

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No. 1545-0047

-		the Treasury	The organi:	ration may have to us	a a conv of this rot	un to estichi etato m	nodina s	nauiramanta	Inspection
		e Service		ation may have to us	e a copy of this rett	 		equirements.	
			dar year, or tax year b		ADALUTE LETA:	, 2010, and	enaing		, 20
$\overline{}$		pplicable.	C Name of organization	POLICY STUDIES	URGANIZATION			·	D Employer identification no.
二	kdress c	-	Doing Business As						23-7163011
$\overline{}$	ame cha	*	•	O. box of mail is not delivere	d to street address)		Room/s	ute	E Telephone number
一	tial retur		701 DEVONSHI	RE DRIVE			101		(217) 355-8979
∐ા•	muste	đ	City or town, state or cou						475,358
<u> </u>	nended	return	CHAMPAIGN, II			<u> </u>			G Gross recepts \$
Ap	plication	n pending	F Name and address of				HYa)	is this a group o	return for — —
				RE DRIVE, CHAMI	PAIGN, IL 618	20		is this a group i affiliates?	∐ Yes X No
		pt status: X	2 ++ 1/+1/1-1) < (insert no)	4947(a)(1) or	527	Н(в)	Are all affiliates	included? Yes No
	ebsite:		. I PSONET . ORG				H(c)	Group exemption	on number
$\overline{}$		ganization: X	Corporation Trust	Association Other	<u> </u>	L Year of formation.	1972	M State of le	gal domicite IL
Par		Summar							
	1		ribe the organization's r	•	_				
A	1		d 4 electronic						
C G			esearch. Journa				ın 93	countrie	s. Assist
iv	ı		ties/institutio						
ir	2	Check this b	Pox ▶ ☐ if the organization of the control of the	ition discontinued its	operations or dispo	sed of more than 25	POPUS S	et assets.	•
t n	3	Number of v	roting members of the q	governing body (Part '	VI, line 1a) · · ·	· · · · · · · · · · · · · · · · · · ·	7 1 1		81
6 n	4	Number of II	ndependent voting men	nbers of the governing	g body (Part VI, line	: 1b)			81
8 C	5	Total numbe	or of individuals employ	ed in calendar year 2	010 (Part V, line 2a		116	2014 - 1 34	1
	6	Total number	of volunteers (estima	te if necessary) · · ·	• • • • • • • •	· · · · & · · ຫຼັ	<u> </u>		12
	7a	Total unrelat	ted business revenue f	rom Part VIII, column	(C), line 12 · · ·	است ن	in th	11T: 7	0
) A—	b	Net unrelate	d business taxable inc	ome from Form 990-T	, line 3 <u>4 · · · · · </u>	····	0.00	7	b 0
R							P	Hor Year	Current Year
⊒,r	8	Contribution	s and grants (Part VIII,	line 1h)	• • • • • • • •			14,02	18,991
	9	Program ser	vice revenue (Part VIII	, line 2g) • • • • • •	• • • • • • • •	• • • • • • • • •		369,18	39 451,121
<u> </u>	10	Investment i	income (Part VIII, colur	nn (A), lines 3, 4, and	7d) • • • • • •				0
n	11	Other revenue	ue (Part VIII, column (A	N), lines 5, 6d, 8c, 9c,	10c, and 11e) · ·	• • • • • • • • • •		5,00	04 5,246
	12	Total revenu	e - add lines 8 through	11 (must equal Part \	VIII, column (A), line	3 12) • • • • • •		388,21	475,358
	13	Grants and s	nmilar amounts paid (F	art IX, column (A), lin	ies 1-3)	 			0-
	14	Benefits paid	d to or for members (Pa	art IX, column (A), line	94) • • • • • •	. <i></i>			0
	15	Salaries, oth	er compensation, emp	loyee benefits (Part I)	K, column (A), lines	5-10) • • • • •		25,30	79,706
9.P 2170	16a	Professional	fundraising fees (Part	IX, column (A), line 1	1e) • • • • • •	• • • • • • • • • •			0
	ь	Total fundrai	ising expenses (Part IX	, column (D), line 25)	•	0			
	17	Other expen	ses (Part IX, column (A	N), lines 11a-11d, 11f-	24f) • • • • •		•	367,47	
\bigcirc	18	Total expens	ses. Add lines 13-17 (n	nust equal Part IX, co	lumn (A), line 25)	<i></i>		392,77	
	19	Revenue les	s expenses. Subtract	line 18 from line 12 •				(4,5	61) 12,112
Net							Beginning	of Current Year	End of Year
Assets or	20	Total assets	(Part X, line 16) · ·					69,34	
Fund	21	Total habilitie	s (Part X, line 26)	<i></i>					0
Bal- ances	22	Net assets o	r fund balances. Subt	ract line 21 from line 2	20			69,34	81,460
Part		Signatu	re Block						
Under p	enatie	s of perjury, I dec	dare that I have examined this						-
and bel	lef, it is	true, correct, and	complete Declaration of pre	parer (other than officer) is	based on all information	of which prepared has any	knowledge		" W 1 2 2 T
		DR P	AUL J RICH 🔏		12				XIVIVIS 1001)
Sign		Signatur	re of officer					Da	ate
Here	- 6	DR P	AUL J RICH, PRE	SIDENT (/					
		_	print name and title						
		Print/Type nre	parer's name	Preparer's signature	R13/30.04	Date		Check X if	PTIN
Paid			allembach CPA		bach CPA	11-14-2011	- 1	self-employed	P00065705
Prep		Firm's name		bach & Associa			Firm's E		- 1280127
Use			201 2	vonshire Drive			Phone n	017	355-8979
U O C	July .	304103		ign IL 61820-7					
	100	diaguna thia	return with the prepare					• • • • • •	· · · · Yes X No

CIS IMAGE DO NOT CORRESPOND FOR SIGNATURE

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

EEA

Form	1 990 (2010) POLICY STUDIES ORGANIZATION	23-7163011	L Page 2
Pa	rt III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response to any question in this Part III		• • • • • • • • • • • • • • • • • • • •
1	Briefly describe the organization's mission		
	Disseminate policy research by publishing 8 print and 4 electronic journals and conferences to promote the publishing of policy research. Journals supported by		
	universities in 93 countries. Assist universities/institutions in the diffusion		
	information.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	· · · \ Yes	X No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
		· · · []] Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	nd	
4a	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 375,486 including grants of \$) (Revenue \$	44	6,121)
70	Printing/distribute 8 print journals including free distribution to over 60 dev		0,121
	countries.		
4b		<u> </u>)
	Distribute 4 electronic online journals including free distribution to over 60	developing	3
	countries.	·····	
			
		 	
4c	(Code:) (Expenses \$ 5,393 including grants of \$) (Revenue \$;	5,000)
	Organize conferences to support policy research efforts in subject areas of our	12 journa	als.
			-
4d	Other program services. (Describe in Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 422,559		
40	Total program service expenses ► 422,559	For	m 990 (2010)

Pa	(IV Checklist of Regulred Schedules	_		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for 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)			l
	election in effect 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		L
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	Ť		_^
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		l 🗸
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		X
10	quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	40	١.	
44		10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		:	1 1
	VII, VIII, IX, or X as applicable	<u> </u>		اــــا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		'	1
	Schedule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		i	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		,	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that Is 5% or more of its total assets			İ
	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
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		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
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
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ļ		 ^
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
4.6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		_	├~
16		46		l v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · · · · · · · · · ·	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			١,,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
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		X
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		<u> X</u>
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H · · · · · · · · · · · · · · · · · ·	20a		X
ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
	EEA	Form	990 (2010)

	990 (2010) . POLICY STUDIES ORGANIZATION 23-7163)11	P	age 4
Pa	rt IV . Checklist of Required Schedules (continued)			
24	Did the exempted)	ļ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		١,,
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			Х
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III · · · · · · · · · · · · · · · · ·	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		_ x_
24a	Oid the organization have a tax-exempt bond issue with an outstanding principal amount of more than			-~
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	Ì	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c] ,	
d		24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	,		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			İ
	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,	ľ	-	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ļ		
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
C		1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	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		- 1	
	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,	١		١
	Part I · · · · · · · · · · · · · · · · · ·	31	├	<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	,,	j	٠,
		32	├──	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		v
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	-33	 	X
34	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		l v
26	•	35	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a	-33	 	 ^ -
а	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·]
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1	'	
50	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		Ιx

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

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,

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

38

Form 990 (2010)

<u>ral</u>	TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •	₫ _		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	3		į
C	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return · · · · · · 2a	¥		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		
ła	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		\sim
Þ	If "Yes," enter the name of the foreign country:			1
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		_X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible?	6a		_X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		į
	gifts were not tax deductible?	6b		<u> </u>
' _	Organizations that may receive deductible contributions under section 170(c).			i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		—
_	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? • • • • • • • • • • • • • • • • • • •			
_		7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •	7e		
e		7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_		
9 h		_7g 7h		
3	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C? 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.			
a	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
0	Section 501(c)(7) organizations. Enter.	 "		
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities · · · · · · · · 10b	1 '		
1	Section 501(c)(12) organizations. Enter.	1 1		
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them) · · · · · · · · · · · · · · · · · ·			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · · · · · · ·	12a		
Ъ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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		ļ	
-	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	1	ŀ	
4a	Did the organization receive any payments for Indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	EEA	Form	990 (2	010

Page 6

. POLICY STUDIES ORGANIZATION

Par	t 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
Sect	tion A. Governing Body and Management	- 1		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · 1a 81	ŀ	- 1	
b	Enter the number of voting members included in line 1a, above, who are independent			J
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a	<u>X</u>	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u>X</u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			لــــا
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	85	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Describe and the second should be about the second of the	400	Yes	No_
10a	Does the organization have local chapters, branches, or affiliates? · · · · · · · · · · · · · · · · · · ·	10a		<u> X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11a	v	
_	form?	111	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	<u></u>	نـــا
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	120		-
	rise to conflicts?	- 12b	X-	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Λ-	
C	describe in Schedule Q how this is done · · · · · · · · · · · · · · · · · · ·	12c		Х
42	Does the organization have a written whistleblower policy?	13	X	
13	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
14	Did the process for determining compensation of the following persons include a review and approval by			
15	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15b		X
U	If "Yes" to fine 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	•		
·va	with a taxable entity during the year? • • • • • • • • • • • • • • • • • • •	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
<u>560</u>	List the states with which a copy of this Form 990 is required to be filed IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
15	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization ► KALLEMBACH & ASSOCIATES (217) 355-8979			
	701 DEVONGUIDE DETUR SITTER 101 CHAMPATON IL 61820			

-	^^-	(2010)	

POLICY STUDIES ORGANIZATION

23-	71	63	0	1	1
-----	----	----	---	---	---

Page 7

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.

W	(B)		(0	-			(D)	(E)	(F)	
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	00	K e y	Hc em I om I om I om I e o s n y t s e d	F O L E	Reportable compensation from the crganization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DAVID MERCHANT		 				\vdash				
VICE PRES / EXEC DIRECTOR	40.00		_	Х	X	₫ _		63,000	0	
(2) GUILLERMO DE LOS REYES										
VICE PRES	0.50			X		<u> </u>		a	0	(
(3) J P SINGH										
-VICE_PRES	0.50			X				d	0	
(4) JANET FRANTZ										
VICE PRES	0.50			X				o	0	
(5) LEO RIBUFFO										
VICE PRES	0.50			<u> X</u>			_	0	0	
(6) PAUL RICH										
PRESIDENT	20.00			X			_	0	0	
(7) REX H KALLEMBACH CPA								ľ		
TREASURER	4.00			LX	L.,		L	10,000	0	· · · · · · · · · · · · · · · · · · ·
(8) VICTORIA BASOLO	ŀ									
VICE PRES	0.50			X			_	0	0	-,-,-
(9)										
(10)										
(11)										
(12)					_				-	
(13)						-				<u> </u>
(14)					_					
(15)						-				
(16)			-			-				

Part VII	Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	per	sated Employees	(continued)	·
•	(A) Name and Tibe	(B) Average hours per week (describe hours for related organizations n Schedule O)		nr su t t t e	heck 0	K	at apply H c e i o m g mp n e e o s n y t s e t e d	F O	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(17)						-					
(18)											
(19)											
(20)											
(21)						_			<u></u>		
(22)			<u> </u>								-
(23)											
(24)											
(25)	········										
(26)											
(27)											
(28)								-			
c Total frod d Total (ac	m continuation sheets to Part VII, Section Id lines 1b and 1c)	1A · ·		• •	• •	• •		>	73 , 000 than \$100,000 in	 	0
reportabl	e compensation from the organization						-	_		0	Yes No
employed For any individua	rganization list any former officer, director or e on line 1a? If "Yes," complete Schedule J findividual listed on line 1a, is the sum of reponization and related organizations greater that	or such individuals or such individuals or such individuals or such in \$150,0007	ridual ensation	on a	nd c	ther plete	comp	ens:	ation from J for such		3 X
for service	es rendered to the organization? If "Yes," co	•		-			-				5 X
1 Complete	Independent Contractors e this table for your five highest compensated ation from the organization	independer	nt conf	tract	ors	that	receiv	ed n	nore than \$100,000) of	
	(A) Name and business address								(B) Description of se	ervices	(C) Compensation
	nber of independent contractors (including but a \$100,000 in compensation from the organic		to the	se!	isted	d ab	ove) w	ho r	eceived		5

art V	/III Statement of Revenue					11 Pag
<u> </u>	Statement of Nevende		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
	1a Federated campaigns · · · · · · 1a			T		312, 0.0, 0.0
	b Membership dues · · · · · · · 1b	18,991				
ttri- ons.	c Fundraising events · · · · · · · 1c		i	İ		
٠	d Related organizations · · · · · · 1d			Ì		
nts	e Government grants (contributions) · · 1e					
·	f All other contributions, gifts, grants,					
kar	and similar amounts not included above 1f]	j		
xunts	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		18,991			
Ĩ		Business Code				
Į	2a PUBLISHING SERVICES	511190	451,121	451,121		
\	b					
gram. vice	c					
renue	d					
(0					
1	f All other program service revenue • • • • • •					_
	g Total. Add lines 2a-2f		451,121			
	3 Investment income (including dividends, interest,	and				
	other similar amounts)					
l	4 Income from investment of tax-exempt bond proc	eeds · · · ▶				
- 1	5 Royalties · · · · · · · · · · · · · · · · · · ·	· · · · · · • •	5,246	5,246		
1	(I) Real	(ii) Personal				
ļ	6a Gross Rents		-	}		
l	b Less: rental expenses · · · ·					
1	c Rental income or (loss) · · ·					
ļ	d Net rental income or (loss)	• • • • • •				
	7a Gross amount from sales of (I) Securities assets other than inventory	(ii) Other				
l	b Less, cost or other basis			1	ı	
	and sales expenses					
) 	c Gain or (loss)	-		1		
.	d Net gain or (loss)		·			
	8a Gross income from fundraising					
	events (not including \$					
≀	of contributions reported on line 1c).					
;	See Part IV, line 18 · · · · · · · · a		1			
	b Less: direct expenses · · · · · · · b					
]	c Net income or (loss) from fundraising events					
;	9a Gross income from gaming activities.					
	See Part IV, line 19 · · · · · · · · a			j		
ĺ	b Less: direct expenses · · · · · · · b					
Į	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less			-		
I	returns and allowances · · · · · · a		ļ			
l	b Less cost of goods sold · · · · · · · b					
,	c Net income or (loss) from sales of inventory · · ·					<u> </u>
]	Miscellaneous Revenue	Business Code				
1	11a					
	b					
- 1	C					<u> </u>
	d All other revenue					
	e Total. Add lines 11a-11d · · · · · · · · · ·			450 550		
	12 Total revenue. See instructions	🕨	475,358	456,367	q	

Part IX Statement of Functional Expenses

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

	Air other organizations must complete column				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in			- · ·	
	the U.S. See Part IV, line 22 · · · · · · · · · · ·				,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •				-
5	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees	73,000	57,700	15,300	
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				
8	Pension plan contributions (include section 401(k)				
~	and section 403(b) employer contributions) · · · · ·				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	6,706	6,035	671	······································
10 11	Fees for services (non-employees):	0,100	0,035	0/1	
	Management · · · · · · · · · · · · · · · · · · ·				
a	Legal	404		404	
þ	Accounting	404		404	<u> </u>
c	Lobbying				
ď	, 3				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
9	Other				
12	Advertising and promotion				
13	Office expenses	17,905	16,115	1,790	
_14	_tnformation_technology_ · · · · · · · · · · · · · · · · · · ·	-			
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	86,225	77,603	8,622	
17	Travel	40,338	36,304	4,034	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	5,393	5,393		
20	interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization · · · · · ·	8,575		8,575	
23	Insurance	1,291		1,291	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)		İ		
а	EDITORIAL FEE 8 UNIVERSITIES	223,409	223,409		
ь					
С		· · · · · · · · · · · · · · · · · · ·			
ď					
e					
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	463,246	422,559	40,687	0
26	Joint Costs. Check here ▶ if following		, -		
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				

Part	Y	Balance Sheet		3-1103011	Page 1
ait		Balance Sneet	(A)		(B)
			Beginning of year	l l E	id of year
	1	Cash - non-interest-bearing	(5,844)	1	(8,157
	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net		4	
1	5	Receivables from current and former officers, directors, trustees, key			
	,	employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
ļ	6	Receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
A		employers and sponsoring organizations of section 501(c)(9) voluntary			
s s		employees' beneficiary organizations (see instructions)		6	
ē	7	Notes and loans receivable, net		7	
t s	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	Į.	Land, buildings, and equipment, cost or		9	
	10a	other basis. Complete Part VI of Schedule D···· 10a 133,714			
	_		75,192	40-	90 617
	_ b	Less: accumulated depreciation · · · · · · · · · 10b 44,097 Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	75,192	10c	89,617
	11			11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Other assets. See Part IV, line 11		14	
	15		69,348	15	91 460
_	16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · · · · · · · · · · · ·	09,346	16	81,460
	17	Grants payable		17	
	18	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	18	
L	19			19	
a	20	Tax-exempt bond liabilities		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
1	22	Payables to current and former officers, directors, trustees, key			
<u> </u>		employees, highest compensated employees, and disqualified			
t i		persons. Complete Part II of Schedule L		22	
8	23	Secured mortgages and notes payable to unrelated third parties		-23	
8	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · ·		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
_	ľ	Organizations that follow SFAS 117, check here▶ X and			
F		complete lines 27 through 29, and lines 33 and 34.	60.040		01 460
n	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	69,348	27	81,460
đ	28	Temporanly restricted net assets		28	
В	29	Permanently restricted net assets		29	
а	l	Organizations that do not follow SFAS 117, check here ▶			
l a	,	and complete lines 30 through 34.			
n	30	Capital stock or trust principal, or current funds		30	
C e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
5	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	69,348	33	81,460
	34	Total liabilities and net assets/fund balances	69,348	34	81,460

Form	990 (2010) . POLICY STUDIES ORGANIZATION 23	-716301	1	_Pa	age 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				· 🖸
	Total revenue (must equal Part VIII, column (A), line 12) · · · · · · · · · · · · · · · · · · ·	4 1		175,:	250
1	Total expenses (must equal Part IX, column (A), line 25)	2		163,	
2	Revenue less expenses. Subtract line 2 from line 1	3		12,	
3	en en en en en en en en en en en en en e	4		69,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		09,	0
5					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		81,	460
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				· [
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	ł			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1	'		
	Schedule O.	1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				1 1
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				}
	Issued on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				i]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
	EEA		Form	990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number													
	OLICY STUDIES ORGANIZATION 23-7163011												
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The	orga			iuse it is: (For lines 1 thi	-	•							
1	Ц	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	닏			1)(A)(II), (Attach Schedi									
3	닏			rvice organization descr		-		-					
4	Ш		organization opera	ited in conjunction with	a hospital (described i	in section	170(b)(1)	(A)(III). En	iter the hos	spital's n	ame,	
	city, and state:												
5	An organization operated for the behefit of a college or university owned or operated by a governmental unit described in												
	_	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	닏	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	\sqcup			a substantial part of its	support fro	om a gove	rnmental u	nit or from	the gene	ral public			
	_	described in section											
8	닏			n 170(b)(1)(A)(vi). (Con	•	•							
9	X		=	: (1) more than 33 1/3%	• •				•	•	S		
				empt functions - subjec		-							
		-		and unrelated business		-		•	om busine	sses			
	$\overline{}$			e 30, 1975. See section		•	•						
10	님			ed exclusively to test for	•	•							
11	ليا	-		ed exclusively for the be	-	•		-	•				
				orted organizations des						e section			
			. — _	es the type of supporting	- ·				-	— 	III O 45		
	\Box		b ∐ Type	e ii	_ Type III		-		d disqualific		III-Other		
0				ers and other than one o									
		509(a)(1) or section		sis and other than one o	i more pui	Adda anbb	Dited Olya	nizations (rescribed (in section			
f				etermination from the IR	oc that it is	a Type I	Type II or	Tune III e	uspodina				
•		organization, check		etermination nom ute in	CO LIIBL IL 13	a Type I,	1 ype 11, 01		appoining				
g		•		zation accepted any gift	or contrib	ution from	any of the						
•		following persons?		and and and and and									_
		. •	lirectly or indirectly	controls, either alone o	r together	with perso	ns describ	ed in (ii)				Yes	No
				y of the supported organ	-	=					1100	1	
			-	cribed in (i) above? • •							11g(ii)		
		•		on described in (i) or (ii)							11g(ii)		
ħ		•	•	t the supported organiza							<u> </u>		
	(1)	lame of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify	(vi)	is the	(vii)	Amount	of .
		organization		(described on lines 1-9	in col. (i) lis		the organi		organizat		•	support	
				above or IRC section (see instructions)	governing	XXXIII PEREZ	cot (i)	ox your port?	(i) organiz U	s.?			
				, , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
(A)		<u> </u>											
					_						L		
(B)]				
		<u></u>				<u> </u>			<u> </u>				
(C)						1]				
					ļ								
(D)				,		Ì]				
					<u> </u>	ļ							
(E)									1				
					<u> </u>	ļ			 	ļ			
									1				
Tota	<u></u>				<u> </u>			<u></u>	<u> </u>	L	L		

Page 2

Pa	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.)						
500	tion A. Public Support	quality diluci the	tests iistes below	, picuso compicto			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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						
4	Total. Add lines 1 through 3 · · · · ·				ļ <u> </u>	<u> </u>	
5	The portion of total contributions by each		,	1			
	person (other than a governmental unit or		j				
	publicly supported organization) included			j			
	on line 1 that exceeds 2% of the amount				}		
_	shown on line 11, column (f)		ļ		_		
6	Public support. Subtract line 5 from In 4		<u> </u>		1		
	tion B. Total Support		41.0007	(-) 2000	1 (4) 2000	(-) 2010	(O Total
	ndar year (or fiscal year beginning in) ▶ Amounts from line 4 · · · · · · · · ·	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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, check this box and stop here	<u>, , , , , , , , , , , , , , , , , , , </u>		ourth, or fifth tax ye	ar as a section 50)1(c)(3)	· · · · · ▶□
	tion C. Computation of Public Su	pport Percen	tage	(0)		144	
14	Public support percentage for 2010 (line 6,	column (f) divide	a by line 11, colur	nn (T))		145	<u>%</u> %
15	Public support percentage from 2009 Sche 33 1/3% support test - 2010. If the organic	oule A, Par II, liñ	ek the heven the	12 and line 14 in	33 1/394 02 7000	chack this boy	70
16a	and stop here. The organization qualifies						▶□
.							
b	box and stop here. The organization quality						▶□
172	10%-facts-and-circumstances test - 201						٠
174	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						• • • • • • • • • • • • • • • • • • •
b							
_	more, and if the organization meets the "fa						
18	organization meets the *facts-and-circums Private foundation. If the organization did	tances" test. The	organization quali	fies as a publicly s	upported organiza	ation • • • • •	
							

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.)

5	in the organization rails to quality up	idel the tests list	ed delow, please c	omplete Fan II.)			
Cali	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(O Total
- Cui	The state of the s	(a) 2000	(0) 2007	(6) 2000	(0) 2009	(8) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	87,008	21,261	21,321	14,025	18,991	162,606
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		339,386	377,360			1,537,056
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513						
4	Tax revenues levied for the organization'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 · · · · · ·	87,008	360,647	398,681	303,214	470,112	1,699,662
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · ·	·					
c	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						1,699,662
	tion B. Total Support					······································	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a	Amounts from line 6	87,008	360,647	398,681	383,214	470,112	1,699,662
	-payments received on securities loans, rents, royalties and income from similar sources	1,345	5,567	7-036	· 5.004	5,246	24,198
	Sources 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,343	3,331	.,,,,,,,,	3,001		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · ·	1,345	5,567	7,036	5,004	5,246	24,198
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	88,353	366,214	405,717	388,218	475,358	1,723,860
14	First five years, if the Form 990 is for the or organization, check this box and stop here.		· · · · · · · · · · · ·	h, or fifth tax year	as a section 501(c	:)(3)	▶□
	ction C. Computation of Public Sur	port Percent	age	(0)		45	09.60
15	Public support percentage for 2010 (line 8, co Public support percentage from 2009 Schedu					15	98.60 % 98.27 %
16	ction D. Computation of Investmen						70.2. 70
17	Investment income percentage for 2010 (line			column (f)) · · ·		17	1.40 %
18	Investment income percentage from 2009 Sc					18	1.73 %
19a	33 1/3% support tests - 2010. If the organiz 17 is not more than 33 1/3%, check this box.	ation did not chec	k the box on line 1	4. and line 15 is m	nore than 33 1/3%.	and line	▶⊠
b	33 1/3% support tests - 2009. If the organization 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pul	bliciy supported or	ganization · · · ·	
20	Private Foundation: If the organization did r	not check a box or	n line 14, 19a, or 1	9b, check this box	and see Instruction	ons · · · · ·	· · · · > []

Schedule A (Form 990 or 990-EZ) 2010 . POLICY STUDIES ORGANIZATION	23-7163011	Page
Part IV . Supplemental Information. Complete this part to provide the explanations required by Part	t II, line 10,	
Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (Se	ee instructions).	
Contributions not reported as revenue (Part II or Part I)	II, line 1)	
dembership dues are collected annually from individual members.		
		·
		
		
	······································	
	 -	
	······································	
	 	
	······································	
	·	
EEA	Schedule A (Form 990 or 9	90-EZ) 2010

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate Instructions.

Open to Public Inspection

Name	of the organization	Employer identification number
PO	LICY STUDIES ORGANIZATION	23-7163011
$\overline{}$	Organizations Maintaining Donor Advised Funds or Other Similar Funds	
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor edvised 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	Oid the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control? · · · · · ·	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-	Preservation of land for public use (e.g., recreation or education)	cally important land area
	Protection of natural habitat Preservation of a certified	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation
_	easement on the last day of the tax year.	
	The state of the last adjust the last year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
_	structure listed in the National Register	. 24
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	
	the tax year	gameoner, samig
_4-	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	 -
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
_	•	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	e vear
	> \$	• • • • • • • • • • • • • • • • • • • •
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · Yes · · No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense st	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	
	the organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Of	ther Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	nt and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
ъ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	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 · · · · · · · · · · · · · · · · · ·	· · · · · · > \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	·
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
_	· waste missered in the war is the contract of	

Sched	ule D (Form 990) 2010 . POLICY STUDIES	ORGANIZATION				23-7163	011	Page 2
Par	t III Organizations Maintaining	Collections of	Art, Historic	al Treasures	, or Oth	er Similar Ass	sets (conti	nued)
3								
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loa	n or exchange	programs				
b	Scholarly research	e 🗍 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain h	ow they further	r the organization	's exemp	purpose in		
	Part XIV.							
5	During the year, did the organization solicit or r	eceive donations of	art, historical tr	easures, or other	similar			
	assets to be sold to raise funds rather than to t	e maintained as pa	t of the organiz	ation's collection	?		· 🗌 Yes	No
Pai	t IV Escrow and Custodial Arra	ngements. Con	plete if organia	ation answered "	Yes" to F	om 990,		
	Part IV, line 9, or reported an amou						_	
1a	is the organization an agent, trustee, custodian	or other intermedia	ry for contributi	ons or other asse	ts not	•	-	
	included on Form 990, Part X? • • • • • •				• • • •		· TYes	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the folio	wing table:					
						Amo	ount	
C	Beginning balance · · · · · · · · · · · · · · · · · · ·			. .	· 1c			
_d								
e	Distributions during the year				18			
f	Ending balance · · · · · · · · · · · · · · · · · · ·							
2a	Did the organization include an amount on For	m 990, Part X, line 2	17				· Yes	No
ь	If "Yes," explain the arrangement in Part XIV.							
Pa	t V Endowment Funds, Complete	if the organization a	nswered "Yes"	to Form 990, Par	t IV, line	10		
		(a) Current year	(b) Pnor yea	r (c) Two year	s back	(d) Three years back	(e) Four yea	ns back
1a	Beginning of year balance							
b	Contributions · · · · · · · · · · · · · · · · · · ·							}
C	Net investment earnings, gains, and losses -							
d	Grants or scholarships · · · · · · · · · · · · · · · · · · ·							
e	Other expenditures for facilities				j			
	and programs $\cdots \cdots \cdots \cdots \cdots \cdots$				l			
f	Administrative expenses · · · · · · · · ·							
9	End of year balance · · · · · · · · · · · · · · · · · · ·				l]
2	Provide the estimated percentage of the year e							
a_	*Board designated or quasi-endowment							
b	Permanent endowment ▶ %							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	ion of the organizati	on that are held	f and administere	d for the			
	organization by:							s No
	(i) unrelated organizations · · · · · · · ·	• • • • • • • • •	• • • • • •	• • • • • • • •	• • • •	• • • • • • • • •	3a(i)	
	(ii) related organizations · · · · · · · · ·		• • • • • • •	• • • • • • • • •	• • • •	• • • • • • • • •	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•			• • • •	• • • • • • • • •	3b	<u> </u>
4	Describe in Part XIV the intended uses of the o							
Pa	t VI Land, Buildings, and Equip	ment, See Form	990, Part X, lir	ne 10.	, -			
	Description of investment	(a) Cost or oth		b) Cost or other basis (other)		Accumulated preclation	(d) Book va	tue .
1a	Land · · · · · · · · · · · · · · · · · · ·							
b	Buildings · · · · · · · · · · · · · · · · · · ·							
С	Leasehold improvements · · · · · · · ·							
ď	Equipment	• • •	60,028			44,097		15,931
е	Other - · · · · · · · · · · · · · · STMD	1E ·	73,686					73,686
Tota	. Add lines 1a through 1e. (Column (d) must ec	ual Form 990, Part	X, column (B),	line 10(c).)		• • • • • •		39,617

Do-4 MIL Immediately Other Committee	Con Form 000, Rad V. line 12	23-7163011 Pagi
Part VII Investments - Other Securities.	l l	Cal Market of a ballion
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
1) Financial derivatives · · · · · · · · · · · · · · · · · · ·	•	
2) Closely-held equity interests · · · · · · · · · · · · · · · · · ·	•	
3) Other		
(A)		
(B)	<u> </u>	
(C)	<u> </u>	
(D)		
(E) (F)		
(G)		
(H)		
(1)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	See Form 990, Part X, line 13	
(a) Description of investment type —	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)	 	
(6)	 	
(7) (8)		
(9)	<u> </u>	
(10)		
	1	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	e 15.	
Part IX Other Assets, See Form 990, Part X, Iin	e 15. Description	(b) Book value
Part IX Other Assets, See Form 990, Part X, lin (1)		(b) Book value
otal. (Cotumn (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets, See Form 990, Part X, lin (a) (1) (2)	Description	(b) Book value
Otal. (Cotamn (b) must equal Form 990, Part X, col (B) line 13		(b) Book value
Detail (Cotumn (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1) (2) (3) (4)	Description	(b) Book value
Cotal (Cotal (b) must equal Form 990, Part X, col (B) line 13 Part X Other Assets, See Form 990, Part X, line (a) (1) (2) (3) (4) (5)	Description	(b) Book value
Cotamn (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6)	Description	(b) Book value
Cotamn (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1)	Description	(b) Book value
Cotamn (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1)	Description	(b) Book value
Cotamn (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1)	Description	(b) Book value
Rotal (Cotumn (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1)	Description	(b) Book value
Rotal (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets, See Form 990, Part X, line (a) (1)	Description 15.)	
Rotal (Column (b) must equal Form 990, Part X, col. (B) line 13) Part X Other Assets, See Form 990, Part X, line (a)	Description 15.) 1ine 25	
Rotal (Cotumn (b) must equal Form 990, Part X, col (B) line 13	Description 15.)	
Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1) (a) (b) (b) (a) (a) (a) (b) (a) (b) (a) (b) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (c) (Description 15.) 1ine 25	
Part IX Other Assets, See Form 990, Part X, Im (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities, See Form 990, Part X, (a) Description of liability (1) Federal income taxes	Description 15.) 1ine 25	
Part X Other Assets, See Form 990, Part X, Iin (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Description 15.) 1ine 25	
Column Dear Dear Dea	Description 15.) 1ine 25	
Column Dear Column Dear Column Dear Column Dear Column Dear	Description 15.) 1ine 25	
Part X Other Assets, See Form 990, Part X Image: See Form 990, Part X Image: See Form 990, Part X Image: See Form 990, Part X Image: See Form 990, Part X Image: See Form 990, Part X	Description 15.) 1ine 25	
Description of liability Part X Other Liabilities See Form 990, Part X, col. (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a)	Description 15.) 1ine 25	
Detail Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Description 15.) 1ine 25	
Detail Column (b) must equal Form 990, Part X, col (B) line 13	Description 15.) 1ine 25	
Detail Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets, See Form 990, Part X, line (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10)	Description 15.) 1ine 25	

Sched	Aute D (Form 990) 2010 . POLICY STUDIES ORGANIZATION	23-7163011	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
, 1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 · · · · · · · · · · · · · · · · · ·	10	
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	 	
	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·		
a	Donated services and use of facilities	-	
Ь		-	
d	Other (Describe in Part XIV:)		
e			
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
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 XiV.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	per Return	
1		 	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	⊣	
Þ		⊣	
C		-	
đ	Other (Describe in Part XIV)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	20	
3	Subtract-line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	_	
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		
	2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete)	
this	part to provide any additional information.		
			
_			
			
_			
_			
	EEA	Schedule D (Fe	om 990) 2010

SCHEDULE 0 (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.

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

POLICY STUDIES ORGANIZATION	23-7163011				
TODAY STODIES CREATERION	23-7163011				
01. Members or stockholder classes and rights (Part VI, line 6)					
The single member class are those individuals paying annual dues to receive	all 12				
published journals. Each member has the same voting rights.					
02. Member election for additional members (Part VI, line 7a)					
Members are elected-at-the-annual_meeting. All members attending the annual	l meeting can				
vote on all agenda items requiring a member vote.					
03. Governing body decisions (Part VI, line 7b)					
All members can vote at the annual meeting. Mambership approves most matter	rs after the				
fact at the annual meeting. To the extent future matters are put to a vote	at the annual				
meeting, mambers are allowed to discuss and vote.					
04. Form-990-governing_body_review (Part VI, line 11)					
The governing board reviews the annual 990 in electronic form prior to paper	r filing with				
the IRS.					
05. Governing documents, etc, available to public (Part VI, line 19)					
Governing documents are made available to the general public upon specific	written				
request.					

Depreciation and Amortization OMB No. 1545-0172 Form 4562 (Including Information on Listed Property) 2010 Department of the Treasury Attachment ► See separate instructions. Internal Revenue Service ► Attach to your tax return. Sequence No. 67 Name(s) shown on return Business or activity to which this form relates identilying number 23-<u>7163011</u> STUDIES ORGANIZATION FORM 990 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Total cost of section 179 property placed in service (see instructions) . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) - -Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 · · · · · · · · · · · · · -9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 · · · · · 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 • > 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 8,575 MACRS Depreciation (Do not include listed property) (See instructions.) Part III MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed in service (business/investment use (a) Classification of property (e) Convention Method (g) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs g 25-year property S/L MM Residential rental 27.5 yrs MM S/L property 27.5 yrs. MM S/L 39 yrs Nonresidential real ММ S/L property Section C - Assets Placed In Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L

For Paperwork Reduction Act Notice, see separate instructions.

Summary (See instructions.)

Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions - · · · · ·

b 12-year

c 40-year

Part IV

EEA

12 yrs.

40 yrs.

MM

S/L

SA.

21

94B 004

8,575

Name(s) as shown on return	Federal Supporting Statements				2010 _{PG01}	
Name(s) as shown on return POLICY STUD	IES ORGANIZ	li .	FEIN 23-7163011			
Form 990, Schedule D, Part VI, Line 1e Statement #Dle Investments - Other						
Description of Investment PAINTINGS AND MEMORBILLIA		Cost/basis (Investment) (Other) 0		Depr 0	Depr 0 Book Value 73,686	
Total		73,686		0	73,686	

Form 8868 (Rev 1-2011) Page 2									
 If you are fi 	ling for an Additional (Not Automatic) 3-Mor	th Extensio	n, complete only Part II and check this	box · · · ·	· · · · · • 🗓				
Note, Only co	mplete Part II if you have already been granted	d an automat	ic 3-month extension on a previously file	d Form 886	8.				
• If you are fi	iling for an Automatic 3-Month Extension, co	mplete only	Part I (on page 1).						
Part II	Additional (Not Automatic) 3-Mont	h Extension	on of Time. Only file the original	(no copie	s needed).				
Type or	Name of exempt organization		nployer identification number						
print	POLICY STUDIES ORGANIZATION				23-7163011				
File by the	Number, street, and room or suite no. If a P.O. box, see in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
extended due date for	701 DEVONSHIRE DRIVE								
filing the									
return See CUDANDATON TI C1020									
msindions CHAMPAIGN, IL 01820									
Enter the Retu	orn code for the return that this application is fo	or (file a sepa	rate application for each return) · · ·		01				
Application		Return	Application		Return				
Is For	Is For		Is For	or .					
Form 990		01							
Form 990-B	Form 990-BL		Form 1041-A						
Form 990-EZ		03	Form 4720						
Form 990-PF		04	Form 5227	······································					
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069						
Form 990-T (trust other than above)		06	Form 8870						
	t complete Part II if you were not already gr	anted an aut	omatic 3-month extension on a previous	ously filed F	12 form 8868.				
	are in the care of KALLEMBACH and A								
Telephone No. ▶ 217-355-8979 FAX No. ▶									
• 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 this is									
for the whole group, check this box · · · • • If it is for part of the group, check this box · · · • • • If and attach a									
			Toub, or our who box	juna ottocn	•				
Ist with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until 11-15, 2011.									
•	endar year 2010, or other tax year beginning		, 20 and ending		, 20 .				
6 If the tax year entered in line 5 is for less than 12 months, check reason I Initial return Final return Change in accounting period									
	detail why you need the extension								
	ional time is necessary to file		oto and aggins to						
	n Officers and Directors trave				:				
recur	Officers and Directors trave	1 extens	ivery summer.						
0. 16 15		700 0000	and a shadow a fact that a same						
•	oplication is for Form 990-BL, 990-PF, 990-T, 4	1720, 01 0005	, enter the tentative tax, less any		_				
	ndable credits. See instructions oplication is for Form 990-PF, 990-T, 4720, or 6			8a	<u> </u>				
	i i								
estimate									
amount	86	\$							
c Balance	\$								
(Electro	Bc S	\$							
			d Verification						
	f perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form.	accompanying so	nequies and statements, and to the best of my know	redge and belie	i, r. is				
	0								
	Blilly or		* Treasurer Pro	.	8/14/11				
Signature	I district	Tisk	F HOMEN 136	Date >	m 8868 (Rev 1-2011)				
EEA				FOR	m 8868 (KeV 1-2011)				