Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the 2	2015 calend	ar year, or tax year beginning , 2015, and ending)		,		
В	Check if ap	plicable	C		D Employer ident	ification number		
	Addres	ss change	EMPLOYEE BENEFIT RESEARCH INSTITUTE		52-1134631			
	\vdash	change	1100 13TH STREET, NW #878		E Telephone num			
	Initial		WASHINGTON, DC 20005		(202) 65	0_0670		
	H	***	·		(202) 03	9-0070		
	-	turn/terminated				¢ 0.000.614		
	\vdash	ded return		And A de Alexan	G Gross receipts	197		
	Applic	ation pending	MARKI J. CONAWAI	• •	group return for subo	□'''		
			SAME AS C ABOVE	If 'No,'	subordinates include attach a list (see ins	d ² Yes No structions)		
<u>!</u>		npt status	501(c)(3) X 501(c) (6) ✓ (Insert no.) 4947(a)(1) or 527					
<u>J</u> _	Websit			H(c) Group	exemption number	·		
K		organization	X Corporation Trust Association Other ► L Year of formation	on 1978	M State of	legal domicile DC		
Pa		Summar						
						YEE BENEFIT		
ë			INSTITUTE (EBRI) IS TO CONTRIBUTE TO, TO ENCO			NHANCE THE		
and a			ENT OF SOUND EMPLOYEE BENEFIT PROGRAMS AND SOU					
E			E_RESEARCH_AND_EDUCATION.	<u>-</u> D				
เงอี		eck this bo		e filan 25°				
C.	3 Nu	imber of vo	ting members of the governing body (Part VI, line 1a)0.)16	3	69		
SS	4 Nu	imber of inc	lependent voting members of the governing body (Part VI, line 16) 10 20 of individuals employed in calendar year 2015 (Part VI line 2a))16 9		67		
5			of individuals employed in calendar year 2015 (Part Vijime 2a) of volunteers (estimate if necessary)		5	16		
Tig			d business revenue from Part VIII, column (C), line 12.		· 6	0		
Q			business taxable income from Form 990-T, line 34	<u>u : </u>	1 /a / 7b	0.		
9107 8 0 NOT GANNADS	D 140	t un clated	business taxable income nonin onin 556-1, into 54	T 0.	rior Year	O. Current Year		
ĭ	8 Co	ntributions	and grants (Part VIII, line 1h).	<u>-</u> -	ior rear	Current Tear		
ص ع			ice revenue (Part VIII, line 2g)		046 005	2 722 415		
		_	come (Part VIII, column (A), lines 3, 4, and 7d)		, 846, 885.	2,722,415.		
Rev			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 	17,978. ,276,163.	52,346.		
10			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,141,026.	1,213,292.		
			milar amounts paid (Part IX, column (A), lines 1-3)	+	,141,020.	3,988,053.		
			to or for members (Part IX, column (A), line 4)	\vdash				
				<u> </u>	062 000	2 404 075		
Se	1		r compensation, employee benefits (Part IX, column (A), lines 5-10)	3	<u>, 263, 228.</u>	3,494,275.		
Š			undraising fees (Part IX, column (A), line 11e)					
Expenses	b To	tal fundrais	ing expenses (Part IX, column (D), line 25) ► 85, 373.		3 34 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ш	17 Oth	her expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		766,995.	818,025.		
	18 Tot	tal expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4	,030,223.	4,312,300.		
	19 Re	venue less	expenses. Subtract line 18 from line 12		110,803.	-324,247.		
ts o o				Beginning	g of Current Year	End of Year		
a ta	20 Tot	tal assets (Part X, line 16)		,209,348.	4,579,148.		
Not Asset Fund Balar	21 Tot	tal liabilities	s (Part X, line 26)		,869,445.	1,595,307.		
25	22 Ne	t assets or	fund balances, Subtract line 21 from line 20 .		,339,903.			
Da		Signatur		<u> </u>	, 333, 303.	2,983,841.		
_								
comp	plete. Declar	ration of prepa	ire that I have examined this return, including accompanying schedules and statements, and to the best of rer (other than offices) is based on all information of which preparer has any knowledge	т ту кложтеас	je and belief, it is true	, correct, and		
_	••••				ag Am	1 2015		
Sig	ın	Signatur	e of officer		OC O TM	- C-		
He	re	K +	tangy T (Unamor					
	. •	Type or	print name and title					
		1	reparer's name Preparer's signature					
		1						
Pai								
	parer	Firm's name	HARITON, MANCUSO & JONES, P.					
US	e Only	Firm's addre	ss ► 11140 ROCKVILLE PIKE					

ROCKVILLE, MD 20852

May the IRS discuss this return with the preparer shown above? (see instru BAA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2015) EMPLOYEE BENEFIT RESEARCH INSTITUTE	52-1134631	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		· _ · _
1	Briefly describe the organization's mission		
	THE MISSION OF THE EMPLOYEE BENEFIT RESEARCH INSTITUTE (EBRI) IS		
	ENCOURAGE, AND TO ENHANCE THE DEVELOPMENT OF SOUND EMPLOYEE BENE	EFIT PROGRAMS	<u>AND</u>
	SOUND PUBLIC POLICY THROUGH OBJECTIVE RESEARCH AND EDUCATION.		
			<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	
		Y	'es X No
	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 se	rvices?	res X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	rices, as measured t s to others, the total	y expenses. expenses,
	and revenue, if any, for each program service reported		
4 a		Revenue \$)
	PERFORMING RESEARCH IN THE EMPLOYEE BENEFIT AREA AND DISSEMINATI		TS OF THE
	RESEARCH AND OTHER INFORMATION ON EMPLOYEE BENEFITS TO THE GENER	RAL PUBLIC.	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		· · · · · · · · · · · · · · · · · · ·	
4 b	(Code) (Expenses \$ including grants of \$) (	Revenue \$	)
4 c	(Code ) (Expenses \$ including grants of \$ ) (	Revenue \$	,
4 d	Other program services. (Describe in Schedule O.)	·	
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 e	Total program service expenses ► 3,820,602.	····	<del></del>
BAA	TEEA0102L 10/12/15	· · · F	orm <b>990</b> (2015)

TEEA0102L 10/12/15

Form 990 (2015)

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**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 3 4 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. Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Part I . Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 Х X 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X D. Part VI 11 a X 11 b c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. Х 12a 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 and XII is optional . . . . Х 12 b X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b 15 Х 16 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II X 18

19

X

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

Page 4

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
<b>20</b> a	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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):			1 to
	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a		Х
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV .	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	į	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		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
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form **990** (2015)

Form **990** (2015)

Check if Schedule O contains a response or note to any line in this Part V			. г
Check in Contocate & Contains a responde of here to any line in the rest.		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1 a			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		چىششى	5.4
(gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	,	£	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 Ь	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	***	-	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b If 'Yes,' enter the name of the foreign country. ►	H		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	1	E.	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7 Organizations that may receive deductible contributions under section 170(c).	, E 1	- ·	4 - P : 1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	137	ر شعبت ا	
services provided to the payor?	7 a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year		20	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	عقسف	بالمحادث. الاستامات	أحفض
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	المتعلق	- E	4
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		4
10 Section 501(c)(7) organizations. Enter:	75.1	W = 4.	اگران اگران اما
a Initiation fees and capital contributions included on Part VIII, line 12	او يُّ	المارية الوساة الم	かな
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		7	, sec. 23 ₂ 2
11 Section 501(c)(12) organizations. Enter:	41	4	, , , , , , , , , , , , , , , , , , ,
a Gross income from members or shareholders	-7	:	, ;
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).		₹ / <u>(</u>	) (5) <u>125</u>
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12 a		ļ
b 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.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	Ļ	
Note. See the instructions for additional information the organization must report on Schedule O		-	• • •
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	<b> </b> :		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Form 990 (2015) EMPLOYEE BENEFIT RESEARCH INSTITUTE 52-1134631 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 69 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 67 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? SEE SCHEDULE Q X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8 a X **b** Each committee with authority to act on behalf of the governing body?. 8ь 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 SEE SCHEDULE Q 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O vr. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q . . . . . . X 12 c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent بر نو نا واحدة persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE Q 15a b Other officers or key employees of the organization 15_b 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? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website |X| Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. MARCENE PUGH 1100 13TH ST, N.W., #878, WASHINGTON, DC 20005 (202)659-0670

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

Check if Schedule O contains a response or note to any line in this Part VII. . .

X

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

- 1 a 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 employees.'
- 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 organization nor any re	elated org	anıza	ation	cor	npe	nsate	ed a	iny current officer,	director, or trustee	
	(C)									
(A) Name and Title	(B) Average hours per	than	one both	box, an c ector	unles fficer truste		i	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DALLAS L. SALISBURY	30	,,		v				1 222 116		F0 001
PRESIDENT	10	X		Х	-	-		1,232,116.	0.	59,991.
(2) DAN HOUSTON VICE CHAIR	$-\frac{1}{1}$	X		Х				0.	0.	0.
(3) HARRY CONAWAY	30									
PRESIDENT	10	Х		Х	L			217,261.	0.	0.
(4) PAMELA FRENCH	1			.,						0
CHAIR	1	X	-	Х				0.	0.	0.
(5) STACY SCHAUS SECRETARY/TREAS	$-\frac{1}{1}$	X		х				0.	0.	0.
(6) LIST OF TRUSTEES	_1_									
SEE SCHEDULE O	1	X	Ш					0.	0.	0.
7 PAUL FRONSTIN DIRECTOR-HEALTH AND EDUCATION	$-\frac{30}{10}$				X			238,298.	0.	47,125.
(8) JACK VANDERHEI DIRECTOR-RESEARCH	$-\frac{30}{10}$				х			379,756.	0.	30,560.
(9) STEPHEN BLAKELY	30	-	-		^			313,130.	<u> </u>	30,300.
DIRECTOR-COMMUN.	-10-	1				х		119,109.	0.	32,980.
(10) SUDIPTO BANERJEE	30								_	
RESEARCH ASSOCIATE	10	_		ļ		Х		132,392.	0.	23,718.
(11) CRAIG COPELAND SENIOR RESRCH ASSO	$-\frac{30}{10}$					Х		192,382.	0.	26,142.
(12) MARCENE PUGH DIRECTOR-FINANCE	$-\frac{30}{10}$					х		104,176.	0.	12,998.
(13) LUIS ALONSO	30				$\vdash$			104,170.	0.	12,550.
DIRECTOR-IT/RSRCH	10					Х		181,751.	0.	29,594.
(14)										
	1	<u> </u>		$\Box$		L		l		

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Form 990 (2015)

(A) Name and title	Average hours per	(do box offic	not ch unles	Pos heck ss pe	sition more erson direct	than is both	one h an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W 2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)							-	-		
(17)										
(18)										
(19)		-		_						
(20)									-	
(21)										
(22)									<del></del>	
(23)										<del> </del>
(24)									<del></del>	<del></del>
(25)		-						<u> </u>		
b Sub-total     c Total from continuation sheets to Part VII, Secti     d Total (add lines 1b and 1c)				1	1		<b>A A A</b>	2,797,241. 0. 2,797,241.	0 · _0 ·	0. 263,108.
2 Total number of individuals (including but not limited from the organization ▶ 9	to those I	isted	abov	e) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	h ındıvıdu	ıal								Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,00	mpei 00? /	nsa If 'Y	ition <i>'es'</i>	and comp	oth o <i>let</i>	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fro	om a ule	any <i>J fo</i>	unre r suc	late	d organization or erson	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compen	sated indi	epen	dent	cor	ntra	ctors	tha	t received more th	nan \$100,000 of	
compensation from the organization. Report compensation from the organization. Report compensation (A)  Name and business add		une ca	alend	ar y	year	enan	ng v	(B)  Description of		(C) Compensation
CETROM INFORMATION TECHNOLOGY, INC. 1311 S		STRE	ΕŤ,	SU	ITE	303		IT SERVICE PR		106,484.
	MT. AI	RY, N	/ID 2	177	<u>"</u>			<u></u>		
Total number of independent contractors (including to \$100,000 of compensation from the organization)		ited to	tho	se l	isted	abo	ve)	who received more	than	
BAA		TEFAN	1001	10/1	0115				<del></del>	Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) (D) (B) Revenue excluded from tax Unrelated Related or exempt business under sections 512-514 function revenue revenue 1 a Contributions, Gifts, Grants 1 a Federated campaigns and Other Similar Amounts **b** Membership dues 1 b 1 c c Fundraising events d Related organizations 1 d e Government grants (contributions) ... 1 e f All other contributions, gifts, grants, and similar amounts not included above . 1 f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f. . Rusiness Code Program Service Revenue الدر معاجمة والأراب الأسمارة 2,026,500 900099 2,026,500 2a MEMBERSHIP DUES & ASSESSMENTS 695,915 695,915 900099 SPECIAL PROJECTS f All other program service revenue g Total. Add lines 2a-2f . . 2,722,415. Investment income (including dividends, interest and other similar amounts) . . 30,450 30,450 Income from investment of tax-exempt bond proceeds -Royalties (ii) Personal (i) Real 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) . d Net rental income or (loss). (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 132,457 b Less: cost or other basis and sales expenses . . . 110,561 c Gain or (loss) . . . 21,896 d Net gain or (loss) ,896 896 8a Gross income from fundraising events Revenue (not including . \$ of contributions reported on line 1c). See Part IV, line 18. . Other **b** Less direct expenses 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 **Business Code** Miscellaneous Revenue 900099 1,110,865 1,110,865 11a REIMBURSEMENT OF EXPENSES 900099 102.120 102,120 b HONORARIA & TRAVEL 307 307 900099 MISCELLANEOUS d All other revenue . . e Total. Add lines 11a-11d . ,213,292 Total revenue. See instructions 3,988,053

12

2,824,535

1,163,518

Form 990 (2015)

#### 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). Check if Schedule O contains a response or note to any line in this Part IX (C) (D) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments 35 See Part IV, line 21 . . . . Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . Grants and other assistance to foreign The state of the s Applealan of tracking local grade organizations, foreign governments, and for-eign individuals See Part IV, lines 15 and 16. ٧., Benefits paid to or for members. . . Compensation of current officers, directors, trustees, and key employees 2,205,107 1,962,544 44,102. 198,461 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) n n 0 7 Other salaries and wages. 979, 777 872,002 88,180 19,595. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .... 107,260 95,461 <u>9,654</u> 2,145. q Other employee benefits . . 67,137 75,435 6,789 1,509. Payroll taxes 126,696 112,759 11,403 2,534. 11 Fees for services (non-employees) a Management. . . . . . 95<u>.</u> **b** Legal ... 4,763 4,239 429 c Accounting . . . . 25,054 22,298 2,255 501. d Lobbying. The wanter . . . e Professional fundraising services See Part IV, line 17 in real in growing f Investment management fees 7,550 6,720 679 151. Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . Advertising and promotion Office expenses 42,731 38,031 3,845 855. 13 Information technology ... 170,212 151,489 14 15,319 404. 15 Royalties Occupancy 312,522 31,603 7,023. 16 351,148 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings. 92,937 82,714  $8,\overline{364}$ 19 1,859. 20 Interest . . . 21 Payments to affiliates Depreciation, depletion, and amortization ... 22,145 22,145 966 23 2,929 32,546. 28. 651 Other expenses Itemize expenses not 24 covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a CONTRACT SERVICES 40,000 3,600 35,600 800 b REIMBURSABLE TRAVEL 17,900 17,900 7,448 6,629 149. c EQUIPMENT RENTAL & MAINTENANCE 670 3,591 3,591 d LIBRARY ACQUISITIONS e All other expenses . . . . 25 Total functional expenses. Add lines 1 through 24e 4,312,300. 3,820,602 406,325 85,373. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

Part X

BAA

Form 990 (2015)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 2 138,157 2 Savings and temporary cash investments. 106,409 3 3 Pledges and grants receivable, net 4 4 5,058 Accounts receivable, net ... Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . 6 Notes and loans receivable, net . 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges. . . . 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 442.584 10b 10 c b Less: accumulated depreciation 33,405 78,333 Investments - publicly traded securities . 5,064,476 11 362,658 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11. . . . 14 14 Intangible assets...... 15 15 Other assets. See Part IV, line 11. . . . 5,209,348 16 16 Total assets. Add lines 1 through 15 (must equal line 34). . 4,579,148. 17 Accounts payable and accrued expenses. . 445 17 557. 18 Grants payable. 18 19 Deferred revenue 1,869,000 19 1,594,750 20 20 Tax-exempt bond liabilities. . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties. . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 869,445 26 Total liabilities. Add lines 17 through 25 595,307 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . 3,339,903 30 2,983,841. Net Assets Paid-in or capital surplus, or land, building, or equipment fund. ... 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances . . . . 3,339,903 33 <u>2,</u>983,841. 4,579,148. 34 Total liabilities and net assets/fund balances . . . . 5,209,348.

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Forn	1990 (2015) EMPLOYEE BENEFIT RESEARCH INSTITUTE 5	<u>Z-1134631</u>		Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12).	1	3,98	38,0	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,31	2,3	00.
3	Revenue less expenses. Subtract line 2 from line 1	3	-32	24,2	247.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,33	39,9	03.
5	Net unrealized gains (losses) on investments .	. 5	3	31,8	31 <u>5.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,98	33,8	41.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual X Other SEE SCH.	0	1 2		1416AC
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		(本)		
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	ewed on a	15 N	y joyen Same	مبردا به (۱۹۱۶) محمد
1	Were the organization's financial statements audited by an independent accountant? SEE SCHEDU	LE Q	2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:    X   Separate basis	arate		Fre	
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		1 5 13		
-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3 a		х
!	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audıt	3 b		
BAA			Form 9	990 (	2015)

#### 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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on 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,' on 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,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6)	organizations: Complete Part III.			
Name	of organization	<del>-</del>		Employer identific	ation number
	PLOYEE BENEFIT RESP			52-113463	1
Pai	t I-A   Complete if the o	organization is exempt under section	on 501(c) or is a	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV	
2	Political expenditures .			<b>►</b> \$	
3	Volunteer hours				
Pai	t I-B   Complete if the o	organization is exempt under section	on 501(c)(3).		- · · · · · · · · · · · · · · · · · · ·
1	Enter the amount of any ex-	cise tax incurred by the organization under	section 4955.	. ►\$	
2	Enter the amount of any ex	cise tax incurred by organization managers	under section 4955	►\$	
3	If the organization incurred	a section 4955 tax, did it file Form 4720 for	this year?	•	Yes No
4 a	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the o	organization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1		xpended by the filing organization for section			
2	Enter the amount of the filing	organization's funds contributed to other organ	uzations for section 52	7 exempt	
_	function activities			▶\$	
3	Total exempt function exper	nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	. ►\$	
4	Did the filing organization fi	le Form 1120-POL for this year?		•	Yes No
5	organization made payment amount of political contribution	s and employer identification number (EiN) is For each organization listed, enter the ains received that were promptly and directly del al action committee (PAC). If additional spa	mount paid from the livered to a separate p	filing organization's fund olitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)					
(2)					
(3)					
(4)	_				
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2015

	he organization is			52-113 ed Form 5768 (electi	
` _ address,	ng organization belongs EIN, expenses, and sl	nare of excess lobbying	expenditures).	affiliated group member	's name,
B Check ► if the filin		d box A and 'limited cor	ntroi provisions apply	<u> </u>	
		amounts paid or incurr		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	•				
<b>b</b> Total lobbying expenditu			ying)		
<ul> <li>c Total lobbying expenditu</li> <li>d Other exempt purpose e</li> </ul>	•	1b)			
e Total exempt purpose e	•	1c and 1d)	••		<del></del>
f Lobbying nontaxable am	nount. Enter the amour		ile in		****
If the amount on line 1e, colu		e lobbying nontaxable	amount is:	(1) 在 高温性。	The state of
Not over \$500,000		% of the amount on line 1e.			<b>新疆社会</b>
Over \$500,000 but not over \$1,	000,000 \$10	00,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	<del></del>	5,000 plus 10% of the excess			The second second
Over \$1,500,000 but not over \$		25,000 plus 5% of the excess of	over \$1,500,000.	The state of the s	
Over \$17,000,000		000,000.		क्षेत्रस्था स्थापित । हो स्टर्ग	" mp A S No. 18 The State of the
g Grassroots nontaxable a h Subtract line 1g from lin					
i Subtract line 1f from line					
j If there is an amount oth section 4911 tax for this	her than zero on either		ne organization file Form	n 4720 reporting	. Yes No
(Sol	me organizations that	Year Averaging Period made a section 501(h) e below. See the instructi	lection do not have to o		
	Lobbyir	g Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount				,	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .					
c Total lobbying expenditures.					
d Grassroots nontaxable amount					
e Grassroots ceiling	1 1 2 7 7	11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 11 months ( )	The same with the same	
amount (150% of line 2d, column (e))			والمستور المستور المست		

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Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ	1 2015	EMDIOVEE	DEMERTT	DECEMBOU	TMCTTTITE
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52-1134631

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)). (b) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount 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 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? ... q 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? i Total Add lines 1c 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. c 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 it file Form 4720 for this year? . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? . . 1 Х Did the organization make only in-house lobbying expenditures of \$2,000 or less? ... 2 Х Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.' Dues, assessments and similar amounts from members 1 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 .... .. 2 a 2 b **b** Carryover from last year ... 2 c 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? . Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

•	EMPLOYEE BENEFIT RESEARCH	INSTITUTE		52-11	L34631	
Pai	त्। Organizations Maintaining Done	or Advised Funds or Oth	ner Similar Fur	nds or Account	s.	
	Complete if the organization ans	wered 'Yes' on Form 990	0, Part IV, line	6.		
		(a) Donor advised t	funds	(b) Funds an	d other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year) .					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year.		L			
5	Did the organization inform all donors and don are the organization's property, subject to the			r advised funds	Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor,	g that grant funds o or for any other pu	urpose conferring	— ☐ Yes	— No
_					163	
Par	t II Conservation Easements.	wored 'Ves' on Form 99	O Part IV line	7		
	Complete if the organization ans  Purpose(s) of conservation easements held by			7.	· · · · · · · · · · · · · · · · · · ·	<del></del>
J		- · · · · · · · · · · · · · · · · · · ·		a historically import	ant land are	
	Preservation of land for public use (e.g., re	ecreation or education)		a certified historic s		:a
	Protection of natural habitat Preservation of open space	L	Freservation of	a certined filstoric s	a acture	
2	Complete lines 2a through 2d if the organization	n hold a gualified consequation	contribution in the	form of a concent	tion oacom	ant on the
2	last day of the tax year.	il field a qualified conservation	Contribution in the	e torrir or a conserva	illon cascini	ent on the
	•			Held at th	e End of the	e Tax Year
	a Total number of conservation easements			2 a	<del>-</del>	
ı	b Total acreage restricted by conservation easer	nents		2 b		
(	Number of conservation easements on a certification	ed historic structure included i	n (a)	2 c		
(	d Number of conservation easements included in	(c) acquired after 8/17/06, and	d not on a historic			
	structure listed in the National Register .			2 d		
3	Number of conservation easements modified, tax year ►	ransferred, released, extinguis	hed, or terminated	I by the organization	n during the	
4	Number of states where property subject to co					
5	Does the organization have a written policy reg		, inspection, handli	ing of violations,	□v ₂	□ No
_	and enforcement of the conservation easemen				Yes	∐ No
ь	Staff and volunteer hours devoted to monitorin	g, inspecting, nandling of viola	tions, and emorcin	ig conservation ease	ements aurii	ng the year
7	Amount of expenses incurred in monitoring, in:	specting, handling of violations	, and enforcing co	nservation easemer	its during th	e year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	juirements of section	on 170(h)(4)(B)(i)	∏Yes	No
9	In Part XIII, describe how the organization reprincted, if applicable, the text of the footnote to	orts conservation easements in the organization's financial st	nits revenue and e atements that desc	expense statement, a	and balance on's accour	sheet, and nting for
_	conservation easements	ions of Art Historias Tra	acurac or Oth	w Cimilar Assats		
Par	Complete if the organization ans	wered 'Yes' on Form 990	0, Part IV, line	8.		
1 ;	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, edu-	cation, or research	e statement and bala in furtherance of p	ance sheet v ublic service	works of e, provide,
1	b If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items:	SFAS 116 (ASC 958), to repord for public exhibition, education	t in its revenue sta on, or research in f	itement and balance urtherance of public	e sheet work service, pro	s of art, ovide the
	(i) Revenue included on Form 990, Part VIII,	ine 1			\$	
	(ii) Assets included in Form 990, Part X				\$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other	similar assets for tems.	financial gain, provi	de the follow	ving
	a Revenue included on Form 990, Part VIII, line			<b>.</b>	\$	
	Assets included in Form 990, Part X			▶	\$	

	EFIT RESEARCH II		52-113		Page 2
Part III Organizations Maintaining Collect	tions of Art, Historic	al Treasures, or Oth	ner Similar Assets (	continued)	
3 Using the organization's acquisition, accession items (check all that apply):	n, and other records, che	eck any of the following	that are a significant use	e of its collect	tion
a Public exhibition	<b>d</b> Loan o	or exchange programs			
<b>b</b> Scholarly research	e Other				
c Preservation for future generations	_				
4 Provide a description of the organization's coll Part XIII.	lections and explain how	they further the organiz	ation's exempt purpose	ın	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be mai	ntained as part of the or	ganization's collection?.		Yes	No
Part IV Escrow and Custodial Arrangemen	its. Complete if the or	rganization answered	1 'Yes' on Form 990,	Part IV,	
inte 9, or reported air amount or	TT OITH 330, Fait A,	11110 21.		<del></del>	_
· · · · · · · · · · · · · · · · · · ·			assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	nd complete the followin	g table:	r	A	
- Decument halance			<del></del>	Amount	
c Beginning balance	• • • • • • • • • • • • • • • • • • • •		1c		
d Additions during the year			1 d	<del></del>	
• = • • • • • • • • • • • • • • • • • •			16		
f Ending balance  2 a Did the organization include an amount on For		or escrow or custodial a		Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.					
bit res, explain the arrangement in rare Am.	oneck here it the explana	ation has been provided	on at An		
Part V   Endowment Funds. Complete if the	he organization ansi	wered 'Yes' on Forr	n 990. Part IV. line	10.	
(a) Current			(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains,					
and losses				l	
d Grants or scholarships					
e Other expenditures for facilities and programs .					
f Administrative expenses .					
g End of year balance				<u> </u>	
2 Provide the estimated percentage of the curre	nt year end balance (line	e 1g, column (a)) held a	s:		
a Board designated or quasi-endowment	*				
b Permanent endowment ►					
c Temporarily restricted endowment	*				
The percentages on lines 2a, 2b, and 2c should	ld equal 100%				
3 a Are there endowment funds not in the possess organization by:	sion of the organization t	hat are held and admını	stered for the	Yes	No
(i) unrelated organizations	• • • • • • • • • • • • • • • • • • • •	•		3a(i)	
(ii) related organizations				3a(ii)	<del> </del>
<b>b</b> If 'Yes' on line 3a(ii), are the related organizat				3b	<u> </u>
4 Describe in Part XIII the intended uses of the		nt funds.			
Part VI Land, Buildings, and Equipmer		000 5 1 11 / 11			
Complete if the organization ans	wered 'Yes' on Form	n 990, Part IV, line	11a. See Form 990	, Part X, lir	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land			, '5		
<b>b</b> Buildings					
c Leasehold improvements		239,750.	219,886.	19	,864.
<b>d</b> Equipment					
e Other		202,834.	144,365.	58	,469.
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, co	olumn (B), line 10c )		78	1.333

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Schedule **D** (Form 990) 2015

BAA

Schedule **D** (Form 990) 2015

BAA

Part VII Investments - Other Securities.		N/A	000 D-4 V I 10
Complete if the organization answered			-
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-	ot-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			<del></del>
(C)			
(D)	-		
(E)			
(F)			
<u>`</u> (G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		و المعلى المواقع المعلى المعلى المعلى المعلى المعلى المواقع المعلى المعل	
Part VIII Investments – Program Related. Complete if the organization answered	L'Yes' on Form 990	) Part IV line 11c See Form 9	90 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	(b) Book Value	(c) method of valuation cost of one	or your market value
(2)			
(3)	<del></del>		***
(4)			
(5)			
(6)			
(7)			
(8)			
_(9)			
(10)		The state of the s	water that the second to the second to the
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.	N/A	<u> </u>	of any training to the state of the
Complete if the organization answered	Yes' on Form 990	, Part IV, line 11d. See Form 9	
	scription		(b) Book value
(1)			<del> </del>
(2)		· · · · · · · · · · · · · · · ·	<del> </del>
(4)			
(5)			-
(6)			
(7)			
(8)		<del> </del>	
(9) (10)			-
Total. (Column (b) must equal Form 990, Part X, column (l	R) line 15 )		
Dark V Other Liebilities	37/4		<u> </u>
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		No the State of th
(1) Federal income taxes			
(2)		A Property of the second of th	
(3)			, , , , , , , , , , , , , , , , , , ,
(5)	<del></del>		The state of the s
(6)		——————————————————————————————————————	ា ស៊ា ១៦ មាមិថ្
(7)			
(8)			٠,
(9)		<u> </u>	
(10)			·, ]
(11)		<del></del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	about to the server of the server		Judaliha for annual
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	othere to the organization's fil	nancial statements that reports the organization's	ilability for uncertain

TEEA3303L 06/03/15

Schedule <b>D</b> (Form 990) 2015	EMPLOYEE	RENEETT	RESEARCH	TNSTTTITE

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Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,956,238.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	(m)21	
a Net unrealized gains (losses) on investments	٠,-	
b Donated services and use of facilities	1.3	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	بىرىپ ئىلى	
e Add lines 2a through 2d.	2 e	-31,815.
3 Subtract line <b>2e</b> from line <b>1</b>	3	3,988,053.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 4	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )	517	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,988,053.
Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	m.	
Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Returnal Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	m.	
	m. 1	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1 1	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1 25 25 25 25 25 25 25 25 25 25 25 25 25	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	m.	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	n.	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b	n.	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  2 a  2 b  2 c		4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.).	1	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	1 2e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  4 a	1 2e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.). 4b	1 2e 3	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	1 2e 3	4,312,300.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.). 4b	1 2e 3	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule **D** (Form 990) 2015

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

EMPLOYEE BENEFIT RESEARCH INSTITUTE

Part | Questions Regarding Compensation

| Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compe

				Yes	No
1 a	Check the appropriate box(es) if the organization provided VII, Section A, line 1a. Complete Part III to provide any rele	any of the following to or for a person listed on Form 990, Part evant information regarding these items.	14	162	NO
	First-class or charter travel	Housing allowance or residence for personal use		87	
	Travel for companions	Payments for business use of personal residence		* * * ********************************	   18
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	321		
	X Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
ŧ	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses describe	ation follow a written policy regarding payment or id above? If 'No,' complete Part III to explain	1 b	X	300 12g
				-	
2	Did the organization require substantiation prior to reimburg trustees, and officers, including the CEO/Executive Director	sing or allowing expenses incurred by all directors, ir, regarding the items checked in line 1a?.	2	Х	
3	Indicate which, if any, of the following the filing organization CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but	k any boxes for methods used by a related organization to	- Table 1	後、ご 湯	
	Compensation committee	Written employment contract	, 1 , 1 , 1		
	Independent compensation consultant	Compensation survey or study	, \frac{1}{2}	, T	3
	Form 990 of other organizations	X Approval by the board or compensation committee	• · [		11、12人では、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは、12人のでは
4	During the year, did any person listed on Form 990, Part V organization or a related organization:	/II, Section A, line 1a, with respect to the filing	, 27 28		
	Receive a severance payment or change-of-control payme		4 a		X
	p Participate in, or receive payment from, a supplemental no		4 b		X
•	c Participate in, or receive payment from, an equity-based co		4 c	7.535	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.	1		* 3
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.	٠,	[A.9]	7
5	For persons listed on Form 990, Part VII, Section A, line 1s contingent on the revenues of:	a, did the organization pay or accrue any compensation	, , , , , , , , , , , , , , , , , , ,		1 ( )
;	a The organization?	and the second s	5 a		
į	h Any related organization?		5 b		
	If 'Yes' to line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1s contingent on the net earnings of:	a, did the organization pay or accrue any compensation	, <u></u>	y 1 3 1	وع الا الا
i	a The organization?		6a		
ı	h Any related organization?		6 b		
	If 'Yes' on line 6a or 6b, describe in Part III.		<u></u>		
7	For persons listed on Form 990, Part VII, Section A, line 1a payments not described on lines 5 and 6° If 'Yes,' described	a, did the organization provide any non-fixed e in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or to the initial contract exception described in Regulations self 'Yes,' describe in Part III	ection 53.4958-4(a)(3)?	8		
9	If 'Yes' to line 8, did the organization also follow the rebutt		9		

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EMPLOYEE BENEFIT RESEARCH INSTITUTE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(E) Total of columns(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
DALLAS L. SALISBURY (	869,529.	0.	362,587.	29,000.	30,991.	1,292,107.	0.
1 PRESIDENT (i		0.	0.	0.	0.	0.	0.
HARRY CONAWAY	66,667.	150,000.	594.	0.	0.	217,261.	0.
2 PRESIDENT (6	0.	0.	0.	0.	0.	0.	0.
PAUL FRONSTIN (	235,022.	0.	3,276.	27,347.	19,778.	285,423.	0.
3 DIRECTOR-HEALTH AND EDUCATION 6		0.	0.	0.	0.	0.	0.
JACK VANDERHEI		0.	1,505.	29,000.	1,560.	410,316.	0.
4 DIRECTOR-RESEARCH (i		0.	0.	0.	0.	0.	0.
STEPHEN BLAKELY		<u>  0.</u>	<u>_1,505</u> .	13,514.	<u>19,466.</u>	152,089.	0.
5 DIRECTOR-COMMUNICATION (i		0.	0.	0.	0.	0.	0.
SUDIPTO BANERJEE	————————	<u>  0.</u>	182.	15,015.	8,703.	<u> 156,110.</u>	0.
6 RESEARCH ASSOCIATE (i		0.	0.	0.	0.	0.	0.
CRAIG COPELAND		<u>  0.</u>	342.	21,622.	4,520.	218,524.	0.
7 SENIOR RESEARCH ASSOCIATE (i		0.	0.	0.	0.	0.	0.
LUIS ALONSO (0		<u>  0.</u>	228.	20,420.	9,174.	211,345.	0.
8 DIRECTOR-IT/RESEARCH DATABASES (i	·	0.	0.	0.	0.	0.	0.
		l		L		L	1
9 (1							
		↓ <b>_</b>		<b>↓</b>		L	1
10 (i							
		<b>↓</b>		<b>↓</b>		L	
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#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

THE ORGANIZATION'S PRESIDENT THROUGH DECEMBER 10, 2015, DALLAS SALISBURY, IS THE ONLY PERSON LISTED IN FORM 990, PART VII, SECTION A, LINE 1A, WITH A DISCRETIONARY SPENDING ACCOUNT. UNDER HIS EMPLOYMENT CONTRACT, HIS ANNUAL DISCRETIONARY SPENDING ACCOUNT IS \$30,000. HE IS TO ACCOUNT AND PROVIDE SUBSTANTIATION FOR EXPENSES HE INCURS RELATED TO THE ORGANIZATION. ANY AMOUNT OF HIS DISCRETIONARY SPENDING ACCOUNT THAT IS NOT USED FOR ORGANIZATION EXPENSES IS PAID TO HIM AND INCLUDED IN HIS W-2 REPORTABLE COMPENSATION. SEE SCHEDULE O.

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number 52-1134631

Department of the Treasury Internal Revenue Service

Name of the organization

EMPLOYEE BENEFIT RESEARCH INSTITUTE

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

EBRI HAS SEVERAL CLASSES OF MEMBERS. THE CLASSES PAY DIFFERENT AMOUNTS OF ANNUAL DUES, WITH THE HIGHEST AMOUNT PAID BY "SUSTAINING MEMBERS." SUSTAINING MEMBERS ARE THE ONLY MEMBERS OF EBRI THAT HAVE ANY RIGHT TO PARTICIPATE IN EBRI'S GOVERNANCE, AS DESCRIBED BELOW IN THE EXPLANATION PERTAINING TO PART VI, LINE 7A. NO EBRI MEMBER HAS THE RIGHT TO RECEIVE DISTRIBUTIONS OF INCOME OR ASSETS FROM EBRI.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

EACH SUSTAINING MEMBER OF EBRI IS ENTITLED TO APPOINT ONE OF ITS EXECUTIVES TO SERVE

ON THE EBRI BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS
PLEASE SEE ATTACHMENT TO SCHEDULE O, TRUSTEE LISTING.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY MANAGEMENT, THE ORGANIZATION'S PRESIDENT AND THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

UNDER THE ORGANIZATION'S (EBRI) CONFLICT OF INTEREST POLICY, OFFICERS AND TRUSTEES

AND KEY EMPLOYEES ARE UNDER A CONTINUOUS OBLIGATION TO DISCLOSE ANY CONFLICT OF

INTEREST THAT MAY ARISE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE ONLY PAID EBRI OFFICER IS THE PRESIDENT AND CHIEF EXECUTIVE OFFICER WHICH IN
2015 WAS A POSITION HELD BY TWO INDIVIDUALS. BASED ON AN EXPIRING EMPLOYMENT
CONTRACT SIGNED IN 1995, MR. DALLAS SALISBURY HELD THE POSITION FROM JANUARY 1 UNTIL
DECEMBER 10 AT WHICH POINT MR. HARRY CONAWAY WAS ELECTED BY THE BOARD TO BECOME THE
NEW PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE NEW EMPLOYMENT CONTRACT FOR MR.
CONAWAY PROVIDES FOR SALARY INCREASES AND ANNUAL INCENTIVE PLAN TARGETS AS

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

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**15** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number EMPLOYEE BENEFIT RESEARCH INSTITUTE 52-1134631 FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CONTINUED) INDEPENDENT CONSULTANTS WERE NOT ENGAGED TO AND APPROVED BY THE EXECUTIVE COMMITTEE. COMPILE OR REVIEW THE AGREEMENT. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD MODIFIED CASH. FORM 990, PART VI, LINE 17, STATES WHERE FORM 990 IS REQUIRED TO BE FILED ON DECEMBER 12, 2008, THE DISTRICT OF COLUMBIA OFFICE OF TAX AND REVENUE (OTR) ELIMINATED THE IRS FORM 990 FILING OBLIGATION. THEREFORE, D.C. NONPROFIT ORGANIZATIONS ARE NO LONGER REQUIRED TO FILE A COPY OF THEIR FORM 990 WITH OTR. PLEASE REFER TO DISTRICT OF COLUMBIA OTR NOTICE 2009-01. FORM 990, PART XII, LINE 2B, AUDITED BY AN INDEPENDANT ACCOUNTANT THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION WERE PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING (OTHER COMPREHENSIVE BASIS OF ACCOUNTING)

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 
► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

EMPLOYEE BENEFIT RESEARCH INSTITUTE

Employer identification number

52-1134631

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	ct controlling entity  (g Sec 512/controlled Yes  N/A	g) 2(b)(13) ed entity?
						Yes	No
(1) EBRI, EDUCATION AND RESEARCH FUND 1100 13TH STREET, N.W. #878 WASHINGTON, DC 20005 52-1190398	EDUCATION ON EMPLOYEE BENEFITS	DC	501 (C) (3)	7	N/A		х
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Dispi tior	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controller	) (b)(13) d entity?
		country)	entity	or trusty				Yes	No
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Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

			_		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			*	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	ations listed in Parts II-IV	/?			1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. 1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		, ,	1 b		Х
c Gift, grant, or capital contribution from related organization(s)			. 1c		Х
d Loans or loan guarantees to or for related organization(s) .			1 d		Х
e Loans or loan guarantees by related organization(s)		•	1 e	1	Х
f Dividends from related organization(s).			1 f		X
g Sale of assets to related organization(s)		,	. 1g		X
h Purchase of assets from related organization(s)			1 h		Х
i Exchange of assets with related organization(s)	•		. 1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)	•		1 k	1	X
Performance of services or membership or fundraising solicitations for related organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organization(s)			1 n	1	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		X
o Sharing of paid employees with related organization(s)		•	10	<b>†</b>	X
					-
p Reimbursement paid to related organization(s) for expenses			1 p		X
q Reimbursement paid by related organization(s) for expenses			1 9		
				1	
r Other transfer of cash or property to related organization(s)			. 1r	1	X
s Other transfer of cash or property from related organization(s)			1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including	ng covered relationships	and transaction threshol	ds.	-	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	lethod of amoun	<b>(d)</b> deterr t involv	nınıng /ed
(1) EBRI, EDUCATION AND RESEARCH FUND	Q	1,110,865.0	ASH		
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all p sec 501( organiz	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	ate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	i) ral or aging ner?	(k) Percentag ownership
			sections 512-514)	Yes	No	!		Yes	No		Yes	No	1
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Part VII Supplemental Information

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