Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

<u>A I</u>	For the	2012 calendar year, or tax year beginning and ending		
В	Check if	C Name of organization	D Employer identific	cation number
Г	Addre	THE JAMES RANDI EDUCATIONAL FOUNDATION		
Ē	Name chang		65-0	649443
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/su	ite E Telephone number	r
	Termir ated	ZJ41 PAIRVIEW PARK DRIVE	(703) 226-3780
	Amend	City, town, or post office, state, and ZIP code	G Gross receipts \$	2,053,130.
L	Applic	TALLS CHOKCH, VA 22042	H(a) Is this a group re	
	pendir	F Name and address of principal officer: UAMES RANDI	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
			if "No," attach a	list. (see instructions)
		e:▶ WWW.RANDI.ORG	H(c) Group exemption	
		organization X Corporation	ear of formation 1996 N	1 State of legal domicile DE
	art [Summary		
õ		Briefly describe the organization's mission or most significant activities: TO PROMO'	TE CRITICAL T	HINKING AND
Activities & Governance	1	INVESTIGATE CLAIMS OF THE PARANORMAL.		
Ver	1	Check this box I if the organization discontinued its operations or disposed of m		_
ၓၟ		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	3 2 7
ళ		Total number of individuals employed in calendar year 2012 (Part V, line 2a)	4 5	7
iŧie	1	Total number of individuals employed in calendar year 2012 (Fart V, line 2a)	6	50
댨	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ď	1	Net unrelated business taxable income from Form 990-T, line 34	76	0.
	1	ter anistates seemed to take income north of the occupy, line of	Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)	675,669.	478,963.
, ğ	9	Program service revenue (Part VIII, line 2g)	790,823.	722,999.
٠ و	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	57,655.	62,485.
ت	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,119.	29,431.
Revenue	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,564,266.	1,293,878.
7	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,500.	1,950.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	546,528.	505,837.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25) 61,440.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	855,628.	687,040.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column(6)日前2年)	1,411,656.	1,194,827.
<u>- 8</u>	19	Revenue less expenses. Subtract line 18 from line 12	152,610.	99,051.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Asse Bala	20	i 107i 107i	1,896,100.	2,051,136.
Set a	21 22	Total liabilities (Part X, line 26)	47,949.	17,552.
Ē,	art II	Net assets or fund balances. Subtract line 21 from line 20 CDEN UT	1,848,151.	2,033,584.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to the best of m	v knowledge and helief it is
		i, and complete. Declaration of preparer (other than officer) is based on-all information of which preparer.		y knowledge and belief, it is
	, 001100	, and complete account of property (collect than collect) to account of million property	4/4/ ₂	
Sig	n	Signature of officer		
Her		RICK ADAMS, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signal		
Paid	i	JENNIFER S. HAN		
Pre	parer	Firm's name HAN GROUP LLC		
Use	Only	Firm's address 8200 GREENSBORO DRIVE, S		
		MCLEAN, VA 22102		

May the IRS discuss this return with the preparer shown above? (see instruc 232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the sep

	n 990 (2012) THE JAMES RANDI EDUCATIONAL FOUNDATION 65-064	9443 Page 2
Pa	Statement of Program Service Accomplishments	ास्त्र
_	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: TO ADVOCATE FOR THE VALUE OF SCIENTIFIC THINKING AND CRITICAL:	TMOLLTDY
	TO SERVE AS AN EDUCATIONAL RESOURCE FOR THE PUBLIC AND THE MED	INQUIRY.
	TOPICS INVOLVING PSEUDOSCIENCE, THE PARANORMAL AND OTHER EXTRA	
	CLAIMS. TO PROVIDE, PROMOTE AND DEFEND EDUCATIONAL PRACTICES	
2	Did the organization undertake any significant program services during the year which were not listed on	FOR THE
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	Tes _ANo
3		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Tes _ANo
4	If "Yes," describe these changes on Schedule O.	
-	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression for each program converse reported.	xpenses, and
4a	revenue, If any, for each program service reported. (Code) (Expenses \$969, 374 . including grants of \$1, 950 .) (Revenue \$	726,119.)
70	(Code)(Expenses \$969,374. including grants of \$1,950.) (Revenue \$ LECTURES AND PRESENTATIONS GIVEN THROUGHOUT THE YEAR TO INTROD	
	STUDENTS AND ADULTS TO CRITICAL THINKING. THE ORGANIZATION ALSO	
	INVESTIGATES CLAIMS THAT ARE BEYOND WHAT IS CURRENTLY EXPLAINATION KNOWN SCIENCE.	PDE BI
	MIOWN SCIENCE.	
4b	(Code) (Expenses \$)
4¢	(Code) (Expenses \$including grants of \$) (Revenue \$	
	/ / / / / / / / / / / / / / / / / / /	
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 969,374.	
23200 12-10-	n2 -12	Form 990 (2012)

THE JAMES RANDI EDUCATIONAL FOUNDATION Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		٧,	
	If "Yes," complete Schedule A	_1_	X	
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	_		17
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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	7		
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_		<u> </u>
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?	9		х
10	If "Yes," complete Schedule D, Part IV	8		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		**
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
ь	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		_ X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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?			
	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		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3,
40	1c and 8a? If "Yes," complete Schedule G, Part II	_18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)
		LOIM	マフU	(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		163	110
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ł		
	Schedule K. If "No", go to line 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		İ	
_	any tax-exempt bonds?	24c	\vdash	
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			- V
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ĺ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			<u> </u>
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	ĺ	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	├──	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	۱	ļ	. v
00	Schedule N, Part II	32	├	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	├──	<u> </u>
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		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000	\vdash	
	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		X
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		X
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	
		Earm	agn	(2012)

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 N/A 12b		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1096. Enter -0" not applicable 1b				Yes	No
b Enter the number of Forms W/26 included in line 1s. Enter O-If not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin'ng (aambling) winnings to prize winnam? 2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, lifed for the celendar year ending with or within the year covered by this return 5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 If If we will be used on a 2a is greater than 250, you may be required to e-life (see instructions) 8 If If we is a filed a form 900-If for this year If If No. *provide an explanation in Schedule O 8 If If we is a filed a form 900-If for this year If If No. *provide an explanation in Schedule O 9 If If we is, the requirements for Form 17 For 922-1, Report of Foreign Bank and Financial Accounts. 9 If we is, the organization a party to a prohibitor that we she is a pray to a prohibitor of the requirements for Form 17 For 922-1, Report of Foreign Bank and Financial Accounts. 9 If we is, the sea of Sb, did the organization file Form 8885-17 9 If we is, the sea of Sb, did the organization file Form 8885-17 9 If we is, the sea of Sb, did the organization file Form 8885-17 9 If we is, the sea of Sb, did the organization file Form 8885-17 9 If we is did the organization receive any funds, directly or indirectly, to a prohibitor or any contributions that were not tax deductible as charitable contributions? 9 If we is did the organization receive any symmetric execution of the value of the poods or services provided? 10 Organizations that many receive deductible contributions an express statement that such contributions or grifts were not tax deductible? 10 If the organization receive any funds, directly or indirectly, to a personal benefit contribut? 11 If we is, the organization receive any funds, directly or indirectly, to apprehenums on a personal benefit contribut? 12 If the organiz	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize withorized on Form W3, Transmittal of Wage and Tax Statements, [2] 7 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, [2] 7 b If at least on is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b If Vers, insert filed a Form 990-T for this year? If YNo, *provide an explanation in Schedule O 3 b If Yes, and the filed of the company of the year? 4 a At any time the name of the foregan country (such as a bank account, societies on interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, societies of the company of the foreign country). 5 b If Yes, and the the name of the foreign country (such as a bank account, societies and prize of the foreign country). 5 b If Yes, and the foreign country (such as a bank account, societies and primarial account)? 6 b If Yes, and the the name of the foreign country. 6 b If Yes, and the organization had it was or a party to a prohibited tax shelter transaction? 6 b If Yes, and the organization had it was or a party to a prohibited tax shelter transaction? 6 b If Yes, and the organization had it were not tax deductible? 7 b If Yes, and the organization had it were not tax deductible? 8 b If Yes, and the organization include with every solicitation an expless statement that such contributions or grifts were not tax deductible? 9 b If Yes, and the organization include with every solicitation are property for which it was required to the Form 822? 10 b If Yes, indicate the number of Forms 822? filed during the year 11 b If Yes, indicate the number of Forms 822? filed during the year 12 b If the organization relevant and contribution of a spots, party permitting, have bee	b	· · · · · · · · · · · · · · · · · · ·			
describingly wrinnings to praze winners? a Enter the number of employees apported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least on as reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-file (see instructions) b if Yes, has if filed a form 950 off for this year? If Y'nos, 'provide an explanation in Sendular O or other financial account; b if Yes, 'inster the name of the foreign country; (such as a bank account, securities account, or other financial account)? b if Yes, 'inster the name of the foreign country; → → → → → → → → → → → → → → → → → →	c				
filed for the calendary year ending with or within the year covered by this return			1c	Х	
filed for the calendary year ending with or within the year covered by this return Secondary Sec	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, *has it filled a Form 900-Tife or this year? If *No.*, *provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the hame of the foreign country: ▶ See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization have for form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization with a sea of the select transaction at any time during the tax year? 5c If Yes, *To line Sa or 5b, did the organization that it was or is a party to a prohibited tax shaller transaction? 5c If Yes, *To line Sa or 5b, did the organization have reported to a prohibited tax shaller transactions? 5c If Yes, *To line Sa or 5b, did the organization in include with every solicitation an expresse statement that such contributions or gifts were not tax deductible? 5c If Yes, *To line sa or 5b, did the organization notify the donor of the value of the goods or services provided? 5c If Yes, *To line sa or 5b, did the organization notify the donor of the value of the goods or services provided? 5c If Yes, *To line sa or 5b, and the donor of the value of the goods or services provided? 5c If Yes, *To line sa or 5b, and the donor of the value of the goods or services provided? 5c If Yes, *To line sa or 5b, and the organization notify the donor of the value of the goods or services provided? 5c If Yes, *To line sa or 5b, and the organization notify the donor organization services and		_			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1.000 or more during the year? 4 At any time during the calendary year, of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (when as a bank account, securities account, or other financial accounts? 5 If Yes, * fine the name of the foreign country. ► 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any tixebile party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any tixebile party notify the organization that it was or is a party to a prohibited as shelter transaction at any time during the tax year? 5 Did any tixebile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes,* to line 5a or 5b, did the organization file Form 8886-17 6 Does the organization have annuel gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Did the organization shelt many receive deductible contributions under section 170(c). 7 Did the termination receive alignment in excess of \$7 made party as a contribution of organization flavor. 8 Did the organization necess any symmetian excess of \$7 made party as a contribution of party for which it was required to the Form 8202? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 2 Did the organization receive and contribution of cars, boats, arplanes, or other vehicles, did the organization in Form 809 as required? 2 Did the organization received a contribution of valued find helle	b		2b	Х	
b If 'Yes,' has it flied a Form 990-T for this year' If 'No,' 'provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other thinancial account)? 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. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form See See The					
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If Yes,* enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 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 that it was or is a party to a prohibited tax shelter transaction? 5b	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					i
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					37
· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •			_X_
	<u>b</u>	IT TYES, nas IT filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	10015

3

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI							X
Sec	tion A. Governing Body and Management			-				
							Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			3			
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b			2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any c	ther				
	officer, director, trustee, or key employee?				L	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct sup	ervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	-			-	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as file	d?	-	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			-	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 a	ppoint	one	or				3.5
	more members of the governing body?				-	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders	s, or	1		- 1	37
_	persons other than the governing body?			•	ŀ	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne follo	wing			v	
a	The governing body?				}	8a	X	
ь	Each committee with authority to act on behalf of the governing body?		- 4 4 1		}	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	icnea	at the			9		Х
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	01/001/	o Coo	(o.)		9		
<u>000</u>	tion B. Foncies (This Section B requests information about policies not required by the internal h	everiu	0 C00	(e.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				Γ	10a	.03	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hanter	rs. affi	liates.	f			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	партол	, u			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filir	ng the for	- F	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•			Ī			
	Did the organization have a written conflict of interest policy? If "No," go to line 13				j	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	nflicts?		ſ	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	lescrib	e	- [
	in Schedule O how this was done				Ĺ	12c	Х	
13	Did the organization have a written whistleblower policy?					13	X	
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 approve	al by 11	ndepe	endent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official				-	15 <u>a</u>	X	
b	Other officers or key employees of the organization				ļ.	15b	Χ	·········
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a					v
_	taxable entity during the year?		_		-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the			pation				
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's		ŀ			
~~~	exempt status with respect to such arrangements?	-				16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► NONE							
17		F (Coo)	41 F	01/01/210	ممادا مد	طماره،		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(560)	uon 5	01(0)(3)\$	only) a	vallaC	ıe	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain)	ın S^	hedul	a (1)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co				cv and	finar	cial	
18	statements available to the public during the tax year.	JIIIIC(	JI 1/10	erest POII	oy, and	mial	ıvıdı	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	corde	of the or	nanizati	on· 🖿	•	
<del>-</del>	RICK ADAMS - (703) 226-3782			o org	11 <u>-</u> 411	J. 1. P		
	2941 FAIRVIEW PARK DRIVE, SUITE 105, FALLS CHURCH,	VA	<u> </u>	22042				
23200						Form	990	(2012)

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

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

#### 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.

<b>(A)</b> Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	tion nore than one son is both an rector/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES RANDI	40.00									
CHAIRMAN		X		Х				243,750.	0.	6,767
(2) RICK ADAMS	2.00			:				_		_
TREASURER		X	_	Х				0.	0.	0
(3) DANIEL DENMAN SECRETARY	2.00	x		x				0.		_
(4) DJ GROTHE	40.00	^		^		-	-	<u> </u>	0.	0
PRESIDENT	10.00	1		$\mathbf{x}$				95,000.	0.	4,713
			<u> </u>					25,7550		
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1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
-		-		
				+
	per of independent contractors (including but of compensation from the organization	t not limited to those lis 0	sted above) who received more than	

Га	• • • •	***	Check if Schedule O cont		ponse	to any question	ın this Part VIII			
		*****					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 8	a	Federated campaigns		la					
ja j	t	b	Membership dues	[-	1Ь	44,685.				
Am (	(	C	Fundraising events	[-	10	_				
ia i	(	d	Related organizations	L	1d					
S.E	•	е	Government grants (contribut	ions)	1e					
e g	1	f	All other contributions, gifts, gran	its, and						
들			similar amounts not included abo	ve [	1f	434,278.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines	1a-1f \$						
Q <u>e</u>		<u>h</u>	Total. Add lines 1a-1f			<u> </u>	478,963.		<del></del>	
			1 DOMESTIC 1110 CT			Business Code				
ice	2 a	а	LECTURES AND SE	IANIME	RS_	611710	722,999.	722,999.		
Program Service Revenue	t	b								
E S		С	·							ļ.—.—
Re	(	ď	<del></del>							
ě	•	e	All 11			ļ			<del></del>	
-	1		All other program service reve	enue			722 000			:
-	<u>\$</u>		Total. Add lines 2a-2f Investment income (including				722,999.			
l	3		other similar amounts)	aividenas	, mer	est, and	67,007.			67,007.
}	4		Income from investment of ta	v-evemnt	bood r		07,007.			07,007.
	5		Royalties	x-exempt	oona p	Dioceeus >	23,823.			23,823.
	•		rioyanies	(i) Re	 .al	(II) Personal	23,023.		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	23,023.
ĺ	6 a	а	Gross rents	(7.11)	, cu	(ii) i eisonai				
İ			Less: rental expenses			<u> </u>				
1			Rental income or (loss)		-					
Ì			Net rental income or (loss)	<u> </u>		<b>•</b>				1
			Gross amount from sales of	(I) Secu	rities	(ii) Other				
Ī			assets other than inventory	745,1						
•	Ł		Less: cost or other basis							
			and sales expenses	749,6	597.					
	(	С	Gain or (loss)	<4,5	22.	>				
	•	d	Net gain or (loss)			<b></b>	<4,522.	>		<4,522.
<u>o</u>	8 a	а	Gross income from fundraisin	g events (	not					
enc			including \$	of						
ě			contributions reported on line	1c). See						
Other Revenu			Part IV, line 18		а					
됩			Less: direct expenses		b					
			Net income or (loss) from fund							
	9 ε	а	Gross income from gaming ac	ctivities. S	ее					
			Part IV, line 19		а	<u></u>				
			Less: direct expenses		b	L	:			
			Net income or (loss) from garr	_	les	<u> </u>				
	10 a		Gross sales of inventory, less	returns		10 655				
			and allowances		a					
			Less: cost of goods sold		b	9,555.	2 100	2 120		
-		<u> </u>	Net income or (loss) from sale		tory		3,120.	3,120.		
1	44 4	_	Miscellaneous Revenu	ie		Business Code	1			2 400
	11 a		OTHER INCOME			90099	2,488.		<u> </u>	2,488.
		b								<del>-</del>
		d C	All other revenue							
	-		Total. Add lines 11a-11d				2,488.			
	12		Total revenue. See instructions				1,293,878.	726,119.	0.	88,796.
232009 12-10-								120/2201		Form <b>990</b> (2012)

# Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	800.	800.		·····
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	1,000.	1,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	150.	150.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	350,230.	300,373.	29,914.	19,943
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	109,712.	79,729.	15,200.	14,783
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,779.	13,571.	342.	866
10	Payroll taxes	31,116.	24,866.	3,543.	2,707
11	Fees for services (non-employees):				
а	Management	37,117.	37,117.		
b	Legal	2,898.		2,898.	
c	Accounting	9,550.		9,550.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,389.	<del></del>	6,389.	
g	Other. (If line 11g amount exceeds 10% of line 25,			, , , , , , , , , , , , , , , , , , ,	
_	column (A) amount, list line 11g expenses on Sch (O)	799.	72.	727.	
12	Advertising and promotion	15,904.	2,195.	129.	13,580
13	Office expenses	10,547.	90.	8,678.	1,779
14	Information technology	27,002.	9,719.	10,110.	7,173
15	Royalties	13,480.	13,480.		.,
16	Occupancy	46,294.		46,294.	
17	Travel	34,747.	30,786.	3,352.	609
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	455,426.	455,426.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,605.		11,605.	
23	Insurance	4,793.		4,793.	
24	Other expenses Itemize expenses not covered	-//		1,,,,,,,	,
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule O) / CREDIT CARD FEES	6,301.		6,301.	
a b	LICENSES AND PERMITS	3,499.		3,499.	
_	TIGHTODO AND FERMILIS			3,433.	
c d				-	
	All other expanses	600	<u> </u>	600	
е 25	All other expenses	689.	060 274	689.	63 440
25	Total functional expenses. Add lines 1 through 24e	1,194,827.	969,374.	164,013.	61,440
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here  if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012

232010 12-10-12

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response to any	y ques	tion in this Part X		,	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			129,935.	1	169,887
	2	Savings and temporary cash investments			132,307.	2	94,756
	3	Pledges and grants receivable, net				3	10,000
	4	Accounts receivable, net	5,656.	4	18,670		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
,,		employees' beneficiary organizations (see instr).	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	· · · · ·
Ass	8	Inventories for sale or use		Ī		8	
	9	Prepaid expenses and deferred charges			3,567.	9	5,420
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	603,481.			
	b	Less: accumulated depreciation	10b	191,929.	423,157.	10c	411,552
	11	Investments - publicly traded securities	1,201,478.	11	1,340,851		
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	1,896,100.	16	2,051,136		
	17	Accounts payable and accrued expenses	47,949.	17	17,552		
	18	Grants payable				18	
ļ	19	Deferred revenue				19	
i	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	<u> </u>	21	
	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
-		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		<b>N</b> [37]	47,949.	26	17,552
		Organizations that follow SFAS 117 (ASC 958	-	k here ▶ X and			
es	^-	complete lines 27 through 29, and lines 33 an	id 34.		040 151		1 000 504
la la	27	Unrestricted net assets		· }	848,151.	27	1,033,584
<u> </u>	28	Temporarily restricted net assets		}	1,000,000.	28	1,000,000
	29	Permanently restricted net assets			·	29	
<u> </u>		Organizations that do not follow SFAS 117 (A	SC 95	B), check here 🕨 📖			
ဗ္ဗ	20	and complete lines 30 through 34.				_	
Net Assets or Fund Balances	30 21	Capital stock or trust principal, or current funds			·	30	
<u> </u>	31	Paid in or capital surplus, or land, building, or ed				31	
Š	32	Retained earnings, endowment, accumulated in	come,	or other funds	1 040 151	32	2 022 501
-	33	Total net assets or fund balances		-	1,848,151.	33	2,033,584
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	1,896,100.	34	2,051,136. Form <b>990</b> (2012

Form	990 (2012) THE JAMES RANDI EDUCATIONAL FOUNDATION	65-06	49443	Pa	ge <b>12</b>
Рa	t XI Reconciliation of Net Assets	***			
_	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,29	3,8	78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,19	4,8	27.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	9,0	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,84	8,1	<u>51.</u>
5	Net unrealized gains (losses) on investments	5	8	6,3	82.
6	Donated services and use of facilities .	6	•		
7	Investment expenses	7	• •		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,03	3,5	84.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	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,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь		

232012 12-10-12

### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of t	he organizati	ion						E	mployer	identificat	ion num	ber
			MES RANDI EDU						6	5-0649	443	
Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ  1	A church, co A school des A hospital or	nvention of churchescribed in section 1 a cooperative hosp	because it is: (For lines es, or association of chur 70(b)(1)(A)(ii). (Attach Soital service organization operated in conjunction	rches desc chedule E.) described	ribed in se	ection 170 170(b)(1)	(b)(1)(A)(i) (A)(iii).		ii). Enter	the hospital	l's name,	
5			benefit of a college or u	niversity o	wned or o	perated by	a governi	mental un	ıt describ	ped in		
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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.)											
8	An organizati activities rela income and t See section	ion that normally red ited to its exempt fu unrelated business t 509(a)(2). (Complet		1/3% of its ain excepti tion 511 ta	s support f ons, and ( ix) from bu	2) no more Isinesses a	than 33 1 acquired b	1/3% of its by the orga	s support	t from gross	investm	ent
10     11     e     f	An organization more publicly describes the a Type By checking foundation m	ion organized and o  supported organize  type of supporting  b T  this box, I certify the  thanagers and other	perated exclusively to te perated exclusively for the ations described in section organization and complype II c Tat the organization is not than one or more publicitien determination from	he benefit ion 509(a)( lete lines 1 lype III - Fu controlled y supporte	of, to perform of, to perform of the through one of the through of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of the three of three of the three of the three of the three of the three of the three of the three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of three of t	orm the ful on 509(a)(2 on 11h. Integrated or indirectly ations desi	nctions of, 2). See see 2) by one of cribed in s	or to carretion 5096  Typer more dissection 509	(a)(3). Choe III · No	n-functional persons oth	that ly integra	
g	supporting of	rganization, check t							sons?		[	
h	(ii) A personate government (iii) A family (iii) A 35% of	n who directly or independently of the someone member of a persocontrolled entity of a	directly controls, either all supported organization? In described in (i) above? In person described in (i) on about the supported or	lone or tog or (ii) above	ether with					11g(i) 11g(ii) 11g(iii)		No
	of supported nization	(ii) EiN	above or IRC section	(iv) Is the c in col (i) lis governing		organizat	ion in col	(vi) Is organizati (i) organiz U S	on in col ged in the .	(vii) Amount of mone support		 lary
			(see instructions))	Yes	No	Yes	No	Yes	No			
							-					
												<del></del>
Total LHA For P	aperwork Re	duction Act Notice	, see the Instructions fo	or				Schedul	e A (For	m 990 or 99		012

232021 12-04-12

Form 990 or 990-EZ.

	(Complete only if you checken						
	fails to qualify under the tests				on raned to quality	under Fait III. II til	e organization
Se	ction A. Public Support						<u></u>
	indar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		12/200	(9/20.0	(4) 2011	(0) 20 .2	(ly rotal
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			1			
	ization's benefit and either paid to	I					
	or expended on its behalf	<u>L.</u> .					
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge	Į .					
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)						
	Public support. Subtract line 5 from line 4		<u> </u>				
_	ction B. Total Support	<del></del>	<del></del>				
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 4	<del></del>		ļ <u> </u>			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources		_				
9	Net income from unrelated business	1					
	activities, whether or not the	1					
40	business is regularly carried on						
10	Other income. Do not include gain	1					
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)	· · · · · · · · · · · · · · · · · · ·	1	1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
	Total support. Add lines 7 through 10		1	<u> </u>	1		
12	, , , , , , , , , , , , , , , , , , , ,	•	•	تعقم الساعات		12	
13	First five years. If the Form 990 is for organization, check this box and stop		s tirst, second, thii	ra, tourth, or titth t	ax year as a section	on 501(c)(3)	<b>.</b> —
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2012 (I			column (fl)		14	%
15	Public support percentage from 2011		•			15	
16a	33 1/3% support test - 2012. If the c			n line 13, and line	14 is 33 1/3% or a		
	stop here. The organization qualifies				141000 17070 011	more, oncer mis be	» and
b	33 1/3% support test - 2011. If the c				d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization quali						<b>▶</b> □
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio						s <b>&gt;</b>

232022 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 THE JAMES RANDI EDUCATIONAL FOUNDATION 65-0649443 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	290,791.	304,063.	368,445.	675,669.	478,963.	2,117,931.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,043,234.	471,652.	575,640.	834,916.	722,999.	3,648,441.
3	Gross receipts from activities that	1,043,234.	171,002.	3,3,010.	031/310.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,020,222.
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,334,025.	775,715.	944,085.	1,510,585.	1,201,962.	5,766,372.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	143,488.	50,000.	100,000.	350,000.	200,000.	843,488.
t	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			:			0.
	Add lines 7a and 7b	143,488.	50,000.	100,000.	350,000.	200,000.	843,488.
	Public support (Subtract line 7c from line 6)						4,922,884.
	ction B. Total Support		<del></del>	<u> </u>	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	1,334,025.	775,715.	944,085.	1,510,585.	1,201,962.	5,766,372.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,252.	1,258.	62,281.	70,497.	86,308.	282,596.
t	Unrelated business taxable income		,				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	62,252.	1,258.	62,281.	70,497.	86,308.	282,596.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			6,334.	8,835.	2,488.	17,657.
13	Total support. (Add lines 9, 10c, 11, and 12)	1,396,277.	776,973.	1,012,700.	1,589,917.	1,290,758.	6,066,625.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organız	ration,
_	check this box and stop here						<u> </u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage		<del></del>		
15		• •		column (f))		15	81.15 %
16						16	81.12 %
Sec	ction D. Computation of Inve						
17				ne 13, column (f))		17	4.66 %
18	Investment income percentage from				_	18	4.73 %
19a	33 1/3% support tests - 2012. If the	-					
t	more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <b>X b 33 1/3% support tests - 2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che		-				<b>▶</b> ∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶

3

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

▲ Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

THE JAMES RANDI EDUCATIONAL FOUNDATION

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			
-		(a) Donor advised fui	nds	(b) Funds and other accounts
1	Total number at end of year			· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)			-
3	Aggregate grants from (during year)			<del> </del>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	unting that the accete held in	donor advised fu	nde
•	are the organization's property, subject to the organization's		T GOTTOT GGVISEG TG	Yes No
6	Did the organization inform all grantees, donors, and donor ad	~	iunde can he ueed	
·	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	donor advisor, or for any or	mer purpose come	Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" to	Form 990 Part IV	
1	Purpose(s) of conservation easements held by the organization		7101111330,1 (4)1114	, 1110 / .
•	Preservation of land for public use (e.g., recreation or ed	<del></del>	ition of an historica	ally important land area
	Protection of natural habitat		ition of an instolication of a certified h	ally important land area
	Preservation of open space	Freserva	mon or a cermied r	iistone structure
2	Complete lines 2a through 2d if the organization held a qualifi	ad concentation contribution	n in the form of a a	annonyation accoment on the last
-	day of the tax year.	ed conservation contribution	ii iii tiie ioiiii oi a c	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
	Number of conservation easements on a certified historic stru	estura included in (a)		2c 2c
q	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired a		latama atmiatiira	20
u	listed in the National Register	itter o/17706, and not on a n	istoric structure	
3	Number of conservation easements modified, transferred, rele	acced extraculated as terms		2d
Ū	year	sased, extinguished, or term	illiated by the orga	inization during the tax
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	handling of	
•	violations, and enforcement of the conservation easements it		rianoling of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		essements during	
7	Amount of expenses incurred in monitoring, inspecting, and e			
8	Does each conservation easement reported on line 2(d) above			
_	and section 170(h)(4)(B)(ii)?	satisfy the requirements of	1 30000011 17 0(1)(4)(	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue	and expense state	
	include, if applicable, the text of the footnote to the organizati			
	conservation easements.		at 400011505 tilo 01	gamzation a accounting for
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treas	ures. or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 9		<b>, -</b>	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its re	venue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi			
	the text of the footnote to its financial statements that describ			. , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		ue statement and l	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:		oranio or paono oc	si vice, provide alle lelle unig allicente
	(i) Revenues included in Form 990, Part Vill, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar asset	s for financial dain	. provide
-	the following amounts required to be reported under SFAS 11			, p
а	Revenues included in Form 990, Part VIII, line 1	- v.se see, relating to thes		<b>▶</b> \$
ь	Assets included in Form 990, Part X			<b>&gt;</b> \$
_				- Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

<u>Sche</u>	dule D (Form 990) 2012 THE JAM	ES RANDI	EDUCA	TIONAL	FOUND.	ATION	65	5-06494	43 Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of	Art, His	torical Tr	easures, c	or Other			
3	Using the organization's acquisition, accessi	on, and other reco	ords, chec	k any of the	following tha	t are a sigi	nificant use	e of its collect	ion items
	(check all that apply):								
а	Public exhibition		d $\square$	Loan or exc	hange progra	ams			
b	Scholarly research		е 🗆	Other					
¢	Preservation for future generations								
4	Provide a description of the organization's co	ollections and exp	lain how th	ney further t	he organizati	on's exem	pt purpose	n Part XIII.	
5	During the year, did the organization solicit o								
_	to be sold to raise funds rather than to be ma							Yes Yes	☐ No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Par		plete if the	organizatio	n answered	"Yes" to Fo	orm 990, P	art IV, line 9,	or
1a	is the organization an agent, trustee, custod	an or other interm	nediary for	contribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:					
	,	·	_					Amou	ınt
С	Beginning balance						1c		
d							1d	_	
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990. Part X. li	ne 21?				<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.			on has been	provided in	Part XIII			一 一
1	t V Endowment Funds. Complete i								
		(a) Current year		rior year	(c) Two yea		) Three year	rs back (e) Fo	our years back
1a	Beginning of year balance				( - / · · · · / · · ·	100000		107	10000
b	Contributions								
C	Net investment earnings, gains, and losses			-					
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ront year and hala	naa (lina 1		\\	1		<b>j</b>	
a		rent year end bala	,	g, column (a	ij) neid as:				
b	Board designated or quasi-endowment ►  Permanent endowment ►	<del></del>	%						
	Temporarily restricted endowment	%	•						
·	The percentages in lines 2a, 2b, and 2c shou		)						
За	Are there endowment funds not in the posse		alzation the	at ara bald a	nd administr	rad for the	0.000017041	100	
ou	by:	ssion of the organ	nzation the	at are nero a	nu aummiste	sted for the	organizati	ЮП	Yes No
	(i) unrelated organizations							[20]	<del></del>
	(ii) related organizations							3a(	
h	If "Yes" to 3a(ii), are the related organizations	hotod on roquiro	d on Cobo	dula DO				3a(i	
4	Describe in Part XIII the intended uses of the	-						_ 3b	
	t VI Land, Buildings, and Equipm								
1 41	Description of property					(-) A		4-0.0	
	bescription of property	(a) Cost o basis (inve			or other (other)		umulated eciation	(a) 80	ook value
12	Land	23010 (11146			0,870.	Gepit		1	50,870.
	Buildings				2,611.	1 (	91,929		60,682.
0	Leasehold improvements				<u>.,</u> ,	<u>+_3</u>	, <u>, , , , , , , , , , , , , , , , , , </u>	<del></del>	00,002.
d	Equipment				<del>-</del>			<del>-  </del>	
	Other						<u>-</u>		
	. Add lines 1a through 1e. (Column (d) must e	gual Form 000 P	art X colur	nn (R) line 1	(O(c) )			1	11,552.
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	quai i uiili 330, Fi	ure A, CUIUI	ו אווווי, ועטן ווווי	V(V//				~ <i>-,-,-</i>

Schedule D (Form 990) 2012

		TIONAL FOUNDA	TION 65	-0649443 Pag	<u>e 3</u>
Part VII Investments - Other Securities. Se			religations Cont. or and	of year market value	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	aluation: Cost or end	-or-year market value	—
(1) Financial derivatives		-			
(2) Closely-held equity interests (3) Other		<del></del>			
(A)				<u> </u>	
(B)			<del></del>		
(C)					
(D)				•	
(E)					
(F)					
(G)					
(H)					
			·····	······································	·····
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		· · · · · · · · · · · · · · · · · · ·		·····	
Part VIII Investments - Program Related. S  (a) Description of investment type	ee Form 990, Part X, (b) Book value		valuation: Cost or end	of-year market value	
(1)	(b) DOOK Value	(c) Welliod Of (	raidation. Cost of Gife	Oryca market value	
(2)			······		
(3)				<del></del>	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	15				
Part IX Other Assets. See Form 990, Part X, line	Description			(b) Book value	
(1)	Doscription			(b) Book value	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				· ·	
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X,			<b>P</b>		
1. (a) Description of liability	IIII 25.	(b) Book value		<u> </u>	
(1) Federal income taxes		(4) 55011 15115	-		
(2)			1		
(3)			1		
(4)					
(5)					
(6)			<u>_</u>		
(7)					
(8)					
(9)			4		
(10)			+		
(11)	25)		1		
<ol> <li>Total. (Column (b) must equal Form 990, Part X, col. (B) lin</li> <li>FIN 48 (ASC 740) Footnote. In Part XIII, provide the te</li> </ol>		the erganization's financia	L	orte the organization?	
liability for uncertain tax positions under FIN 48 (ASC		-		_	s X
The street last positions direct 1 in 40 (AOO	. 107. OHOUR HEIÐ II (I	10 toxt of the regimete flat		edule D (Form 990) 2	

Sche	dule D	) (Form 990) 2012	י	HE JA	MES RA	NDI E	EDUCAT	CIONAL	FO	UNDA:	rion	$\epsilon$	55-	0649443	Page 4
Par	t XI	Reconciliation	on of F	Revenue	per Audi	ted Fin	ancial S	tatemer	ıts W	ith Rev	enue p	er Re	turr	1	
1	Total	revenue, gains, an	d other	support pe	r audited fin	ancial sta	atements						1	1,389	,815.
2	Amou	unts included on lir	ne 1 but	not on For	n 990, Part	VIII, line 1	12:					ľ			
а	Net u	ınrealized gains on	ınvestm	ents					2a		86,38	82.			
ь	Dona	ited services and u	se of fac	cilities					2b						
c	Reco	veries of prior year	grants						2c						
d	Other	r (Describe in Part )	XIII.)						2d		9,5	55.			
е	Add I	ines 2a through 2c	i										2e		<u>,937.</u>
3	Subti	ract line <b>2e</b> from lin	ie <b>1</b>										3	1,293	,878.
4	Amou	unts included on Fo	orm 990	, Part VIII, I	ne 12, but r	not on line	e 1:								
а	Inves	tment expenses n	ot incluc	led on Forn	1 990, Part \	VIII, line 7	<b>7</b> b		4a						
b	Other	r (Describe in Part )	XIII.)						4b						
С	Add I	ines 4a and 4b											4c		0.
5	Total	revenue. Add lines	3 and	<b>lc.</b> (This mu	ist equal Fo	rm 990, F	Part I, line 1	(2)					5	1,293	,878.
Par	t XII	Reconciliation	on of E	xpenses	per Aud	ited Fir	nancial S	Stateme	nts V	Vith Ex	penses	per F	Retu	rn	
1	Total	expenses and loss	ses per	audited fina	ncial staten	nents							1	1,204	,382.
2	Amou	unts included on lir	ne 1 but	not on For	n 990, Part	IX, line 25	5:					Γ			
а	Dona	ited services and u	se of fa	cilities					2a						
b	Prior	year adjustments							2b						
С	Other	r losses							2c						
d	Other	r (Describe in Part )	XIII.)						2d		9,5	55.			
е	Add I	ines 2a through 2d	j										2e		,555.
3	Subti	ract line <b>2e</b> from lin	ie <b>1</b>										3	1,194	,827.
4	Amou	unts included on Fe	orm 990	, Part IX, lin	e 25, but no	ot on line	1:					Γ			
а	Inves	tment expenses n	ot includ	led on Forn	n 990, Part \	VIII, line 7	7b		4a						
b	Other	r (Describe in Part )	XIII.)						4b						
C	Add I	ines 4a and 4b											4c		0.
_5	Total	expenses. Add lin	es 3 and	4c. (This r	nust equal F	orm 990,	, Part I, line	18.)					5	1,194	,827.
Par	t XII	Supplementa	al Info	rmation	-										
Comp	olete t	his part to provide	the des	criptions re	quired for P	art II, line	es 3, 5, and	9; Part III,	lines 1	a and 4;	Part IV, lir	nes 1b	and a	2b; Part V, line	4; Part
		art XI, lines 2d and X , LINE 2:												CODE,	
THE	FC	OUNDATION	IS E	XEMPT	FROM	THE I	PAYMEN	T OF	INC	OME T	TAXES	OTH	IER	THAN N	ET
UNF	RELA	ATED BUSIN	IESS	INCOM	E. NO	PROV	VISION	IS FOR	IN	COME	TAX A	ARE	RE	QUIRED	FOR
THE	YE	EARS ENDED	DEC	EMBER	31, 2	012 <i>F</i>	AND 20	11 AS	TH	E FOU	JNDAT:	ION	HA	D NO	<del></del>
UNF	RELA	ATED BUSIN	IESS	ACTIV	ITIES.							·	<del></del>	····	
ASC	74	10-10, INC	OME	TAXES	, PROV	IDES	GUIDA	NCE F	OR 1	REPOI	RTING	UNC	ER'	TAINTY	IN_
TNC	'OME	TAXES.	ጥሆው	בטוואים	∧ ТТ∩Nī	שאפ ד		י רוים אי	יים זא	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	יא רדית אי	OE:	ייארן	ייד גיים מים י	ጥአህ
<u> </u>	-OI-IE	TUVEO.	THE	I COMD.	AT TON	CAN 1	FERFUR	TAIRID W	TA E.	v WTOY	71 TOW			CERTAIN Jule D (Form 9	

Schedule D (Form 990) 2012 THE JAMES RANDI EDUCATIONAL FOUNDATION 65-0649443 Page 5 Part XIII   Supplemental Information (continued)
POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, AND DETERMINED
THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS. INCOME TAX AND INFORMATION
RETURNS FOR YEARS ENDED DECEMBER 31, 2009 OR LATER REMAIN SUBJECT TO
EXAMINATION BY VARIOUS TAXING AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 9,555.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 9,555.

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Onen to Pub

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

THE JAMES RANDI EDUCATIONAL FOUNDATION

Part I Questions Regarding Compensation

65-0649443

	REF Guestions regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal us	e		
	Travel for companions Payments for business use of personal residen	ce		ĺ
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors	; <b>,</b>		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	;		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			ĺ
	establish compensation of the CEO/Executive Director, but explain in Part III.			1
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			ĺ
	Form 990 of other organizations  X Approval by the board or compensation comm	ttee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	_4a	ļ	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	<u>4c</u>	ļ	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		x
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b	ļ	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9		L
LH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	2012

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

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

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

				SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemis	(B)(I)-(U)	In prior Form 990	
(1) JAMES RANDI	(i)	243,750.	0.	0.	0.	6,767.		0.	
CHAIRMAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)	•						-	
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	(i)								
	(ii)								
	(i) (ii)					<u> </u>			
	1001				<u> </u>	<u> </u>	<u> </u>	L	

# 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.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE JAMES RANDI EDUCATIONAL FOUNDATION

Employer identification number 65-0649443

THE CAMED NAMED EDUCATIONAL FOUNDATION   05 0045445
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TEACHING AND LEARNING OF CRITICAL THINKING SKILLS. TO FOSTER
INTERACTION AMONG THE DIVERSE GROUPS AND INDIVIDUALS WHO VALUE HEALTHY
SKEPTICISM. TO INSPIRE THE NEXT GENERATION OF OUTSPOKEN ADVOCATES FOR
SCIENCE AND REASON.
FORM 990, PART VI, SECTION B, LINE 11: THE AUDITED FINANCIAL STATEMENTS
ARE REVIEWED FOR APPROVAL BY THE BOARD AS WELL AS MANAGEMENT. ONCE THIS
PROCESS IS COMPLETE, THE INFORMATION FROM THOSE FINANCIAL STATEMENTS IS
USED TO COMPLETE FORM 990 BY THE INDEPENDENT EXTERNAL AUDITORS, AND
SUBSEQUENTLY REVIEWED BY THE BOARD AND MANAGEMENT BEFORE SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO
DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST THAT ARISES.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION PROCESS FOR TOP
OFFICERS REQUIRES APRROVAL BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE ONLINE THROUGH
WWW.GUIDESTAR.ORG OR UPON REQUEST.
FROM 990, PART XII, LINE 2C
THERE WERE NO CHANGES IN THE ORGANIZATION'S OVERSIGHT PROCESS FOR ITS
FINANCIAL STATEMENTS AUDIT OR SELECTION OF AN INDEPENDENT AUDITOR
DURING 2012.