS	GRANT IS B	BEING USED FOR	
ITS INTENDED PURPOSE.	-				
	-	,			
	-				
	<b>-</b> -				
	_				
032102 01-13-11	-	29			Schedule I (Form 990) (2010)

## SCHEDULE L

(Förm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

2010
Open To Public Inspection

Name of the organization

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (a) Name of disqualified person  (b) Description of transaction  (c) Corrected?  Yes No  No  2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested persons  (b) Description of transaction  (c) Corrected?  Yes No  S  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose  (b) Loan to or from the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (c) Original principal amount  (d) Balance due (e) In default?  Yes No Yes No Yes No  Yes No  Yes No  II II II II II II II II II II II II II				CIES INSTIT				2-19	0226	4	
1	Part I Excess Benefi	t Transacti	ons (section	on 501(c)(3) and section	n 501(c)(4) organizatio	ns only).					
(a) Name of disqualified person  (b) Description of transaction  Yes No  Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose  To From  From  (b) Description of transaction was a considerable person and purpose an	Complete if the org	janization ans	wered "Yes"	on Form 990, Part IV,	line <u>25</u> a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	Db.		
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Ves" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  Complete if the organization answered "Ves" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person integration answered "Ves" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (b) Indicatory (c) Organia principal (d) Balance due (e) In default?  (a) Name of interested person (b) Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (b) Indicatory (c) Organia principal (d) Balance due (e) In default?  (b) No Ves No Ve	1 (2) Name of d				(h) Description	of transc	otion			(c) Corr	rected?
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  To From (e) Onginal principal amount (e) In default?  To From (f) Approved by board or default?  Yes No	(a) Name of d	isqualified per	son		(b) Description	OI transa	CHOH			Yes	No
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  To From (e) Onginal principal amount (e) In default?  To From (f) Approved by board or default?  Yes No											
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  To From (e) Onginal principal amount (e) In default?  To From (f) Approved by board or default?  Yes No							_				
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  To From (e) Onginal principal amount (e) In default?  To From (f) Approved by board or default?  Yes No			•								
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  To From (e) Onginal principal amount (e) In default?  To From (f) Approved by board or default?  Yes No											
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  To From (e) Onginal principal amount (e) In default?  To From (f) Approved by board or default?  Yes No											
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  To From (e) Onginal principal amount (e) In default?  To From (f) Approved by board or default?  Yes No											L
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization?  To   From   (c) Orginal principal amount   (d) Balance due   (e) In   (f) Approved by board or committee?   (f) Approved   (g) Written (f) Approved	2 Enter the amount of tax im	posed on the	organization	managers or disqualifi	ed persons during the	e year un	der				
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.   Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.   Complete if the organization?   Complete if the organization?   To From   Complete if the organization   From   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the organization answered "Yes" on Form 990, Part IV, line 27.   Complete if the	section 4958							▶ \$			
Complete if the organization answered "Yes" on Form 990, Part IV, Inne 26, or Form 990-EZ, Part V, Iline 38a.  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default)  To From (v) Ves No V	3 Enter the amount of tax, if	any, on line 2,	above, reim	bursed by the organiza	ation			▶ \$			
Complete if the organization answered "Yes" on Form 990, Part IV, Inne 26, or Form 990-EZ, Part V, Iline 38a.  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default)  To From (v) Ves No V											
(a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  To From  (c) Onginal principal amount  (d) Balance due (e) In default?  Yes No											
person and purpose the organization? To From T	Complete if the org	janization ans	wered "Yes'	on Form 990, Part IV,	line 26, or Form 990-l	Z, Part \	/, line 38	3a.			
To From Yes No Y		(b) Loan to or from (c) (			(d) Balance due			by bo	ard or		
Fotal Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of Interested person (b) Relationship between interested person and the organization assistance	person and purpose	the orga	inization?	amount		deta	aunt?	cómn	rittee?	agree	ment?
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance		То	From			Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance						ļ	ļ	<u> </u>	<u> </u>	ļ	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance				<u> </u>		<u> </u>	ļ <u>.</u>	ļ	ļ	ļ	ļ
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance						ļ	ļ	ļ	ļ	ļ	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance						ļ	ļ	ļ	↓		<u> </u>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance						ļ	ļ	ļ		<del> </del>	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance							ļ	ļ	ļ	ļ	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance						ļ	ļ	ļ	<u> </u>	ļ	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance						ļ	ļ <u> </u>		<u> </u>	<del> </del>	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance							ļ	ļ		ļ	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type of assistance			<u> </u>			<b>↓</b>	<u> </u>	ļ		ļ. —	Ļ
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount and type of assistance	Total		* * * * * * * * * * * * * * * * * * * *					<u> </u>		<u> </u>	
(a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount and type of assistance	- ·		•								
the organization assistance			wered "Yes"								
	(a) Name of interested	d person				and	T	( <b>c</b> ) An			of ~
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(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	(e) Sharing o	
	person and the organization	transaction	transaction	revenues?		
RICHARD BERMAN AND COMPAN	YMANAGEMENT COMPANY	1,630,104.	MANAGEMENT	Yes	X	
Part V Supplemental Information  Complete this part to provide addition	nal information for responses to question	ns on Schedule L (see	instructions).			
CH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
A) NAME OF PERSON: RICHA	RD BERMAN AND COMPAN	Y, INC.				
B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	ION:			
MANAGEMENT COMPANY TO ORG	ANIZATION					
D) DESCRIPTION OF TRANSA	CTION: MANAGEMENT FE	ES PAID BY	THE ORGANIZ	ATIO	N	
OR MEDIA AND MESSAGE PRO	MOTION, MARKETING, A	CCOUNTING A	ND ISSUE RE	ESEAR	СН	
SERVICES						
				- <u>-</u> -		

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public
Inspection

Name of the organization

Employer identification number

EMPLOYMENT POLICIES INSTITUTE FOUNDATION   52-1902204
FORM 990, PART I, DOING BUSINESS AS:
DEFEATTHEDEBT.COM
CENTER FOR ECONOMIC AND ENTREPRENEURIAL LITERACY
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PUBLIC/MEDIA/POLICYMAKERS ON FINDINGS.
FORM 990, PAGE 1, ITEM J:
WEBSITES INCLUDE THE FOLLOWING:
EPIONLINE.ORG, DEFEATTHEDEBT.COM, ECON4U.ORG, RETHINKREFORM.COM
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GOVERNMENT SPENDING AND A HIGH FEDERAL DEBT. ANOTHER EPI PROJECT SEEKS
TO INCREASE ECONOMIC/FINANCIAL LITERACY AMONG THE PUBLIC.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLICIZED SIX STUDIES AS DESCRIBED IN PART III, #4C, AS WELL AS MANY
PREVIOUSLY PUBLISHED REPORTS. WROTE AND DISTRIBUTED 42 OP-EDS AND 114
LETTERS TO THE EDITOR WHICH WERE PUBLISHED. WROTE AND DISTRIBUTED 40
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 40 RADIO/TV
STORIES AND 104 PRINT/ONLINE NEWS ARTICLES.
EXPENSES \$ 176,380. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

OPERATED 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 AND INCLUDED 83 BLOG POSTS. CONDUCTED A

WEBINAR FOR WASHINGTON, DC-BASED POLICYMAKERS AND STAFF REGARDING

FINANCIAL ISSUES RELATED TO CREDIT MARKETS. WROTE AND PUBLISHED 4

OP-EDS IN MAJOR NEWS OUTLETS. PROMOTED ECON4U AT A CONFERENCE OF

ECONOMISTS. CONVENED ONE MEETING OF THE CEEL ADVISORY BOARD OF

ECONOMISTS AND ECONOMIC LITERACY SPECIALISTS.

EXPENSES \$ 37,872. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3: RICHARD BERMAN AND COMPANY, INC. IS

THE MANAGEMENT COMPANY FOR EMPLOYMENT POLICIES INSTITUTE FOUNDATION, AND IT

STAFFS AND OPERATES THE DAY-TO-DAY ACTIVITIES OF THE ORGANIZATION.

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

Schedule O (Form 990 or 990-EZ) (2010)

032212

(COPY AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS IN

WASHINGTON, DC) AS REQUIRED BY LAW.

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	8 (Rev. 1-2011)					Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this be	ΟX	<b>&gt;</b>		
	ly complete Part II if you have already been granted an a		•	Form	8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II		xtensio	n of Time. Only file the original (no c	T			
Type or	Name of exempt organization				Employer identification num		
print	EMPLOYMENT POLICIES INSTITUT	UNDATION	52-1902264				
File by the	Number, street, and room or suite no. If a P.O. box, s			.1	<del></del>		
due date for 1090 VERMONT AVENUE, NW. NO. 800							
filing your return See	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.				
instructions	WASHINGTON, DC 20005				<del></del>		
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	)	01	是为人的"那么"。 ( ) 人名斯勒斯斯	\$ 1.5 W	などのでは、	APATA I	
Form 990	)-BL	02	Form 1041-A			08	
Form 990	)-EZ	03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	ısly file	d Form 8868.		
	RICHARD BERMAN		N. 4000 MAGNITATOR	1037	DG 2000E		
	poks are in the care of $\triangleright$ 1090 VERMONT AT	VENUE	$\frac{1}{10000000000000000000000000000000000$	ON,	DC 20005	<del></del>	
•	none No. ► 202-463-7650			<u>.                                    </u>			
	organization does not have an office or place of business					ш.	
	is for a Group Return, enter the organization's four digit						
box >			ich a list with the names and EINs of all BER 15, 2011	memb	ers the extension is	tor.	
	quest an additional 3-month extension of time until $\frac{1}{2}$ calendar year $\frac{2010}{2}$ , or other tax year beginning	NO V LIPI	<del></del>				
	ne tax year entered in line 5 is for less than 12 months, c	hook roop	on. Initial return	Final r	eturo	<del></del>	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Change in accounting period	HECK IEAS	on millarretum	rillari	etam		
7 Sta	te in detail why you need the extension						
	DITIONAL INFORMATION IS YET	REOU	IRED IN ORDER TO PRO	DUC	E A COMPLE	TE	
	ID ACCURATE TAX RETURN.						
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		<del></del> :		
nonrefundable credits. See instructions.				8a_	\$	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 overpayment all	lowed as a	a credit and any amount paid	1.1		_	
pre	eviously with Form 8868.			8b	\$	0.	
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	ıyment wıt	h this form, if required, by using			•	
EF	IPS (Electronic Federal Tax Payment System). See instru		<del></del>	8c	\$	0.	
			d Verification		, , ,		
Under pen	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	panying schedules and statements, and to th	e best o	t my knowledge and be	ellet,	
		 C.P.A		Date	- 1/10/11		
<u>Signature</u>	- Land, Katelin 11110	J.F.A	•	Date		w 1 2011)	
					Form <b>8868</b> (Re	7V. 1-2UII)	

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