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 private foundations)

OMB No 1545-0047

▶ 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.

Open to Public Inspection

| A F | or the | 2013 calendar year, or tax year beginning and endi | ng | | |
|-------------------------|---------------------|--|----------|------------------------------|-----------------------------|
| B | Check if applicable | C Name of organization | | D Employer identific | cation number |
| Г | Addres change | EMPLOYMENT POLICIES INSTITUTE FOUNDATION | J | | |
| F | Name change | Doing Business As DEFEATTHEDEBT • COM | <u>`</u> | 52-1 | 902264 |
| F | lnitial return | | n/suite | E Telephone numbe | |
| Ē | Termin- | _ I | | (202 | |
| | Amend | | | G Gross receipts \$ | 2,347,584 |
| | Application | WASHINGTON, DC 20005 | | H(a) Is this a group re | eturn |
| | pendin | F Name and address of principal officer: KICHARD BERMAN | | for subordinates | ? Yes X N |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes N |
| | | mpt status: X 501(c)(3) | 527 | If "No," attach a | list. (see instructions) |
| | | E: ► SEE SCHEDULE O | | H(c) Group exemptio | |
| | | | L Year o | f formation: 1994 N | A State of legal domicile D |
| P | | Summary | NT () () | TOTAL | no. |
| e | 1 8 | | | MENT POLICI | |
| Jan | - | INSTITUTE FOUNDATION (EPIF) IS THE ONLY NON | | | |
| Activities & Governance | 1 | Check this box Lifthe organization discontinued its operations or disposed of | of more | 1 1 | ssets. |
| ဇ္ဗိ | 1 | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | 3 | <u></u> |
| . ජ ග | 1 | otal number of individuals employed in calendar year 2013 (Part V, line 1a) | | 5 | |
| įį | 1 | otal number of volunteers (estimate if necessary) | | 6 | |
| cţ | | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | (|
| ⋖ | 1 | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | (|
| | | , | | Prior Year | Current Year |
| ø | 8 (| Contributions and grants (Part VIII, line 1h) | | 2,957,698. | 2,341,440 |
| Pun | 9 F | Program service revenue (Part VIII, line 2g) | | 117. | 6,069 |
| Revenue | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 266. | 75 |
| | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | (|
| _ | 12 | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,958,081. | 2,347,584 |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u> </u> | 5,286. | C |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | (|
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 25,691. | 50,204 |
| ë | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | C |
| Expenses | | otal fundraising expenses (Part IX, column (D), line 25) 58,059. | <u> </u> | 2 226 111 | 2 000 700 |
| | 17 | other expenses (Part IX) Column (A), lines 11a-11d, 11f-24e) | | 2,326,111. | 2,080,798 |
| | 19 | otal expenses. Add lines 3:17 must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 | | 2,357,088. 600,993. | 2,131,002 216,582 |
| es | 19 1 | | Ros | inning of Current Year | |
| ets (| 20 | R NOV 2 0 2014 7 Otal assets (Part X, line 16) 7 | Dey | 809,760. | End of Year 1,083,187 |
| t Assets or od Balances | 21 | otal habilities (Part X, line 29) | | 148,971. | 205,816 |
| ESE. | 22 | Net assets of fund balances. Subtract line 21 from line 20 | | 660,789. | 877,371 |
| ****** | art II | Signature Block | | | |
| Und | er penal | ties of perjury, I declare that I have examined this return, including accompanying schedules and | stateme | nts, and to the best of m | y knowledge and belief, it |
| | | , and complete. Declaration of preparer (other than officer) is based on all information of which p | | | |
| | | | | | 1. 10 |
| Sig | n | Signature of officer Small & Janes | | | |
| Her | | GERALD G. FRANCIS, SECRETARY/I | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Rreparer's signal | | | |
| Paid | - F | MIREYA TORRA MIREYA | | | |
| | · • | Firm's name RICHARD BERMAN AND COMPA | | | |
| Use | Only | Firm's address 1090 VERMONT AVE. NW, SU | | | |
| | ļ | WASHINGTON, DC 20005 | | | |

332001 10-29-13

May the IRS discuss this return with the preparer shown above? (see instruc

LHA For Paperwork Reduction Act Notice, see the sepa SEE SCHEDULE O FOR ORGANIZATION MI

| | 990 (2013) EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Page 2 |
|----------------|--|
| Par | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | EMPLOYMENT POLICIES INSTITUTE FOUNDATION'S MISSION IS TO EDUCATE |
| | POLICYMAKERS AND THE GENERAL PUBLIC WITH RESPECT TO THE ECONOMIC AND |
| | SOCIAL EFFECT OF EMPLOYMENT, FINANCIAL AND GOVERNMENT SPENDING |
| | POLCIES. AND TO CONDUCT RESEARCH WITH RESPECT TO (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? \square Yes \square 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 services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses |
| | Section 501(c)(3) and 501(c)(4) organizations 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 \$ 654,655. including grants of \$ 0.) (Revenue \$ 0.) |
| | WITH GRANT FUNDING, LAUNCHED A CAMPAIGN TO PROVIDE RESEARCH ON THE |
| | ECONOMIC IMPACT OF MINIMUM WAGE HIKES IN NEW JERSEY. PROMOTED THIS |
| | RESEARCH IN THE MEDIA AND VIA OVER \$460,000 IN ADVERTISING, RESULTING |
| | IN COVERAGE IN OVER 60 RADIO, TV, ONLINE, AND PRINT MEDIA OUTLETS IN |
| | JUST 5 MONTHS. CONTINUED ACTIVITY TO EDUCATE THE PUBLIC ON THE |
| | CONSEQUENCES OF RAISING THE MINIMUM WAGE IN SAN JOSE, CALIFORNIA. |
| | |
| | |
| | |
| | |
| | |
| 46 | (Code) (Expenses \$ 564,469 . including grants of \$ 0 .) (Revenue \$ 5,268 .) |
| 4b | (Code) (Expenses \$ 564,469 · including grants of \$ 0 ·) (Revenue \$ 5,268 ·) CONTINUED TO MAINTAIN EPIONLINE ORG, MINIMUMWAGE COM AND |
| | TIPPEDWAGE.COM; POSTED 45 BLOG POSTS WITH RESEARCH AND INFORMATION ON |
| | THE CONSEQUENCES OF EMPLOYER MANDATES. PROMOTED EPIF RESEARCH AND |
| | MESSAGES THROUGH \$175,000 IN ADVERTISING IN MULTIPLE MEDIA OUTLETS. |
| | THEODICED THROUGH \$1757000 IN INDVENTIONAL IN HODITIES HEDIN COLLEGE. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code) (Expenses \$ 307,508 • including grants of \$ 0 •) (Revenue \$ 0 •) |
| | RELEASED FOUR INDEPENDENT STUDIES ON LABOR POLICIES AND THEIR OUTCOME, |
| | INCLUDING AN ANALYSIS OF NEW MINIMUM WAGE RESEARCH METHODS, TWO STUDIES |
| | ON THE IMPACT OF PAID SICK LEAVE POLICIES, AND ANALYSIS ON THE IMPACT |
| | OF RAISING THE MINIMUM WAGE IN NEW JERSEY (SEE SECTION 4A). 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 \$ 440,697. Including grants of \$) (Revenue \$ 801.) |
| 4e | Total program service expenses ► 1,967,329. |
| | Form 990 (2013) |
| 32002 0-29- | |

| | rt IV Checklist of Required Schedules | 204 | <u> </u> | age 3 |
|-----|--|------------|----------|-------|
| | The state of the s | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 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 | ļ |
| 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 | | Х |
| 6 | 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, Part I | 6_ | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | х |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | ^ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | Х |
| | Schedule D, Part III | 8 | | Λ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 8 | | - |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | • | ĺ |
| | 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 | | Х |
| С | Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| ь | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 170 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| • | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | · _ | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |

Form **990** (2013)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) EMPLOYMENT POLICIE

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|----------|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or 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 | <u> </u> | 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? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 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 | | ! | l |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | } | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | ١ |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| þ | 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 | | Х |
| 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 so, | | | v |
| | 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 | | | |
| 00 | of any of these persons? 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) | 00 | | v |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 00- | х | |
| 29 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Λ | Х |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | _ A |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | A |
| ٠. | 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 | 31 | | 1 |
| - | 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, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | 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 | | Х |
| 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 | |
| | | Fa | agn | (2012) |

EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Form 990 (2013) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 24 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 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 X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 3 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7¢ 7d d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9 a Did the organization make any taxable distributions under section 4966? 9a 9ь b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter.

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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.

organization is licensed to issue qualified health plans

a Is the organization licensed to issue qualified health plans in more than one state? 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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| 13ь | | |
|------------|-----|-------------|
| 13c | | |
| | 14a | <u>></u> |
| ∍ O | 14b | |

12a

13a

Form **990** (2013)

11a

11b

12b

52-1902264 Page **6**

Form 990 (2013) EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Page 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 Q. See instructions.

| | to line 6a, 6b, 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 | | | X |
| <u>Sec</u> | 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 | | | |
| | 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 0 Finter the number of voting members included in line 1a, above, who are independent. | | | |
| | Enter the number of Yearing members included in line Ya, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | Х |
| 2 | officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision | 2 | | |
| 3 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | Х | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | 71 | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| - | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 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 | |
| b | 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 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | X |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | •• | |
| • | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | 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 | Х | |
| 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 |
| ь | 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 | | | |
| 800 | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | |
| <u> </u> | List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | wallah | اما | |
| | for public inspection. Indicate how you made these available. Check all that apply. | validQ | 10 | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | cial | |
| - | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organizar | ion: ▶ | • | |
| | RICHARD BERMAN - 202-463-7650 | | | |
| | 1090 VERMONT AVENUE, NW #800, WASHINGTON, DC 20005 | | | |
| 332008 | 3 10-29-13 | Form | 990 | (2013) |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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

| (A) Name and Title | (B) Average hours per week | offi | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | |
|-------------------------------|--|--------------------------------|--|---------|--------------|------------------------------|--------|--|---|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional frustee | Officer | Кеу етріоуее | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | |
| (1) RICHARD BERMAN | 8.60 | | | | | | | | _ | | |
| PRESIDENT, EXECUTIVE DIR. | 0.20 | X | | X | | | | 20,175. | 0. | 0 | |
| (2) GERALD FRANCIS | 0.30 | | | | | | | 500 | 0 | | |
| SECRETARY/TREASURER | 0 10 | X | | Х | ļ | | | 500. | 0. | 0 | |
| (3) PAUL AVERY | 0.10 | ٦. | | | | | | E00 | _ | ^ | |
| DIRECTOR | 0.10 | X | | | | \vdash | | 500. | 0. | 0 | |
| (4) JOHN BERGLUND | 0.10 | X | | | | | | 500. | 0. | 0 | |
| DIRECTOR (5) SHANNON FOUST | 0.20 | 1^ | | - | - | | | 300. | · · · · · · · · · · · · · · · · · · · | | |
| DIRECTOR | 0.20 | X | | | | | | 500. | 0. | 0 | |
| (6) CRAIG GARTHWAITE | 0.10 | 1 | | | | | | 300. | • | | |
| DIRECTOR | 3113 | x | | | | | | 500. | 0. | 0 | |
| (7) WARREN HARDIE | 0.10 | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 500. | 0. | 0 | |
| (8) JAMES LEDLEY | 0.20 | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 500. | 0. | 0 | |
| | | | | | | | | | | | |
| - | | | | | | | | | | | |
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332007 10-29-13

| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , an | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
|-----|--|--|--|----------|-------|----------|------------------------------|----------|-----------------------------|--|-------------|------------------------|-----------------------------------|-------------------------|
| | (A) Name and title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both as | | | | | one | (D) Reportable compensation | (E) Reportable compensation | (F Estim | | | |
| | | week (list any hours for related organizations below line) | stee or director | | | irecto | Highest compensated caployee | tee) | from the | from related organizations (W-2/1099-MIS | \$ | com fi org an | other pensarom th panizat d relat | ition e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | : | | | |
| • | | | | | | | | | | | | | _ | - |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1 h | Sub-total | | | l | L | <u> </u> | L | | 23,675. | | 0. | | | 0. |
| | Total from continuation sheets to Part V | II, Section A | | | | | | • | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | 4 1 1 4 4 5 - | | 1 4 . | | | | <u> </u> | 23,675. | 000 - (| 0. | | | 0. |
| 2 | Total number of individuals (including but recompensation from the organization | ot ilmited to th | ose | IISTE | ed al | oove | e) wr | 10 re | eceived more than \$100 | ,υυυ of reportable |) | | | 0 |
| • | D-10 | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | · · · · · | ISTE | э, ке | y er | npio | yee, | or | nignest compensated e | mployee on | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the si | um of reportab | | | | | | | • | the organization | | | | |
| 5 | and related organizations greater than \$15 Did any person listed on line 1a receive or | | | • | | | | | | dual for services | | 4 | | X |
| | rendered to the organization? If "Yes," con | • | | | | • | | Ciat | ed organization or indivi | dual for services | | 5 | | Х |
| _ | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | · · | pensa | ation 1 | rom | |
| | (A) Name and business | address | | | | | | | (B) Description of s | ondoos | | ((| - | |
| RIC | CHARD BERMAN & COMPANY | | 10 | 90 |) | | | | MGMT, ADVERT | | | ompe | nsatio | <u> </u> |
| | RMONT AVE, NW #800, WA | | | | | | 005 | | RESEARCH & A | | _1 | ,04 | 4,1 | 56. |
| | TIONAL CABLE COMMUNICADADACRES DR, 3FL, BLOO | | | | | | 3 | | ADVERTISING | | | 33 | 9,7 | 13. |
| | | · | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | | - | |
| | | - | | | | | | _ | | | | | | |
| | T | | | <u>.</u> | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organi | | ot III | mite | d to | _ | se lis 2 | stec | above) who received m | ore than | | | | |

Form 990 (2013) EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Page 9

[Part VIII]. Statement of Revenue

| | | | Check if Schedule O cont. | ains a response | or note to any lir | ne in this Part VIII | | | |
|--|---------|------|---|----------------------|--------------------|----------------------|--|---|--|
| | ٠ | 7111 | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts | 1 | а | Federated campaigns | 1a | | | | | |
| e i | | b | Membership dues | 1b | | | | | |
| Am. | | ¢ | Fundraising events | 1c | | | | | |
| ᅙ | | d | Related organizations | 1d | | | | | |
| S.i. | | e | Government grants (contribut | ions) 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | f | All other contributions, gifts, grant | | | | | | |
| 聲 | | | similar amounts not included above | ve 1f 2, | 341,440. | | | | |
| a st | | 9 | Noncash contributions included in lines | 1a-1f \$ | | | | | |
| <u>ة ن</u> | | h | Total. Add lines 1a-1f | | 1 | 2,341,440. | | | |
| | | | | GENENAG | Business Code | | 6 060 | | |
| ice | 2 | | EXPENSE REIMBUR | | 900099 | 6,060. | 6,060. | | |
| le Z | | Ь | PUBLIC DISCLOSU | RE COPY | 900099 | 9. | 9. | | <u> </u> |
| Program Service Revenue | | С. | - | | - | | | | <u> </u> |
| Rea | | d | | | | | | | |
| ٠ و | | e | All selections | | | | | | |
| _ | | f | All other program service reve | nue | • | 6,069. | | | |
| | 3 | 9 | Total. Add lines 2a-2f Investment income (including | dividende inter | <u>-</u> | 0,000. | | | |
| | 3 | | other similar amounts) | dividends, inter | est, and | 75. | | | 75. |
| | 4 | | Income from investment of tax | x-exempt bond r | proceeds | , , , , | | | 1 |
| | 5 | | Royalties | cacinpt cond p | >100000003 | | | | |
| | _ | | , | (ı) Real | (II) Personal | | | | - |
| | 6 | а | Gross rents | (7) | (4) | | | | |
| | | b | Less rental expenses | | | | | | |
| | | С | Rental income or (loss) | | | | | | |
| | | d | Net rental income or (loss) | | > | | | | |
| | 7 | а | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | | assets other than inventory | | | | | | |
| | | b | Less: cost or other basis | 1 | | | | | |
| | | | and sales expenses | | | | | | |
| | | | Gain or (loss) | L | <u></u> | | | | |
| | | | Net gain or (loss) | | <u> </u> | | | | ļ |
| Ë | 8 | а | Gross income from fundraising | g events (not | | | Į. | | |
| ⊆ _ | | | including \$ | of | | | | | |
| Other Reve | | | contributions reported on line | | | | | | |
| her | | _ | Part IV, line 18 | а | | | | | |
| δ | | | Less' direct expenses Net income or (loss) from func | b traising events | L | | | | 1 |
| | ۵ | | Gross income from gaming ac | - | | | | | + |
| | 7 | a | Part IV, line 19 | a a | | | | | |
| | | b | Less: direct expenses | b | | | | | |
| | | | Net income or (loss) from gam | | • | | | | 1 |
| | 10 | | Gross sales of inventory, less | - | | | | ······ | |
| | | | and allowances | а | • | | | | |
| | | ь | Less. cost of goods sold | b | | | | | |
| | | с | Net income or (loss) from sale | s of inventory | • | | | | |
| i | | | Miscellaneous Revenu | θ | Business Code | | | | |
| ! | 11 | а | | | | | | | |
| | | þ | | | | | | | |
| | | С | | | ļ | | | | |
| | | d | All other revenue | | <u> </u> | | · | | ļ |
| | | е | Total. Add lines 11a-11d | | | 2 247 504 | 6 060 | | |
| 33200 | 12 9 | | Total revenue. See instructions | | | 2,347,584. | 6,069. | 0 . | 75 . Form 990 (2013) |
| 10-29 | .13 | | | | | | | | Form 5950 (2013) |

Form 990 (2013) EMPLOYMENT PO Part IX Statement of Functional Expenses

| _ | Check if Schedule O contains a response | | this Part IX | (C) | (D) |
|---------|--|---------------------------------------|------------------------------|-------------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | · | | | |
| | organizations in the United States See Part IV, line 21 | · · · · · · · · · · · · · · · · · · · | | | ····· |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| _ | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 28,363. | | 2 500 | 24 062 |
| _ | trustees, and key employees | 20,303. | | 3,500. | 24,863 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 18,054. | | | 18,054 |
| 7 | Other salaries and wages | 10,034. | | | 10,034 |
| 8 | Pension plan accruals and contributions (include | | | | |
| 9 | section 401(k) and 403(b) employer contributions) Other employee benefits | | | - | |
| 9 10 | Payroll taxes | 3,787. | | | 3,787 |
| 1 | Fees for services (non-employees): | 3,7107. | | | 3,707 |
| a | Management | 998,629. | 923,849. | 74,780. | |
| ь | Legal | 9,611. | 6,600. | 3,011. | |
| c | Accounting | 20,750. | 3,3333 | 20,750. | |
| d | Lobbying | 20,,000 | | 207.000 | |
| e | Professional fundraising services See Part IV, line 17 | | 17-11-7 | | |
| f | Investment management fees | | | | · |
| 9 | Other (If line 11g amount exceeds 10% of line 25, | | | | **** |
| Ū | column (A) amount, list line 11g expenses on Sch O) | 249,849. | 249,018. | | 831 |
| 2 | Advertising and promotion | 709,060. | 709,060. | | |
| 3 | Office expenses | 34,719. | 29,210. | | 5,509 |
| 4 | Information technology | 12,675. | 10,590. | 484. | 5,509 1,601 |
| 5 | Royalties | | | | |
| 6 | Occupancy | 495. | 495. | ,, | |
| 7 | Travel | 25,951. | 22,537. | | 3,414 |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 7,794. | 7,794. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 2,993. | | 2,993. | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | TAXES, LICENSES & FEES | 8,136. | 8,081. | 55. | |
| b | SUBSCRIPTIONS & PUBLICA | 99. | 58. | 41. | • |
| c | MEMBERSHIP DUES | 37. | 37. | | |
| d | | | | | |
| е | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 2,131,002. | 1,967,329. | 105,614. | 58,059 |
| 6 | 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 I if following SOP 98-2 (ASC 958-720) | | | | |

332010 10-29-13

| Pa | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|--------------------------|---------------------------------------|--|----------------------|--------------------|
| | - | Check if Schedule O contains a response or not | e to ar | ny line in this Part X | (A) | | (P) |
| | • | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | | | 787,952. | 1 | 257,905. |
| | 2 | Savings and temporary cash investments | | | 2,254. | 2 | 720,427. |
| | 3 | Pledges and grants receivable, net | | | 19,504. | 3 | 104,855. |
| | 4 | Accounts receivable, net | vable, net | | | | 0. |
| | 5 | Loans and other receivables from current and fo | officers, directors, | | | | |
| | | trustees, key employees, and highest compensations | | | | | |
| | ļ | Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disquali | ersons (as defined under | | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of sections | | · · · · · · · · · · · · · · · · · · · | | | |
| S. | | employees' beneficiary organizations (see instr) | | · · · · · · · · · · · · · · · · · · · | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| AS | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | | Land, buildings, and equipment: cost or other | 1 | | ······································ | | -1 |
| | | basis Complete Part VI of Schedule D | 10a | 818. | | | |
| | ь | Less: accumulated depreciation | 10b | 818. | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | - | | 13 | |
| | 14 | Intangible assets | • • | - | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line | 34) | 809,760. | 16 | 1,083,187. |
| | 17 | Accounts payable and accrued expenses | | - // | 148,971. | 17 | 205,816. |
| | 18 | Grants payable | | | • | 18 | · |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| s | 22 | Loans and other payables to current and former | | | | | |
| <u> </u> | | key employees, highest compensated employee | | 1 | | | |
| Liabilities | | Complete Part II of Schedule L | , and | dioqualifica pordorio. | | 22 | |
| ڐ | 23 | Secured mortgages and notes payable to unrela | ated th | ird parties | | 23 | ·· • |
| | 24 | Unsecured notes and loans payable to unrelate | | · | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | · | | | |
| | -0 | parties, and other liabilities not included on lines | • | | | | |
| | | Schedule D | | y. Complete Fait 7t of | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | - | 148,971. | 26 | 205,816. |
| | | Organizations that follow SFAS 117 (ASC 958 | 3), che | ck here ▶ X and | | | |
| s | | complete lines 27 through 29, and lines 33 ar | | | | | |
| Net Assets or Fund Balances | 27 | Unrestricted net assets | | | 426,663. | 27 | 548,193. |
| <u> </u> | 28 | Temporarily restricted net assets | | 234,126. | 28 | 548,193. 329,178. | |
| Ö. | 29 | Permanently restricted net assets | | | | 29 | |
| Š | | Organizations that do not follow SFAS 117 (A | SC 95 | 8), check here | | | ····· |
| <u> </u> | | and complete lines 30 through 34. | | | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| SSE | 31 | Paid-in or capital surplus, or land, building, or ed | | ent fund | | 31 | _ |
| Ä | 32 | Retained earnings, endowment, accumulated in | | i T | | 32 | |
| Ž | 33 | Total net assets or fund balances | | 5. 5.110. 10.105 | 660,789. | 33 | 877,371. |
| | 34 | Total liabilities and net assets/fund balances | | | 809,760. | 3 3 | 1,083,187. |

| ، Form | 990 (2013) EMPLOYMENT POLICIES INSTITUTE FOUNDATION_ | 52-19 | 02264 | Pag | ge 12 |
|-----------|--|------------|-------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | • | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,34 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,13 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 21 | 6,5 | 82. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 66 | 0,7 | 89. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | 87 | 7,3 | 71. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | \mathbf{X} |
| | | | | 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 | 1 | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | , on a | | | |
| | Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| _ | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| U | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | o boolo | 20 | | |
| | consolidated basis, or both: | e Dasis, | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| _ | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | ا م | Х | |
| | review, or compilation of its financial statements and selection of an independent accountant? | 11- 0 | 2c | Λ. | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngie Audit | | | v |
| | Act and OMB Circular A-133? | | 3a | | X |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |

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

332012 10-29-13

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

OMB No. 1545-0047

Inspection

52-1902264 EMPLOYMENT POLICIES INSTITUTE FOUNDATION 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) 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 1-70(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, city, and state: 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). 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). 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 · Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (I) of your support? above or IRC section (see instructions)) Yes Yes No No Yes No

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 EMPLOYMENT POLICIES INSTITUTE FOUNDATION52-1902264 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (c) 2011 (d) 2012 (e) 2013 (f) Total **(b)** 2010 1 Gifts, grants, contributions, and membership fees received. (Do not 1628429. 2957698. 2341440.23716633. 10881090. 5907976. include any "unusual grants.") 2 Tax revenues levied for the organization'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 2341440.23716633. 5907976. 1628429. 2957698. 10881090. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6172372. 17544261. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 10881090. 5907976. 1628429. 2957698. 2341440.23716633. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 599 266. 75. 7,769. 4,713. 2,116. and income from similar sources 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 1,799. 902 117. 6,069. 8,887. assets (Explain in Part IV) 23733289. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 73.92 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2012 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2013

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2013 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) |

| Se | ction A. Public Support | | | | | | |
|------|--|-------------------|----------------------|------------------------|---------------------|----------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011_ | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- formed, or facilities furnished in | | 1 | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | 1 | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | i | | | | |
| | 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 | | <u></u> | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7g from line 6) | | | | | | |
| _ | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | , , | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | · | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain | | | | | 1 - | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is for | the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a secti | on 501(c)(3) organiz | zation, |
| | check this box and stop here | 9 | , , | ,, | , | (-)(-) -: g-:::: | ▶□ |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2013 (I | | | column (f)) | | 15 | 9 |
| | Public support percentage from 2012 | | · · | | | 16 | 9 |
| | ction D. Computation of Inve | | | <u> </u> | | | |
| | Investment income percentage for 20 | | | | | 17 | 9 |
| | Investment income percentage from | • | • | | | 18 | 9 |
| | 33 1/3% support tests - 2013. If the | | | on line 14, and lin | e 15 is more than | 33 1/3%, and line 1 | • |
| | more than 33 1/3%, check this box a | - | | | | | ▶ [|
| Ŀ | 33 1/3% support tests - 2012. If the | - | | | • • • • | | and |
| _ | line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 | Private foundation. If the organization | | | | | - | ▶ . |
| | 23 09-25-13 | | | | | hedule A (Form 99 | 0 or 990-EZ) 201 |
| ., | | | | | | , | , - |

| Schedule A (Form 990 or 990-EZ) 2013 EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Page 4 Part IV Supplemental Information. 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 DISCLOSURE COPIES |
| OPINION EDITORIAL INCOME |
| EXPENSE REIMBURSEMENTS |
| INSURANCE SETTLEMENT |
| REPRINT PERMISSION FEE |
| VENDOR SETTLEMENT |
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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

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

2013 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

| Section 501(c)(4), (5), or (6) organization | | | Er | nployer identification numbe |
|---|--|---|--|--|
| | ENT POLICIES INS | | | 52-1902264 |
| Part I-A Complete if the org | ganization is exempt und | er section 501(c |) or is a section 527 | organization. |
| Provide a description of the organiz Political expenditures Volunteer hours | zation's direct and indirect politic | al campaign activities | _ | > \$ |
| Part I-B Complete if the org | ganization is exempt und | er section 501(c |)(3). | |
| 1 Enter the amount of any excise tax | incurred by the organization und | ler section 4955 | • | \$ |
| 2 Enter the amount of any excise tax | incurred by organization manage | ers under section 495 | 5 | \$ |
| 3 If the organization incurred a section | on 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. | ganization is exempt und | or coation 501/a | \ avaant caation 50 | 11(0)(2) |
| | | | | > 1 (C)(S). > \$ |
| Enter the amount directly expended Enter the amount of the filing organ | | | | Φ |
| exempt function activities | iization s farids contributed to other | iei organizations for t | Section 527 | ≻ \$ |
| · | | 1400 DO | | * |
| 3 Lotal exempt function expenditures | s Add lines 1 and 2. Enter here a | na on Form 1120-PO | L. | |
| 3 Total exempt function expenditures line 17b | s Add lines 1 and 2. Enter here a | nd on Form 1120-PO | | > \$ |
| line 17b 4 Did the filing organization file Form | 1120-POL for this year? | | • | > \$ Yes |
| line 17b | 1120-POL for this year? imployer identification number (Ell ation listed, enter the amount pair omptly and directly delivered to a | N) of all section 527 p d from the filing organ a separate political or | political organizations to will also ente ganization's funds. Also ente ganization, such as a sep | Yes Now |
| line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization contributions received that were presented. | 1120-POL for this year? imployer identification number (Ell ation listed, enter the amount pair omptly and directly delivered to a | N) of all section 527 p d from the filing organ a separate political or | political organizations to will also ente ganization's funds. Also ente ganization, such as a sep | rhich the filing organization r the amount of political arate segregated fund or a (e) Amount of political contributions received and |
| line 17b Did the filing organization file Form Enter the names, addresses and ermade payments. For each organization contributions received that were propolitical action committee (PAC). If | 1120-POL for this year? mployer identification number (Ellation listed, enter the amount paid from the property and directly delivered to a additional space is needed, proving the proving space is needed, proving the prov | N) of all section 527 p d from the filing organ a separate political or ide information in Par | political organizations to waization's funds. Also ente ganization, such as a sep t IV (d) Amount paid from filing organization's | rhich the filing organization r the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| line 17b Did the filing organization file Form Enter the names, addresses and ermade payments. For each organization contributions received that were propolitical action committee (PAC). If | 1120-POL for this year? mployer identification number (Ellation listed, enter the amount paid from the property and directly delivered to a additional space is needed, proving the proving space is needed, proving the prov | N) of all section 527 p d from the filing organ a separate political or ide information in Par | political organizations to waization's funds. Also ente ganization, such as a sep t IV (d) Amount paid from filing organization's | rhich the filing organization r the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| line 17b Did the filing organization file Form Enter the names, addresses and ermade payments. For each organization contributions received that were propolitical action committee (PAC). If | 1120-POL for this year? mployer identification number (Ellation listed, enter the amount paid from the property and directly delivered to a additional space is needed, proving the proving space is needed, proving the prov | N) of all section 527 p d from the filing organ a separate political or ide information in Par | political organizations to waization's funds. Also ente ganization, such as a sep t IV (d) Amount paid from filing organization's | rhich the filing organization r the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |
| line 17b Did the filing organization file Form Enter the names, addresses and ermade payments. For each organization contributions received that were propolitical action committee (PAC). If | 1120-POL for this year? mployer identification number (Ellation listed, enter the amount paid from the property and directly delivered to a additional space is needed, proving the proving space is needed, proving the prov | N) of all section 527 p d from the filing organ a separate political or ide information in Par | political organizations to waization's funds. Also ente ganization, such as a sep t IV (d) Amount paid from filing organization's | rhich the filing organization r the amount of political arate segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. |

332041 11-08-13

| Schedule C (Form 990 or 990-EZ) 2013 I Part II-A . Complete if the organization | | | | | 902264 Page 2 |
|---|---|-------------------------|---|---|--------------------------------|
| (election under sect | tion 501(h)). | | | | |
| | ion belongs to an affilia e of excess lobbying e | | n Part IV each affiliated | group member's nam | e, address, EIN, |
| . — ' ' | on checked box A and | | ovisions apply | | |
| | s on Lobbying Expen- itures" means amour | |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditures to influ | ence public opinion (g | rass roots lobbying) | | 5. | |
| b Total lobbying expenditures to influ | ence a legislative body | y (direct lobbying) | | 0. | |
| c Total loopying expenditures (add lir | nes 1a and 1b) | | | 5. | |
| d Other exempt purpose expenditure | s | | | 2,130,997. | |
| e Total exempt purpose expenditures | , | | | 2,131,002. | |
| f Lobbying nontaxable amount Ente | | | | 256,550. | |
| If the amount on line 1e, column (a) or | | ying nontaxable am | | | |
| Not over \$500,000 | | he amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000 | |) plus 15% of the exc | | | |
| Over \$1,000,000 but not over \$1,50 | <u> </u> |) plus 10% of the exc | 1 | | |
| Over \$1,500,000 but not over \$17,0 | \$1,000,0 |) plus 5% of the exce | ss over \$1,500,000. | | |
| Over \$17,000,000 | 1 \$1,000,0 | 00. | · | | |
| g Grassroots nontaxable amount (ent | ter 25% of line 1f) | | | 64,138. | |
| h Subtract line 1g from line 1a. If zero | • | | | 0. | |
| i Subtract line 1f from line 1c. If zero | or less, enter -0- | | | 0. | |
| j If there is an amount other than zer | | ne 11, did the organiza | ation file Form 4720 | f | |
| reporting section 4911 tax for this y | | raging Paried Under | Section FO1/h) | | Yes No |
| | ations that made a se | | n do not have to comp es 2a through 2f on pa | | |
| | Lobbying Expend | ditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | 502,713. | 255,195. | 267,854. | 256,550. | 1,282,312. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,923,468. |
| c Total lobbying expenditures | 84. | 1,460. | 0. | 5. | 1,549. |
| d Grassroots nontaxable amount | 125,678. | 63,799. | 66,964. | 64,138. | 320,579. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 480,869. |
| f Grassroots lobbying expenditures | 0. | 1,460. | 0. | 5. | 1,465. |

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 EMPLOYMENT POLICIES INSTITUTE FOUNDATIO 52-1902264 Page 3 [Part II-B]. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | 1 (| (a) | (t | o) |
|--------|---|----------------|----------------|---------------|----------|
| | e lobbying activity | Yes | No | Amo | ount |
| 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: | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| С | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| я | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | - | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | | |
| i | Total. Add lines 1c through 1i | | | | |
| • | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), sect | ion 501(c |)(5), or se | ction | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), sect | | 3 | , | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members | | | | ne 3, is |
| 1 | | tioal | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli | licai | | | |
| _ | expenses for which the section 527(f) tax was paid). | | 20 | | |
| | Current year | | 2a 2b | | |
| | Carryover from last year | | | | |
| C | Total | | 2c 3 | | |
| 3 | 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 e | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | | | |
| _ | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | L | |
| | t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground) | ın lıst): Part | II·A line 2· a | ind Part II-B | l line 1 |
| | complete this part for any additional information. | ,,. | , | | , |
| , 1,00 | complete the part for any additional morniagem | | | | |
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332043 11-08-13

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, 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 Open to Public 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, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advise | ed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be u | used only |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose o | conferring |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990, Pa | art IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | education) Preservation of an hist | orically important land area |
| | Protection of natural habitat | Preservation of a certif | ied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ied conservation contribution in the form c | of a conservation easement on the last |
| | day of the tax year | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structu | re |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the | organization during the tax |
| | year ► | | |
| 4 | Number of states where property subject to conservation ea | sement is located ► | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements i | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements du | ring the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during t | the year 🕨 \$ |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h | n)(4)(B)(I) |
| | and section 170(h)(4)(B)(ii)? | | └── Yes └── No |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expense | statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes t | he organization's accounting for |
| - | conservation easements | | |
| Pa | rt III Organizations Maintaining Collections o | | her Similar Assets. |
| | Complete if the organization answered "Yes" to Form | ** | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public ex | | ce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | | |
| ь | If the organization elected, as permitted under SFAS 116 (AS | · · · · · | |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of pub | lic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | \$ |
| _ | (ii) Assets included in Form 990, Part X | | > 5 |
| 2 | If the organization received or held works of art, historical tre | | gain, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | |
| a | Revenues included in Form 990, Part VIII, line 1 | | S |
| b | Assets included in Form 990, Part X | | ▶ \$ |
| | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued | | | ENT POLICI | | | | | | 52-19 | | | age 2 |
|--|-----|--|---|------------|---------------------------------------|----------------|------------|-------------|-------------|------------|---------|--------------|
| check all that apply): | Par | | | | | | | | | | | |
| a Public exhibition | 3 | Using the organization's acquisition, accessi | on, and other record | ls, chec | k any of the | following that | at are a s | ignificant | use of its | collectio | n Item | S |
| b Scholarly research c | | | | | | | | | | | | |
| c | а | Public exhibition | d | ╵┈ | Loan or exc | hange progr | ams | | | | | |
| 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets Ves | b | Scholarly research | e | | Other | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization is collection? | c | Preservation for future generations | | | | | | | | | | |
| To be sold for asset funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in a part of the organization answered 'Yes' to Form 990, Part X, line 21. c Beginning balance | 4 | Provide a description of the organization's co | ollections and explai | n how th | hey further t | he organizati | ion's exe | mpt purp | ose in Par | t XIII. | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X; line 21: I is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves | 5 | During the year, did the organization solicit of | r receive donations | of art, h | istorical trea | sures, or oth | er sımıla | r assets | | _ | | _ |
| Teported an amount on Form 990, Part X, line 21. Telegraph Part X | | to be sold to raise funds rather than to be ma | aintained as part of t | he orga | nization's co | ollection? | | | | Yes | | No_ |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Did the organization in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization in Part XIII the intended uses of the organization that are held and administered for the organization by the part XIII the intended uses of the organization in the possession of the organization that are held and administered for the organization by the part XIII the intended uses of the organization is endowment funds. Part XIII the intended uses of the organization is endowment funds. Part XIII Land, Buildings, and Equipment. Land | Par | | - | ete if the | e organizatio | n answered | "Yes" to | Form 990 |), Part IV, | line 9, or | | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Did the organization in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization in Part XIII the intended uses of the organization that are held and administered for the organization by the part XIII the intended uses of the organization in the possession of the organization that are held and administered for the organization by the part XIII the intended uses of the organization is endowment funds. Part XIII the intended uses of the organization is endowment funds. Part XIII Land, Buildings, and Equipment. Land | 1a | is the organization an agent, trustee, custod | an or other intermed | dary for | contribution | s or other as | sets not | ıncluded | | | | |
| Additions during the year 1 d | | | | • | | | | | | Yes | | No |
| Additions during the year 1 d | b | · | and complete the fo | llowina | table. | | | | | | | |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % Temporarily restricted endowment ₱ % Temporarily restricted endowment ₱ % Temporaril | _ | | | | | | | | | Amoun | t | |
| Additions during the year 1 | c | Beginning balance | | | | | | 10 | | 7 4110 011 | - | |
| Eliating balance Telegram T | | | | | | | | | | | | |
| 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the explanation has been provided in Part XIII | | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21? b f 'Yes', explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part Y Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) F | | • • | | | | | | | | | | |
| B f 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10 | | | 000 Dark V Ivaa | 040 | | | | | <u> </u> | 7 v | | 1 112 |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Comparison Comparis | | • | | | | | D VIII | | | _ res | |) NO |
| ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | | | | | | - | | | | | <u></u> |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | Par | Endowment Funds. Complete | | | | T | | | | 1 | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | (a) Current year | (b) F | rior year | (c) Two yea | rs back | (d) Three y | years back | (e) Four | years | <u>back</u> |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation (d) Book value depreciation colors and colors an | 1a | Beginning of year balance | | | | | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation and Figure 1 and 1 and ballidings c Leasehold improvements d Equipment 818. 818. 0. | b | Contributions | | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 818. 818. 0. | C | Net investment earnings, gains, and losses | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | d | Grants or scholarships | | | | | | | | | | |
| f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | e | Other expenditures for facilities | | | | | | | | | | |
| g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | and programs | | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | f | Administrative expenses | | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | g | End of year balance | | | | | | | | | | |
| a Board designated or quasi-endowment | | • | rent vear end baland | e (line 1 | a. column (a | a)) held as: | • | | | | | |
| b Permanent endowment % c Temporarily restricted endowment | | | , | | 3, (- | ,, | | | | | | |
| Temporarily restricted endowment ► | | • | % | | | | | | | | | |
| The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 818. 818. 0. | | | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 818. 818. 0. | · | | | | | | | | | | | |
| Vest No (i) unrelated organizations 3a(i) unrelated organizations 3a(i) related organizations 3a(i) related organizations 3a(i) unrelated organizations 3a(ii) unrelated organizations 3a(ii) unrelated | 32 | | | ation the | at are held a | nd administr | ared for t | he organi | zation | | | |
| (ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 818. 818. 0. | Ja | · · | ession of the organiz | auon ui | at are nelo a | no aominist | ered for t | ne organi | Zalion | ſ | Van | |
| (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 3a(ii) 3b (b) Cost or other (c) Accumulated depreciation (c) Accumulated depreciation 4 Buildings 6 Leasehold improvements 6 Equipment 818. 818. 0. | | • | | | | | | | | 0-43 | res | NO |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 818. 818. O. | | | | | | | | | | | | |
| A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings Leasehold improvements Equipment 818. 0. | _ | | | | | | | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) b Buildings c Leasehold improvements d Equipment All Suid Buildings C Leasehold improvements | b | , ,,, | • | | | | | | | _3b | l | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) c Leasehold improvements d Equipment Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) c Leasehold improvements d Equipment Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a. S | | | | wment | funds. | | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (f) Book value (f) Book value (f) Book value (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or ot | Par | | | | | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment basis (investment) basis (other) depreciation 5 depreciation 6 depreciation 7 depreciation 8 18 depreciation 8 18 depreciation | | Complete if the organization answere | d "Yes" to Form 990 | , Part IV | /, line 11a. S | ee Form 990 | , Part X, | line 10. | | | | |
| 1a Land b Buildings c Leasehold improvements d Equipment 818. | | Description of property | (a) Cost or o | ther | (b) Cost | or other | (c) A | ccumulate | ed | (d) Boo | k value | ϶ |
| b Buildings c Leasehold improvements d Equipment 818. 818. 0. | | | basis (investr | nent) | basis | (other) | de | preciation | | | | |
| c Leasehold improvements d Equipment 818. 818. 0. | 1a | Land | | | | | | | | | | |
| c Leasehold improvements d Equipment 818. 818. 0. | b | Buildings | | | | | | | | | | |
| d Equipment 818. 0. | С | Leasehold improvements | | | | | | | | | | |
| ' ' | | · | | - | · · · · · · · · · · · · · · · · · · · | 818. | | 8 | 18. | | | 0. |
| | | · · | | _ | | | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | gual Form 990. Part | X, çolur | mn (B). line 1 | O(c).) | • | | | | | 0. |

Schedule D (Form 990) 2013

332053 09-25-13 Schedule D (Form 990) 2013

| | dule D (Form 990) 2013 EMPLOYMENT POLICIES INST | | |
|------------------|---|----------------|--|
| Par | TXI Reconciliation of Revenue per Audited Financial State | | nue per Keturn. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 1 | 2a | 1 2,347,584 |
| 1 2 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | 2,021,7002 |
| | Net unrealized gains on investments | 2a | |
| ь | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | - - | 2e 0 |
| 3 | Subtract line 2e from line 1 | | 3 2,347,584 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 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 2,347,584 |
| Pai | T XII Reconciliation of Expenses per Audited Financial Stat | | enses per Keturn. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line " | <u> </u> | 1 2,131,002 |
| 1 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 2,131,002 |
| ے a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| е | Add lines 2a through 2d | | 2e 0 |
| 3 | Subtract line 2e from line 1 | | 3 2,131,002 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| | Add lines 4a and 4b | | 4c 0 5 2,131,002 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) * XIII Supplemental Information. | | 5 2,131,002 |
| lines | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT X, LINE 2: | | ; Part V, line 4; Part X, line 2; Part XI, |
| <u>IAM</u> | NAGEMENT HAS EVALUATED THE EFFECT OF GUI | DANCE PROVID | DED BY |
| <u>U.S</u> | G. GENERALLY ACCEPTED ACCOUNTING PRINCIP | LES ON ACCOU | UNTING FOR |
| UNC | CERTAINTY IN INCOME TAXES. MANAGEMENT BE | LIEVES THAT | THE FOUNDATION |
| <u>CO1</u> | NTINUES TO SATISFY THE REQUIREMENTS OF A | TAX-EXEMPT | ORGANIZATION AT |
| DEC | CEMBER 31, 2013. MANAGEMENT HAS EVALUATE | D ALL OTHER | TAX POSITIONS THAT |
| COL | JLD HAVE A SIGNIFICANT EFFECT ON THE FIN | ANCIAL STATE | EMENTS AND DETERMINED |
| THE | E FOUNDATION HAD NO UNCERTAIN INCOME TAX | POSITIONS A | AT DECEMBER 31, 2013. |
| THE | E FOUNDATION'S TAX RETURNS FOR THE TAX Y | EARS FROM 20 | 010 TO 2012 ARE |
| SUE | BJECT TO EXAMINATION BY THE INTERNAL REV | ENUE SERVICE | E |
| | | | |
| 33205- 09-25- | 4 | | Schedule D (Form 990) 201 |

| Schedule D (Form 990) 2013 | EMPLOYMENT | POLICIES | INSTITUTE | FOUNDATION52- | -1902264 | Page 5 |
|--|--------------------|----------|-----------|---------------|--|-------------|
| Schedule D (Form 990) 2013 Part XIII Supplemental Infor | mation (continued) | | - | | | -11-4 |
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| | | | | Sche | dule D (Form 9 | 90) 2013 |

SCHEDULE L

(Form 990 or 990-EZ)

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.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | E | MPLOYME | NT POLIC | IES | INS | TITU | TE FOU | ND | ATION | 52 | -19 | 022 | 64 | | |
|----------|-------------------------------|--------------------------------------|-------------------|----------|-----------------|--|---------------------------------------|-------|---------------------|---------|---------------|----------|---------|----------|-----------------|
| Part I | Excess Bene | efit Transac | tions (section t | 501(c)(3 | 3) and | section (| 501(c)(4) org | anız | ations only). | | | | | | |
| | Complete if the c | organization an | swered "Yes" on | Form 9 | 990, Pa | art IV, lin | ne 25a or 25t | o, or | Form 990-EZ, P | art V, | line 40 |)b. | | | |
| 1 | | (b) | Relationship be | | | | | | | | | | (d) | Corre | cted? |
| (a) N | ame of disqualified p | person | person and | | | | (c | c) De | escription of tran | nsactio | n | | | es | No |
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| 2 Ente | er the amount of tax i | incurred by the | organization ma | nagere | or die | aualified | Loereone du | rino | the year under | | | | — | | |
| | ion 4958 | incurred by the | organization ma | nagers | OI GIS | quamed | persons du | ııııy | the year under | | • • | | | | |
| | er the amount of tax, | if any on line ' | abovo roimbiii | ead by | tho or | oonizati | 00 | | | | ► \$ | | | | |
| 3 Citte | ir the amount of tax, | ii any, on mie a | z, above, reimbui | seu by | (He of | garnzan | OII | | | | • • | | | | |
| Part II | Loans to and | t/or From l | nterested Pe | reone | | | | | | | | | | | |
| raita | J | | | | | . 0 - 4 1/ | h 00 1 | | - 000 D IV Iv | 00. | £ Al- | | 4. | | |
| | Complete if the c | - | | | | ., Paπ v, | , line 38a or i | Forn | n 990, Part IV, III | 1e 26; | or ii tr | ie orga | ınızatı | on | |
| | reported an amo | ĭ | | 7 | 2. oan to or | | 0 1 | | | T | | (h) Ap | nroved | (7) 14 | |
| | (a) Name of erested person | (b) Relationshi with organization | | fror | n the | (~) | Original cal amount | (1 |) Balance due | |) In ault? | by bo | ard or | \'' '' | ritten ment? |
| | siested person | With Organization | or loan | | zation? | Piliton | sai amount | | | | 1 | cómn | | <u> </u> | т — |
| | | | | То | From | | | | | Yes | No | Yes | No | Yes | No |
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| otal | | | | | | | ▶ \$ | | | | | | | | |
| Part III | Grants or As | sistance B | enefiting Inte | reste | d Pe | rsons. | | | | | | | | | |
| | Complete if the c | organization an | swered "Yes" on | Form 9 | 990, Pa | art IV, lin | ne 27. | | | | | | | | |
| (a) | Name of interested p | person | (b) Relationship | betwe | en | (c) | Amount of | | (d) Type | of | | (е |) Purp | ose of | f |
| | | | interested per | son an | | a | ssistance | | assistan | ce | | | assista | ance | |
| | | | the organiz | ation | | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990 EZ) 2013 EMPLOYMENT POLICIES INSTITUTE FOUNDATION52-1902264 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's person and the organization transaction transaction revenues? Yes No 1,044,156.PART V RICHARD BERMAN AND COMPANYMANAGEMENT FIRM X Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) PART IV (D) DESCRIPTION OF TRANSACTIONS: SERVICES PROVIDED INCLUDE RESEARCH AND DAILY MONITORING/ANALYSIS ON A WORLDWIDE BASIS ON ISSUES IMPORTANT TO THE ORGANIZATION, ADVERTISING, PUBLIC AND MEDIA RELATIONS, PROGRAM MANAGEMENT AND PROMOTION OF INFORMATION TO THE PUBLIC, ACCOUNTING AND FINANCIAL OPERATIONS, MANAGEMENT, GENERAL AND ADMINISTRATIVE, AND ADDITIONAL SERVICES AS NEEDED IN MEETING THE OBJECTIVES OF EMPLOYMENT POLICIES INSTITUTE FOUNDATION IN THE FULFILLMENT OF ITS MISSION AND EXEMPT PURPOSES.

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.

OMB No 1545-0047 Onen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 FORM 990, PART I, DOING BUSINESS AS: CENTER FOR ECONOMIC AND ENTREPRENEURIAL LITERACY EMPLOYMENT POLICIES INSTITUTE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOCUSED ON RESEARCH OF LABOR AND HEALTHCARE POLICIES THAT AFFECT EMPLOYMENT GROWTH, PARTICULARLY POLICIES AFFECTING THE ENTRY-LEVEL WORKFORCE. EPIF ALSO EDUCATES THE PUBLIC ABOUT THE SHORT- AND LONG-TERM CONSEQUENCES OF UNCONTROLLED GOVERNMENT SPENDING AND A HIGH FEDERAL DEBT. EPIF MAINTAINS A NONPARTISAN GET-OUT-THE-VOTE EFFORT. VOTE OUR FUTURE EDUCATED AMERICA'S YOUTH ABOUT THE IMPORTANCE OF FEDERAL SPENDING POLICIES. EPIF ALSO MANAGES THE INTERSTATE POLICY ALLIANCE, AN EFFORT TO COORDINATE AND PROMOTE STATE-SPECIFIC ECONOMIC RESEARCH EFFORTS TO A WIDER AUDIENCE. FORM 990, PAGE 1, ITEM J: WEBSITES INCLUDE THE FOLLOWING: EPIONLINE.ORG, DEFEATTHEDEBT.COM, MINIMUMWAGE.COM, TIPPEDWAGE.COM, ECON4U.ORG, RETHINKREFORM.COM, VOTEOURFUTURE.ORG FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EMPLOYMENT, FINANCIAL AND GOVERNMENT SPENDING POLICIES AND DISSEMINATE THE RESULTS OF SUCH RESEARCH. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MAINTAINED THE INTERSTATE POLICY ALLIANCE (IPA), AN EFFORT TO

332211 09-04-13

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

Schedule O (Form 990 or 990-EZ) (2013)

Employer identification number Name of the organization EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 COORDINATE AND PROMOTE STATE-SPECIFIC ECONOMIC RESEARCH EFFORTS TO A WIDER AUDIENCE. PROMOTED IPA AMONG THE STATE FREE-MARKET ORIENTED POLICY COMMUNITY. RELEASED MULTIPLE STUDIES THROUGH THE IPA. ENGAGED IN OUTREACH TO PROMOTE IPA STUDIES IN LOCAL MEDIA MARKETS. WITH STATE POLICY ORGANIZATIONS, DEVELOPED FUTURE RESEARCH PROJECTS AND OUTREACH OPPORTUNITIES. EXPENSES \$ 205,749. INCLUDING GRANTS OF \$ 0. REVENUE \$ 801. PUBLICIZED STUDIES AS DESCRIBED IN PART III, #4C, AS WELL AS MANY PREVIOUSLY PUBLISHED REPORTS. WROTE AND DISTRIBUTED PRESS RELEASES WITH RELATED INFORMATION ON ENTRY-LEVEL POLICY ISSUES, PARTICULARLY THE IMPACT OF MINIMUM WAGE INCREASES ON EMPLOYMENT OPPORTUNITIES; MEDIA OUTREACH RESULTED IN COVERAGE IN OVER 830 RADIO/TV STORIES AND PRINT/ONLINE NEWS ARTICLES (A MORE THAN 300% INCREASE FROM 2012). WROTE AND PLACED MORE THAN 160 OP-EDS AND LETTERS TO THE EDITOR IN MAJOR NEWS PUBLICATIONS, MANY IN TOP 100 PAPERS. EXPENSES \$ 168,060. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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 (ALMOST 50,000 FANS) VIA FACEBOOK AND TWITTER. PROMOTED ONLINE VIDEOS RESULTING IN 280,000 VIEWS ON YOUTUBE. EXPENSES \$ 44,562. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROVIDED INFORMATION ABOUT THE ECONOMIC CONSEQUENCES OF EMPLOYER

09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Employer identification number Name of the organization EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 MANDATES TO LEGISLATIVE BODIES/POLICYMAKERS IN SELECTED STATES AND LOCALITIES. EXPENSES \$ 17,458. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CONTINUED TO OPERATE A PROJECT TO HELP EDUCATE THE PUBLIC ON FINANCIAL AND ECONOMIC LITERACY, THE CENTER FOR ECONOMIC AND ENTREPRENEURIAL LITERACY (CEEL). RESEARCHED AND MAINTAINED A DYNAMIC WEBSITE, ECON4U.ORG THAT PROVIDED INFORMATION ON FISCAL LITERACY, GOVERNMENT SPENDING AND BUSINESS/PERSONAL FINANCE. EXPENSES \$ 4,585. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MAINTAINED THE NONPARTISAN, GET-OUT-THE-VOTE WEBSITE VOTEOURFUTURE.COM. EXPENSES \$ 283. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 3: RICHARD BERMAN AND COMPANY, INC. IS THE MANAGEMENT COMPANY FOR THE EMPLOYMENT POLICIES INSTITUTE FOUNDATION. RICHARD BERMAN, PRESIDENT AND EXECUTIVE DIRECTOR OF THE EMPLOYMENT POLICIES INSTITUTE FOUNDATION, WAS COMPENSATED AS PRESIDENT OF RICHARD BERMAN AND COMPANY, INC. DURING 2013. DUE TO THE FOUNDATION'S ESTABLISHED ACCOUNTING AND FINANCIAL INTERNAL CONTROL PROCESSES, WHICH HAVE BEEN APPROVED BY THE INDEPENDENT AUDITING FIRM, THE CONFIDENTIAL COMPENSATION INFORMATION IS UNAVAILABLE TO THE PREPARER AND SIGNING OFFICER.

FORM 990, PART VI, SECTION B, LINE 11:

EMPLOYMENT POLICIES INSTITUTE FOUNDATION'S FORM 990 WAS

REVIEWED BY THE MANAGEMENT COMPANY'S CPAS. MEMBERS OF THE GOVERNING BODY

AND OUTSIDE LEGAL COUNSEL BOTH RECEIVED AND REVIEWED COPIES OF THIS FORM Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization **Employer identification number** EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 990, REDACTED FOR DONOR INFORMATION, PRIOR TO ITS FILING. COMMENTS WERE ADDRESSED BEFORE THE RETURN WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYMENT POLICIES INSTITUTE FOUNDATION ANNUALLY REQUIRES THE OFFICERS AND DIRECTORS TO READ AND SIGN THE POLICY AND TO DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE TO THE ENTIRE BOARD. THE BOARD THEN DECIDES WHETHER OR NOT THERE EXISTS A CONFLICT. ANY OFFICERS OR BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM VOTING UPON ISSUES INVOLVING THEIR PARTICULAR CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE DIRECTORS AND EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS; PERSONS WITH CONFLICTS OF INTEREST REGARDING THE COMPENSATION ARRANGEMENT AT ISSUE ARE RECUSED. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING ARE DONE WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS WAS REVIEWED AS OF 2013 FOR THE EXECUTIVE DIRECTOR AND DEVELOPMENT POSITIONS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

EMPLOYMENT POLICIES INSTITUTE FOUNDATION DOES NOT MAKE ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS 332212 Schedule O (Form 990 or 990-EZ) (2013)

| Name of the organization EMPLOYMENT POLICIES INSTITUTE FOUNDATION | Employer identification number 52-1902264 |
|---|---|
| AVAILABLE FOR PUBLIC INSPECTION EXCEPT THROUGH THOSE I | DOCUMENTS FILED WITH |
| ITS FORM 1023 EXEMPTION APPLICATION (COPY AVAILABLE U | PON REQUEST AT THE |
| ORGANIZATION'S HEADQUARTERS IN WASHINGTON, DC) AS REQU | UIRED BY LAW. |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| RESEARCH SERVICES: | |
| PROGRAM SERVICE EXPENSES | 183,440 |
| MANAGEMENT AND GENERAL EXPENSES | C |
| FUNDRAISING EXPENSES | C |
| TOTAL EXPENSES | 183,440 |
| | |
| SURVEY SERVICES: | |
| PROGRAM SERVICE EXPENSES | 37,978 |
| MANAGEMENT AND GENERAL EXPENSES | |
| FUNDRAISING EXPENSES | |
| TOTAL EXPENSES | 37,978 |
| ECONOMIC MODELING SERVICES: | |
| PROGRAM SERVICE EXPENSES | 24,100 |
| MANAGEMENT AND GENERAL EXPENSES | (|
| FUNDRAISING EXPENSES | (|
| TOTAL EXPENSES | 24,100 |
| WRITING SERVICES: | |
| PROGRAM SERVICE EXPENSES | 2,350 |
| MANAGEMENT AND GENERAL EXPENSES | (|
| FUNDRAISING EXPENSES | (|
| TOTAL EXPENSES 332212 09-04-13 | 2,350 |

| Name of the organization EMPLOYMENT POLICIES INSTITUTE FOUNDATION | Employer identification number 52-1902264 |
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| PAYROLL SERVICE PROVIDER: | ** |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 831. |
| TOTAL EXPENSES | 831. |
| TESTING SERVICES: | |
| PROGRAM SERVICE EXPENSES | 726. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 726. |
| OTHER MISCELLANEOUS SERVICES: | |
| PROGRAM SERVICE EXPENSES | 424. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 424. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 249,849. |
| PAGE 12, PART XII, LINE 2C: | |
| NO CHANGE IN THE SELECTION OF AUDITOR OR OVERSIGHT PROCE | ESS |
| IN 2013. | |
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Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

| Application Se For | If you a | re filing for an Automatic 3-Month Extension, comple t | te only Pa | irt I and check this box | | | | |
|---|----------------|--|---|--|---------------|----------------------|-----------------|--|
| Electronic filing (a-filid) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 for request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, restrictions and the part of Part I only with the exception of Time. Only submit foriginal (fino copies needed). A corporation required to file Form 990-T and requesting an automatic 8-month extension - check the box and complete. Part I only with other corporations (including 1120-C filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time of the income flar returns. Finter filer's identifying number. Proper of the returns. Second Part Complete | If you a | re filing for an Additional (Not Automatic) 3-Month Ex | tension, c | complete only Part II (on page 2 of | this form). | | | |
| required to file Form 990T, or an additional (not automatic) 3-month extension of time You can electronically file Form 9868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Part Continued to file any of the forms listed in Part I or Part II with the exception of Form 870, Information Return for Transfers Associated With Certain Part I and Vultomatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only will other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the income tax returns. Enter filer's identifying number (EIN partnerships, REMICs, and trusts must use Form 7004 to request an extension of time and exempt organization or other filer, see instructions. EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Number, street, and room or suite no. If a P.O. box, see instructions. EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Number, street, and room or suite no. If a P.O. box, see instructions. EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Number, street, and room or suite no. If a P.O. box, see instructions. EMPLOYMENT POLICIES INSTITUTE FOUNDATION 50-2019 VERMONT AVENUE, NW, NO. 800 Control of the return that this application is for (file a separate application for each return) O : Application Return code for the return that this application is for (file a separate application for each return) O : Form 990-1 (see. 4014) or 408(a) trust) 55 Form 990-1 (see an extension) 50 Form 99 | Do not c | omplete Part II unless you have already been granted a | an automa | itic 3-month extension on a previous | sly filed Fo | rm 8868. | | |
| It must to file any of the forms listed in Part or Part with the exception of Form 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper forms (see instructions). For more details on the electronic filing of this form, prest www.rs.gov/effile and click on = file for Charthes & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automate 6-month extension - check this box and complete Part I only ## of the recorporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. **Enter filer's identifying number** Filer or International Common text returns. **Employer identification number (EIN print) in the properties of the income tax returns. **Employer identification number (EIN print) in the print of the income tax returns. **Employer identification number (EIN print) in the print of the income tax returns. **Employer identification number (EIN print) in the print of the income tax returns. **Employer identification number (EIN print) in the print of the print of the income tax returns. **Employer identification number (EIN print) in the print of | Electroni | c filing (e-file). You can electronically file Form 8868 if y | ou need a | a 3-month automatic extension of tir | me to file (I | 6 months for a c | orporation | |
| Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, instructive with a power file and click on e-file for Chartes & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete and Indian and Indian and Indian and Indian and Indian India | required t | o file Form 990-T), or an additional (not automatic) 3-moi | nth extens | sion of time. You can electronically t | file Form 8 | 868 to request a | in extension | |
| Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). | of time to | file any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for | Transfers a | Associated With | Certain | |
| Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). | Personal | Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions). For more details | on the elec | ctronic filing of th | nis form, | |
| Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | | , | | - | | |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete | | | | submit original (no copies ne | eded). | | | |
| Valid other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incorne tax returns. Valid other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incorne tax returns. Valid other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incorne tax returns. Valid other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incorne tax returns. Valid other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incorne tax returns. Valid other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incorne tax returns. Valid other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the incorner (EIN | A corpora | | | | _ | | | |
| With the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of file income tax returns. Enter filer's identifying number | | | | | | | | |
| Interior | • | | ICs. and ti | rusts must use Form 7004 to reque: | st an exter | sion of time | | |
| Name of exempt organization or other filer, see instructions. | | | , | | | | number | |
| EMPLOYMENT POLICIES INSTITUTE FOUNDATION Social security number (SSN) | Type or | Name of exempt organization or other filer, see instru | ctions. | | | | | |
| EMPLOYMENT POLICIES INSTITUTE FOUNDATION 52-1902264 Number, street, and room or suite no. if a P.O. box, see instructions. Warrier, and room or suite no. if a P.O. box, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return code for the return that this application is for (file a separate application for each return) O | | | 01,01,01 | | | | | |
| Number, street, and room or suite no. If a P.O. box, see instructions. 1090 VERMONT AVENUE, NW, NO 800 | | EMPLOYMENT POLICIES INSTITU | JTE FO | OUNDATION | | | | |
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| Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 RICHARD BERMAN The books are in the care of ► 1090 VERMONT AVENUE, NW #800 - WASHINGTON, DC 20005 Telephone No. ► 202-463-7650 Fax No. ► 202-420-7862 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If it is for part of the group, check this box If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 It offile the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2013 or X calendar year 2013 or Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | | | | |
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| Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payments in the contractions. | | | (dırect del | bit) with this Form 8868, see Form 8 | 3453-EO ai | nd Form 8879-E0 | O for payment | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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| Form 8868 (Rev. 1-2014) | | | | | Page 2 ➤ X | |
| If you are filing for an Additional (Not Automatic) 3-Month Ex | | | | 0000 | | |
| Note. Only complete Part II if you have already been granted an a If you are filing for an Automatic 3-Month Extension, comple | | | led Form | 8868. | | |
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| Signature and Verificat Under penalties of perjuty, declare that there examined this form, including it is true, correct, and complete, and that there are authorized to prepare this form. | по ассото | st be completed for Part II of partying schedules and statements, and to | - | f my knowledge and | belief, | |
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Form 8868 (Rev. 1-2014)