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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

| A | ror t | ine 20 | 111 calendar year, or tax year beginning | anu | enumy | _ | | | | | |
|---|-----------------|---------------|--|---------------------------------------|-----------------|---------------------------------------|-------------------------------|--|--|--|--|
| В | Check applic | d able | C Name of organization | | | D Employer identifi | cation number | | | | |
| Г | Ad | dress ange | THE PUBLIC FORUM INSTITUTE | | | | | | | | |
| 一 | Na | | Doing Business As | | | 1 52-2 | 315929 | | | | |
| Ē | Init | ial | Number and street (or P.O. box if mail is not delivered to street | t address) | Room/suite | E Telephone number | | | | | |
| Ē | | mın- | 2300 M STREET, NW | , | 900 | 202-467-2777 | | | | | |
| Ē | | ended | City or town, state or country, and ZIP + 4 | · · · · · · · · · · · · · · · · · · · | <u> </u> | G Gross receipts \$ | 1,626,104. | | | | |
| Ē | | plica- | WASHINGTON, DC 20037 | | | H(a) Is this a group re | | | | | |
| _ | | nding | F Name and address of principal officer JONATHAN | | for affiliates? | Yes X No | | | | | |
| | | | 2300 M STREET, NW, SUITE 900, | ON, DO | | | | | | | |
| _ | Tay | exemi | ot status: X 501(c)(3) 501(c)() | | · · · | | list. (see instructions) | | | | |
| ÷ | Web | site: | WWW.PUBLICFORUMINSTITUTE.ORG | | | H(c) Group exemptio | | | | | |
| | | | anization: X Corporation Trust Association | Other - | L Year | | A State of legal domicile: DC | | | | |
| | art | | ummary | | | - | - | | | | |
| ا | 1 | Bn | efly describe the organization's mission or most significant a | ctivities: CITI | ZEN EN | IGAGEMENT: | TO IMPROVE | | | | |
| গাধি Activities & Governance | | PU | JBLIC UNDERSTANDING OF NATIONAL | L ISSUES. | | | | | | | |
| Тa | 2 | _ | eck this box if the organization discontinued its o | | | e than 25% of its net as | ssets. | | | | |
| Š | 3 | | mber of voting members of the governing body (Part VI, line | | | 3 | 6 | | | | |
| Ğ | 4 | | mber of independent voting members of the governing body | | | 4 | 4 | | | | |
| 88 | 5 | | al number of individuals employed in calendar year 2011 (Pa | | | 5 | 9 | | | | |
| įį | 6 | Tot | al number of volunteers (estimate if necessary) | · | | 6 | 0 | | | | |
| એ ફ્રે | 7 | a Tot | al unrelated business revenue from Part VIII, column (C), line | e 12 | | 7a | 0. | | | | |
| A E | | b Ne | t unrelated business taxable income from Form 990 T, line 3 | 4 | | 7b | 0. | | | | |
| ~ ≓ | 1 | | | | | Prior Year | Current Year | | | | |
| | 8 | Co | ntributions and grants (Part VIII, line 1h) | | | 784,925. | 1,609,000. | | | | |
| ֓֞֞֜֞֜֞֜֞֜֞֜֞֜֜֞֜֜֓֓֓֓֓֓֞֜֜֜֜֓֓֓֡֓֓֓֡֓֜֜֡֓֡֓֡֓֡֡֡֡֓֡֓֡֓֡֡֡֡֡֓֡֡֡֡֡֡ | 9 | | ogram service revenue (Part VIII, line 2g) | | | 0. | 0. | | | | |
| Revenue | 10 |) Inv | estment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 15,925. | 8,243. | | | | |
| ٠ Œ | 11 | l Oth | ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an | d 11e) | | 48,924. | 8,861. | | | | |
| j | 12 | | al revenue - add lines 8 through 11 (must equal Part VIII, co | | | 849,774. | 1,626,104. | | | | |
|] 2 | 13 | | ants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0. | 0. | | | | |
| 2 | 14 | l Be | nefits paid to or for members (Part IX, column (A), line 4) | | | 0. | 0. | | | | |
| S | 15 | Sa | aries, other compensation, employee benefits (Part IX, colui | mn (A), lines 5-10) |) | 846,940. | 845,165. | | | | |
| | 16 | a Pro | ofessional fundraising fees (Part IX, column (A), line 11e) | | <u>L</u> | 0. | 0. | | | | |
| Expenses | - | | al fundraising expenses (Part IX, column (D), line 25) | 51.1 | 15. | · · · · · · · · · · · · · · · · · · · | ` ' | | | | |
| W | 17 | ' Otl | ner expenses (Part IX, column (A), lines 11a-11d, 🏗 🕰 🥙 🖫 | IVED | | 345,042. | 480,022. | | | | |
| | 18 | 3 To | tal expenses. Add lines 13-17 (must equal Pa rt IX, column (A |), line 25) ၂၂ | } | 1,191,982. | 1,325,187. | | | | |
| _ | 19 | Re | venue less expenses. Subtract line 18 from the 12 | | | -342,208. | 300,917. | | | | |
| Sor | <u> </u> | | B JUL 2 | 5 2012 | ! <u>B</u> | eginning of Current Year | End of Year | | | | |
| Set | 를 2 0 |) To | tal assets (Part X, line 16) | J <u>&</u> | i | 1,560,045. | 1,892,431. | | | | |
| Net Assets | 21 | To | tal liabilities (Part X, line 26) t assets or fund balances. Subtract line 21-from-line 20 Signature Block | N. UT | ! | 55,453. | 17,722. | | | | |
| | | Ne | t assets or fund balances. Subtract line 24-from-line 29 | | 8 | 1,504,592. | 1,874,709. | | | | |
| | art | | | | | | | | | | |
| | | | s of perjury, I declare that I have examined this return, including acc | | | | y knowledge and belief, it is | | | | |
| tru | e, cor | rect, a | nd complete Declaration of preparer (other than officer) is based on | all information of v | vnich prepare | r has any knowledge. | - 1 | | | | |
| | | | Signature of officer | | | Date | 12012 | | | | |
| Sig | _ | | Signature of officer | | n | butto y | / | | | | |
| He | ere | | MARK MARICH, EXECUTIVE VICE Type or print name and title | PKESIDENI | - | | | | | | |
| - | | | | anotura | | Date Check | II PTIN | | | | |
| Pa | id | | Int/Type preparer's name Preparer's si | | | していなりと if self-employ | -' | | | | |
| | epare | | 1 | NY LLP | | Firm's EIN | 52-2041603 | | | | |
| | e Onl | _ | m's address 111 ROCKVILLE PIKE, SU | | | THITTEIN | | | | | |
| | J J.II. | ´ '" | ROCKVILLE, MD 20850 | | | Phone no. 3 | 01-424-6800 | | | | |
| N/4 | av the | - IRC | discuss this return with the preparer shown above? (see ins | tructions) | | 1 | X Yes No | | | | |
| | | 1-23-1 | | | tions. | | Form 990 (2011) | | | | |
| | 0 | | | | | | | | | | |

| orm | | 315949 | Page 2 |
|-----|---|-----------------|-------------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Bnefty describe the organization's mission: | | |
| | TO ENGAGE CITIZENS IN KEY NATIONAL ISSUES DISCUSSIONS IN AN | DIIDI IA | |
| | INDEPENDENT AND IMPARTIAL FASHION TO CREATE A MORE INFORMED | POBLIC. | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | X No |
| | the prior Form 990 or 990-EZ? | tes | LAL NO |
| _ | If "Yes," describe these new services on Schedule O. | □ Vos | X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L res | LAL NO |
| | 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. | d by avpansas | |
| 4 | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an | | |
| | others, the total expenses, and revenue, if any, for each program service reported. | a anocations to | • |
| 4a | (Code) (Expenses \$ 122,837 · including grants of \$) (Revenue \$ | - | <u> </u> |
| -ra | OUTREACH TO THE PUBLIC. PROVIDE OPPORTUNITIES FOR CITIZENS | TO | ′ |
| | PARTICIPATE IN IMPARTIAL DIALOGUES IN AN INDEPENDENT SETTING | _ | |
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| | | | |
| 4b | (Code) (Expenses \$ 956,215. including grants of \$) (Revenue \$ | 8, | 861.) |
| | PLANNING AND ORGANIZING IMPARTIAL, INDEPENDENT PUBLIC FORUMS | | |
| | TOGETHER PUBLIC OFFICIALS, SPECIALISTS, AND THE GENERAL PUBL | | |
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| | | | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| →u | | ١ | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,079,052. | | |
| 70 | Total program on the expenses = 1 - 1 - 1 - 1 | Form 9 | 90 (2011) |
| | | | · · · / |

Form 990 (2011) THE PUBLIC F
Part IV Checklist of Required 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 | Х | |
| | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | Х | |
| | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | 77 |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </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> </u> |
| | 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 | | |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| | 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| | 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 |
| 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 | L | 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 | | | 1,7 |
| | 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 | | l 🕡 | |
| | Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| | 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 | | х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | - - | | |
| _ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | آ |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | Щ. | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | ٦, |
| | 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, | | | x |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | \vdash | ┢┸ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 18 | 1 | х |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | ''8 | | - |
| 15 | | 1 | I | ۱ |
| | | 19 | | X |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |

Form 990 (2011) THE PUBLIC FORUM I
Part IV Checklist of Required Schedules (continued)

| | · | | Yes | No |
|----------|---|---------------|----------|--|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 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 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25 | 24a | | _X_ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 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 | | <u>X</u> |
| 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 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 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | * 1 | 7. |
| | instructions for applicable filing thresholds, conditions, and exceptions): | <u>``</u> | | - |
| 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 Schedule L, Part IV | 28b | | ┝┷ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | _v |
| | 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 | | ^- |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| | contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | | х |
| | If "Yes," complete Schedule N, Part I | ائر | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 32 | 1 | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | ٽُ | | - |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? | <u> </u> | | |
| - | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| - | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | <u> </u> |
| | | Form | 990 | 2011) |

Form 990 (2011) THE PUBLIC FORUM INSTITUTE Partity Statements Regarding Other IRS Filings and Tax Compliance

| Fine the number reported in Box 3 of Form 1096. Enter-0-if not applicable Enter the number of Forms W26 included in line 1a. Enter-0-if not applicable Colf the organization comply with backup withholding rules for reportable payments to vendors and reportable gamning (gambling) winnings to prize winners? Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return By It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the organization have unrelated bissenses gross incore of \$1,000 or more during the year? By If Yes, It also alfore \$300 or the file year? If Yes, It provide an explanation in Schedule O By If Yes, It is filed a Form \$901 or for link year? If Yes, It is provided an explanation or Schedule O By If Yes, It is filed a Form \$901 or for link year? If Yes, It is also all years of the organization have an interest in, or a significant or of the authority over, a financial account of the organization and the organization and provided an explanation of the financial account? By If Yes, It is filed a Form \$901 or for link year? If Yes, It is provided an explanation of Schedule O By If Yes, It is the Septical organization and the was or an aprix to a prohibited and any time during the tax year? By If Yes, It is the Septical party notify the organization file Form 8886.71 By If Yes, It is the organization approach to file was or an aprix to a prohibited tax shelter transaction? By If Yes, It is the organization and promises that are normally greater than \$100,000, and did the organization solicity and prohibited tax shelter transaction? By If Yes, It is the organization and promises that are normally greater than \$100,000, and did the organization solicity and prohibited tax shelter transaction? By If Yes, It is the organization include with every solicitation an express shallowed the second organization solicity to t | | Check it Schedule O contains a response to any question in this Part V | | | | <u> </u> | | | | | |
|---|------------|---|----------------------------|----------|--------------|-------------|--|--|--|--|--|
| b Enter the number of Forms W2G included in line 1a. Enter 0-11 not applicable 1b 0 0 0 0 0 0 0 0 0 | | , | | | Yes | No | | | | | |
| Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flee for the calendar year ending with or within the year covered by this return If all east one is reported on line 22, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 by the organization have unrelated business gross income of \$1,000 or more dumpt he year? 8 by 1 "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 8 by 1 "Yes," and the some of the foreign country. In a country, In a country of the property of the organization shall be a bank account, securities account, or other financial accounts. 8 by 1 "Yes," and the name of the foreign country. In a pray to a prohibeted runs whether transaction? 9 by 1 "Yes," the line 5a of 5b, did the organization file form 888617 50 Was the organization have amountal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 10 If "Yes," the line organization nice with very solicitation an express statement that such contributions or gifts were not tax deductible? 11 If "Yes," and the organization nice with very solicitation an express statement that such contributions or gifts were not tax deductible? 12 If "Yes," and the organization nice with very solicitation an express statement that such contributions or gifts were not tax deductible? 12 If "Yes," and the organization nice with the production of the year of the production of the produ | 1a | | | | | | | | | | |
| Gambing) winnings to prize winners? 8 Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, lead of the calendar year ending with or within the year covered by this return 8 If a teast one is reported on line 2 a, did the organization file all required federal employment tax returns? 8 If the teast one is reported on line 2 a, did the organization file all required federal employment tax returns? 8 If If Yes, 1 has in file a form 900-71 for this year If If 1% provide an explanation in Schedule O 8 If Yes, 1 has if file a form 900-71 for this year If If 1% provide an explanation in Schedule O 9 If Yes, 1 has if file a form 900-71 for this year If If 1% provide an explanation in Schedule O 9 If Yes, 1 house 5 or 50, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial accounts. 9 If Yes, 1 house 5 or 50, did the organization file fire financial file file file file file file file fil | | | | 4 | | | | | | | |
| Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see nativitions). By If at least on se 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 6-file (see nativitions). By If Yes, 1 has if filed a Form 990-T for this year? If 1%0, *provide an explanation in Schedule O By If Yes, 1 has if filed a Form 990-T for this year? If 1%0, *provide an explanation in Schedule O By If Yes, 1 has if filed a Form 990-T for this year? If 1%0, *provide an explanation in Schedule O By If Yes, 1 has the foreign country (such as a bank account, securities account, or other financial account)? By If Yes, 1 has the organization in the foreign country. By If Yes, 1 has the organization in the foreign country. By If Yes, 1 has the organization in that it was or is a party to a prohibited tax shelter transaction? By If Yes, 1 has the organization has the return and year and year and year than \$100,000, and did the organization solicit any contributions that file year year and year year and year year and year year and year year year year year year year year | С | | oortable gaming | | v | | | | | | |
| the contract year ending with or within the year covered by this return 2a 9 | _ | | 1 | 1c | Λ | | | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 'Yes,' has if filed a Form 990-Ti or this year? If 'No', 'provide an explanation in Schedule O 3d At any time during the calendry 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 accountly) b If 'Yes,' reter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c organizations that may receive deductible contributions under section 170(). 9c If 'Yes,' did the organization notify the donor of the value of the goods or services provided to the payor? 7a X 7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b If If If yes, 'Indicate the number of Forms 8282 filed during the year 9c If If Yes, 'Indicate the number of Forms 8282 filed during the year 9c If If Yes, 'Indicate the number of Forms 8282 filed during the year 9c If If Yes, 'Indicate the number of Forms 8282 filed during the year 9d If If Yes, 'Indicate the number of Forms 8282 filed during the year 9d If I | 2 a | | | | | | | | | | |
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| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions or elated person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities The section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 28 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qual | | | 1 | 7c | | X | | | | | |
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| | | | 0 | | | <u> </u> | | | | | |
| | 0 | ii res, rias it lileu a romi 720 to report these payments [11 No, provide an explanation in Schedule | <u> </u> | | 990 | (2011) | | | | | |

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 | | | \mathbf{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 | 6 | | | | | | |
| | 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 | 4 | | - | | | | |
| 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 | | X | | | | |
| 3 | Did the organization delegate control over management duties customanly 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 | | Х | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | |
| 7a | | | | ٠, | | | | |
| | more members of the governing body? | 7a | | <u> </u> | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | l | | v | | | | |
| _ | persons other than the governing body? | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | X | | | | | |
| a | | 8a | | X | | | | |
| | Each committee with authority to act on behalf of the governing body? | 8b | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | | | | | |
| | Territoria de la maria de la colonia del colonia del colonia del colonia de la colonia de la colonia de la colonia de la colonia del colonia de la colonia de la colonia del col | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | ,, | | | | | |
| | in Schedule O how this was done | 12c | X | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | X | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | |
| D | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | ** | | | | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | |
| _ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availab | le | | | | | |
| for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| Own website | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a | nd finar | ncial | | | | | |
| | statements available to the public during the tax year. | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiz THE ORGANIZATION - 202-467-2777 | ation: | _ | | | | | |
| | 2300 M STREET, NW, STE 900, WASHINGTON, DC 20037 | | | | | | | |

<u>PartVIII</u> 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.

| (A) | (B) | (C) Position (do not check more than one | | | | | | (D) Reportable | (E) | (F) |
|---|---|--|-----------------------|---------|--------------|------------------------------|----------|--|--|--|
| Name and Title | Average hours per week | box | , unle: | ss pe | rson | than is bot or/trus | h an | compensation | Reportable compensation from related | Estimated amount of other |
| | (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JONATHAN ORTMANS | 45.00 | l <u></u> | | | | | | 401 104 | 0 | 11 500 |
| PRESIDENT/DIRECTOR | 45.00 | Х | | X | _ | ļ | | 401,104. | 0. | 11,500 |
| (2) NEIL DHILLON | 1 1 00 | ,, | | | | | | 0 | 0. | |
| DIRECTOR | 1.00 | X | ⊢ | | - | ₩ | | 0. | 0. | 0 |
| (3) MARK MARICH | 40.00 | x | | х | | | | 145,540. | 0. | 4,350 |
| EXECUTIVE VICE PRESIDENT (4) TOM SULLIVAN | 40.00 | ₽ | ├ | Δ | <u> </u> | \vdash | | 143,340. | 0. | =,550 |
| DIRECTOR | 1.00 | $ _{\mathbf{x}}$ | | | | | | 0. | 0. | 0 |
| (5) ROBERT MEAGHER | | ᢡ | | | ┢ | | | | | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| (6) GEORGE GROB | | Т | | | | <u> </u> | | | + = - | |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0 |
| | | | | | | _ | | | | |
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| · · · · · · · · · · · · · · · · · · · | | _ | | | | _ | | | | |
| | | | | | | | \vdash | | ··· | |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

Part VIII Section A.

| rai | rt VIII | Statement of Reven | ue | : | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
|--|-------------|--|----------------|----------------------|----------------------|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | | Fundraising events Related organizations Government grants (contributions) | | | | | | |
| Contribut and Othe | g h | similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f | | 1609000. | 1609000. | | | |
| | 2 a b | | | Business Code | | | | |
| Program Service Revenue | c d | | | | | | | |
| ę. | | Total. Add lines 2a-2f | | . | | | | |
| | 3 4 5 | Investment income (including of other similar amounts) Income from investment of tax Royalties | | • | 8,243. | | | 8,243. |
| | 6 a | Gross rents | (i) Real | (ii) Personal | 10.0 | | | |
| | d | | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory Less: cost or other basis and sales expenses | | (4) 0.1.0. | | | | |
| 97 | d | Gain or (loss) Net gain or (loss) Gross income from fundraising | g events (not | • | | | | |
| Other Revenue | | contributions reported on line Part IV, line 18 | а | | | | | |
| ð | C | Less: direct expenses Net income or (loss) from fund Gross income from gaming ac | tivities. See | • | | *************************************** | | |
| | С | Part IV, line 19 Less' direct expenses Net income or (loss) from gam | _ | • | | | | |
| | b | Gross sales of inventory, less and allowances Less: cost of goods sold | a b | | | | | |
| | 11 a | | H SURRE | Business Code 900099 | 7,855. | 7,855. | | |
| | b c d | REIMBURSED EXPE | NSES | 900099 | 1,006. | 1,006. | | |
| 13200 01-23 | 12 | Total. Add lines 11a-11d Total revenue. See instructions. | | > | 8,861. 1626104. | 8,861. | 0. | 8,243. Form 990 (2011) |

RatilX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a respor | | s Part IX | | |
|----------|--|-----------------------|------------------------------------|--|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 546,644. | 461,638. | 57,093. | 27,913 |
| e | trustees, and key employees Compensation not included above, to disqualified | 340,044. | 401,030. | 37,033. | 21,313 |
| 6 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salanes and wages | 238,875. | 201,729. | 24,949. | 12,197 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and section 403(b) employer contributions) | 15,850. | 13,473. | 1,584. | 793 |
| 9 | Other employee benefits | 42 706 | 26-006 | 4 574 | 2 226 |
| 10 | Payroll taxes | 43,796. | 36,986. | 4,574. | 2,236 |
| 11 | Fees for services (non-employees) | 53,519. | 43,519. | 10,000. | |
| a | Management | | 43,313. | 10,000. | |
| b | Legal | 35,940. | 2,537. | 33,403. | |
| c d | Accounting Lobbying | 33,340. | 2,3371 | 33,1031 | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g g | Other | 12,802. | 12,802. | 1 | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 24,387. | 12,958. | 11,429. | |
| 14 | Information technology | 6,088. | 4,905. | 1,183. | |
| 15 | Royalties | 445 505 | 00 040 | 11 750 | F 070 |
| 16 | Occupancy | 117,587. | 99,949. | 11,759. 355. | 5,879 |
| 17 | Travel | 86,429. | 86,074. | 333. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | | | | |
| 21 | Payments to affiliates | · <u>**</u> | | | |
| 22 | Depreciation, depletion, and amortization | 4,583. | 3,895. | 459. | 229 |
| 23 | Insurance | 37,363. | 31,759. | 3,736. | 1,868 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | e desperance | The second section of the second seco | |
| а | OTHER EXPENSES | 38,206. | 5,423. | 32,783. | |
| b | MEDIA CONSULTANTS AND P | 31,500. | 31,500. | | |
| c | WRITING AND RESEARCH | 14,655. | 14,655. | | |
| d | ROOMS | 13,019. | 13,019. | | |
| е | All other expenses | 3,944. | 2,231. | 1,713. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,325,187. | 1,079,052. | 195,020. | 51,115 |
| 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 990 (2011 |

| rai | tΧ | Balance Sheet | | _ | | | | | | |
|-----------------------------|-----|--|--|------------------|---------------------------------------|----------|---------------------------------------|--|--|--|
| | - , | | | | (A) Beginning of year | | (B) End of year | | | |
| | 1 | Cash - non-interest-bearing | | | 564,520. | 1 | 653,825. | | | |
| | 2 | Savings and temporary cash investments | | | 509,789. | 2 | 528,911. | | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | | | |
| | 4 | Accounts receivable, net | | | 30,000. | 4 | 250,000. | | | |
| Ī | 5 | Receivables from current and former officers, di | rectors | trustees, key | | | , | | | |
| l | | employees, and highest compensated employee | es Cor | plete Part II | | | | | | |
| | | of Schedule L | | | | 5 | | | | |
| | 6 | Receivables from other disqualified persons (as | define | under section | | | | | | |
| | | 4958(f)(1)), persons described in section 4958(c) | | | | | | | | |
| | | employers and sponsoring organizations of sect | ion 50 | (c)(9) voluntary | | | | | | |
| | | employees' beneficiary organizations (see instru | | | 6 | | | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | | | | |
| 4ss | 8 | Inventories for sale or use | | | | 8 | | | | |
| ` | 9 | Prepaid expenses and deferred charges | | | 15,094. | 9 | 530 | | | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 30,509. | | | | | | |
| | b | Less: accumulated depreciation | 10b | 22,347. | 6,199. | 10c | 8,162 | | | |
| | 11 | Investments - publicly traded securities | | | 352,816. | 11 | 361,521 | | | |
| | 12 | Investments - other securities See Part IV, line 1 | 11 | | | 12 | | | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | | | | |
| | 14 | Intangible assets | | | 14 | | | | | |
| | 15 | Other assets. See Part IV, line 11 | 81,627. | 15 | 89,482 | | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | al line 3 | 4) | 1,560,045. | 16 | 1,892,431 | | | |
| | 17 | Accounts payable and accrued expenses | 55,453. | 17 | 17,722 | | | | | |
| | 18 | Grants payable | : · · · · · · · · · · · · · · · · · · · | 18 | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 19 | Deferred revenue | | 19 | ! | | | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | | | | |
| ູ | 21 | Escrow or custodial account liability. Complete I | Part IV | of Schedule D | | 21 | | | | |
| Liabilities | 22 | Payables to current and former officers, director | | | | | | | | |
| <u> </u> | | highest compensated employees, and disqualifi | | | | | | | | |
| ן כֿ | | of Schedule L | | , | | 22 | | | | |
| | 23 | Secured mortgages and notes payable to unrela | ated th | rd parties | | 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 | - | | | | | | | |
| | | Schedule D | | • | | 25 | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 55,453. | 26 | 17,722 | | | |
| | | Organizations that follow SFAS 117, check he | ere 🕨 | X and complete | | | | | | |
| ຫຼ | | lines 27 through 29, and lines 33 and 34. | | | | | | | | |
| ဦ | 27 | Unrestricted net assets | | | 1,504,592. | 27 | 1,874,709 | | | |
| ajai | 28 | Temporarily restricted net assets | | | | 28 | · · · · · · · · · · · · · · · · · · · | | | |
| Ö | 29 | Permanently restricted net assets | | | | 29 | | | | |
| Š | | Organizations that do not follow SFAS 117, c | heck h | ere and | | | | | | |
| ř | | complete lines 30 through 34. | | | | | | | | |
| s or | 30 | Capital stock or trust principal, or current funds | | | - | 30 | | | | |
| اق | | Supriar Stock of tract principal, of Surfork funds | | at fund | | 31 | | | | |
| ssets | | Paid-in or capital surplus, or land, building, or ed | | | | | | | | |
| t Assets o | 31 | Paid-in or capital surplus, or land, building, or ed | Retained earnings, endowment, accumulated income, or other funds | | | | | | | |
| Net Assets or Fund Balances | | | | | 1,504,592. | 32 33 | 1,874,709 | | | |

| Form | 1990 (2011) THE PUBLIC FORUM INSTITUTE | 52-231 | <u> 5929</u> | Pag | <u>е 12</u> |
|---------|--|-----------|--------------|--------------|-------------|
| Pa | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X. |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,626 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,325 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 300 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,504 | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | , 20 | |
| 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 | 1,874 | ,70 | 9. |
| Ŗą | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | ᆜ |
| 1 2a | 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 Were the organization's financial statements compiled or reviewed by an independent accountant? | 0 | 2a | Yes | No X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | \mathbf{x} | |
| | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2c | | <u>x</u> |
| d | If the organization changed either its oversight process or selection process during the tax year, explain in Sche If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |
| | | | Form 9 | 90 (2 | 2011) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE PUBLIC FORUM INSTITUTE

Employer identification number 52-2315929

| Pá | irt I | Reason | | ity Status (All organiz | | | e this part | .) See inst | ructions. | | | _ | |
|--|---|--|---|--|--------------------------------------|---------------------------|-------------|---------------------|------------------------|-------------------|----------------------|----|--|
| | | | | because it is: (For lines 1 | | | | | | | | | |
| 1 | | | | s, or association of churc | | | | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | |
| | | crty, and state: | | | | | | | | | | | |
| 5 | | An organizati | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | | |
| A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | | | |
| 7 | X | An organizati | on that normally rec | eives a substantial part (| of its supp | ort from a | governme | ntal unit o | r from the | general | public described in | | |
| | _ | section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | |
| 8 | | - | | ection 170(b)(1)(A)(vi). (| | | | | | | _ | | |
| 9 | Ш | - | | eives: (1) more than 33 1 | | | | | | | | | |
| | | | • | nctions - subject to certa | | | | | | | | | |
| | | | | axable income (less sect | tion 511 ta | x) from bu | sinesses a | cquired b | y the orga | nization . | after June 30, 1975. | | |
| | | | 509(a)(2). (Complete | • | - A - d b - l - | | \ . | FOO!-V4 | | | | | |
| 10 | 片 | _ | • | perated exclusively to te | • | - | | | | , a, et tha | numacon of one or | | |
| 11 | ш | _ | _ | perated exclusively for that tions described in section | | | | | | | | | |
| | | | | organization and comple | | | | .). See se c | 111011 309(8 | а до ј. Оп | SCR THE DOX THAT | | |
| | | a Type I | ·· · · · | ¬ ` | | e III - Func | | egrated | | d 🗀 | Type III - Other | | |
| • | | • | | t the organization is not | , , | | • | • | more disc | | • • | | |
| | _ | | | han one or more publicly | | | | | | | | | |
| 1 | ŗ | | | ten determination from t | | | | | | | , , , , | | |
| | | | ganization, check th | | | • | | | | | | | |
| ç | 3 | | - | rganization accepted ar | ny gift or co | ontribution | from any | of the follo | owing pers | ions? | | | |
| | | | | rectly controls, either al | | | | | | | Yes N | 10 | |
| | | the gove | erning body of the si | upported organization? | | | | | | | 11g(i) | _ | |
| | | (ii) A family | member of a persor | n described in (i) above? | | | | | | | 11g(ii) | | |
| | | (iii) A 35% d | controlled entity of a | person described in (i) o | or (ii) above | ∍? | | | | | 11g(iii) | | |
| ŀ | 1 | Provide the fe | ollowing information | about the supported or | ganızatıon(| (s). | | | | | | | |
| | | | | //// 9/ | | | | | 7 151 | " | | | |
| (i |) Name | of supported | (ii) EIN | (iii) Type of organization | | rganization | | | (vi) Is organizatio | | (vii) Amount of | | |
| | orga | inization | | (described on lines 1-9 | governing | sted in your document? | | | (i) organizi U.S. | d in the | support | | |
| | | | | above or IRC section (see instructions)) | | | | | Yes | , | | | |
| | | | <u> </u> | (see manuchons)) | Yes | No | Yes | No | res | No | ··· | — | |
| | | | | | | | | ŀ | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 THE PUBLIC FORUM INSTITUTE 52-23159 [Partill] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | | | |
|---|---|--|------------|------------------------|-----------------------|---------------------|--------------|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | _ | | | | |
| | include any "unusual grants.") | 1,343,567. | 1,649,525. | 1,674,700. | 784,925. | 1,609,000. | 7,061,717. | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | |
| | or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | = 0.4 | | | | |
| 4 | Total. Add lines 1 through 3 | 1,343,567. | 1,649,525. | 1,674,700. | 784,925. | 1,609,000. | 7,061,717. | | |
| 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) | | | | | | 6,050,483. | | |
| 6 Public support. Subtract line 5 from line 4 1,011,234. | | | | | | | | | |
| | Section B. Total Support | | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 1,674,700. | (d) 2010 784, 925. | (e) 2011 | (f) Total | | |
| - | Amounts from line 4 | 1,343,567. | 1,649,525. | 1,674,700. | 704,323. | 1,609,000. | 7,061,717. | | |
| 8 | Gross income from interest, | | | | | | | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties | E1 120 | 26,211. | 22 120 | 15,932. | 8,243. | 124,644. | | |
| | and income from similar sources | 51,130. | 20,211. | 23,128. | 15,934. | 0,243. | 124,044. | | |
| 9 | Net income from unrelated business | | | | | | | | |
| | activities, whether or not the | | | | | | | | |
| | business is regularly carried on | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | |
| | or loss from the sale of capital | 171 574 | 269,916. | 82,351. | 40,252. | 75,466. | 639,559. | | |
| | assets (Explain in Part IV.) | 1/1,3/4. | 209,910. | 02,331. | 40,232. | 73,400. | | | |
| | Total support. Add lines 7 through 10 | | | | | | | | |
| 12 | | ts from related activities, etc. (see instructions) 12 12 15 15 15 15 15 15 | | | | | | | |
| 13 | | | | | | | | | |
| organization, check this box and stop here Section C. Computation of Public Support Percentage | | | | | | | | | |
| | | | | column (f)) | | 14 | 12.92 % | | |
| | Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2010 Schedule A, Part II, line 14 15 19 • 08 | | | | | | | | |
| | 33 1/3% support test - 2011. If the | | | n line 13, and line | 14 ıs 33 1/3% ог г | | | | |
| .00 | stop here. The organization qualifies | | | | | , | ▶□ | | |
| h | 33 1/3% support test - 2010. If the | | _ | | line 15 is 33 1/3% | or more, check th | nis box | | |
| ~ | and stop here. The organization qua | | | | | , | ightharpoons | | |
| 17a | 10% -facts-and-circumstances tes | | | | e 13, 16a. or 16b. | and line 14 is 10% | or more, | | |
| | and if the organization meets the "fac | | | | | | | | |
| | meets the "facts'and-circumstances" | | | | | | ▶ X | | |
| ь | 10% -facts-and-circumstances tes | _ | | | | 17a, and line 15 is | | | |
| ~ | more, and if the organization meets t | _ | • | | | | | | |
| | organization meets the "facts-and-cir | | | | | | ightharpoons | | |
| 18 | _ | | - | • | | | s • | | |
| | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2011 | | | | | | | | |

Schedule A (Form 990 or 990 EZ) 2011 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

| Sec | ction A. Public Support | elow, please com | piete Part II.) | | | | | | |
|------|--|--|-----------------------|---------------------------------------|--------------------|--|--------------|--|--|
| _ | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | |
| | Gifts, grants, contributions, and | | 1 27 | 1-7 | | 1 | | | |
| · | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | | | | | | | | |
| 2 | Gross receipts from admissions, | | | · | | | | | |
| _ | merchandise sold or services per- | | | | | | | | |
| | formed, or facilities furnished in | | | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | 1 | | | • | | | |
| 3 | Gross receipts from activities that | | | | | | | | |
| Ŭ | are not an unrelated trade or bus- | | | | 1 | | | | |
| | iness under section 513 | | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | | |
| 7 | ization's benefit and either paid to | ı | | | | | | | |
| | or expended on its behalf | | | | | | | | |
| 5 | The value of services or facilities | | | | | | | | |
| J | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | • | | | | | | |
| | Amounts included on lines 1, 2, and | | | | <u> </u> | | | | |
| ,, | 3 received from disqualified persons | | | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | 1 | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | | | |
| | amount on line 13 for the year | | | | | | | | |
| C | Add lines 7a and 7b | | | · | | | ļ | | |
| _8 | Public support (Subtractine 7c from line 6.) | | • | | | <u> </u> | | | |
| | ction B. Total Support | | · | · · · · · · · · · · · · · · · · · · · | · | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total | | |
| 9 | Amounts from line 6 | | | | | | ļ | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | + | | | |
| | securities loans, rents, royalties | | | | | | | | |
| | and income from similar sources | | | | <u> </u> | | ļ <u></u> | | |
| t | Unrelated business taxable income | | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | 1 | | | |
| | acquired after June 30, 1975 | | | | | ļ | | | |
| • | Add lines 10a and 10b | | <u> </u> | | | | ļ | | |
| 11 | Net income from unrelated business | | | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | | | |
| | regularly carried on | | | | | <u> </u> | <u></u> | | |
| 12 | Other income. Do not include gain | | | | | | | | |
| | or loss from the sale of capital assets (Explain in Part IV.) | | | ļ | <u> </u> | <u> </u> | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | | | | | | <u> </u> | | |
| 14 | First five years. If the Form 990 is for | the organization | 's first, second, thi | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) organı | zation, | | |
| | check this box and stop here | | | | | | <u> </u> | | |
| | ction C. Computation of Publ | | | | | | | | |
| | Public support percentage for 2011 (| | | column (f)) | | 15 | % | | |
| | Public support percentage from 2010 | | | | | <u> 16 </u> | % | | |
| | ction D. Computation of Inves | | | | | 11 | | | |
| 17 | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % | | |
| 18 | | | | | | 18 | % | | |
| 198 | a 33 1/3% support tests - 2011. If the | | | | | | 17 is not | | |
| | more than 33 1/3%, check this box a | | | | | | ▶∟ | | |
| t | 33 1/3% support tests - 2010. If the | | | | | | | | |
| | | | | | | | ` <u>▶</u> ∐ | | |
| 20 | Private foundation. If the organization | line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | | |

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: THE PUBLIC FORUM INSTITUTE QUALIFIES AS A PUBLIC CHARITY UNDER THE BACTS AND CIRCUMSTANCESØTEST OF 1.170A-9T(F)(3) OF THE TREASURY REGULATIONS, BASED ON THE FOLLOWING: 1. THE PUBLIC FORUM INSTITUTES SUPPORT, AS REPORTED FOR 2011, IS 12.92%, THEREBY MEETING THE REQUIREMENT OF 1.170A-9T(F)(3)(I). 2. THE PUBLIC FORUM INSTITUTE IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC AND GOVERNMENT FUNDING ON A CONTINUOUS BASIS. SINCE 2004, THE INSTITUTE HAS CONTINUOUSLY AND AGGRESSIVELY SOUGHT PUBLIC SUPPORT FROM A VARIETY OF SOURCES. THESE DEVELOPMENT EFFORTS ARE GUIDED BY A FULL-TIME DEVELOPMENT DIRECTOR. THE MOST SIGNIFICANT VEHICLE FOR GARNERING PUBLIC SUPPORT HAS PROVEN TO BE DRIVEN AROUND THE INSTITUTE® PUBLIC FORUMS THAT ENGAGE CITIZENS, THEREBY MEETING THE REQUIREMENT OF 1.170A-9T(F)(3)(II). 3. THE INSTITUTE FROM 2007 TO 2011 HAD SUCCEEDED IN RAISING \$1,626,235 FROM PUBLIC SOURCES, WHICH CONSTITUTE APPROXIMATELY 20.78% OF ITS TOTAL REVENUE DURING THAT TIME FRAME AND DOUBLE THE MINIMUM 10% PUBLIC SUPPORT THE INSTITUTE IS CURRENTLY PURSUING A COMPREHENSIVE PLAN TO REOUIREMENT. CONTINUE TO INCREASE THIS LEVEL OF PUBLIC SUPPORT TO KEEP IT WAY OVER THE 10% MINIMUM, THEREBY MEETING THE REQUIREMENTS OF 1.170A-9T(F)(3)(III)(A). 4. THE INSTITUTE ENJOYS SUPPORT FROM A BROAD SPECTRUM OF INDIVIDUALS, IN 2007, NEARLY 50 SUPPORTERS PROVIDED ORGANIZATIONS AND COMPANIES. SUPPORT OF \$10,000 OR LESS, TO THE INSTITUTE. THE INSTITUTE CONTINUES TO SEEK MONEY FROM THESE AND OTHER CORPORATE SOURCES WITH A NUMBER OF COMPANIES CONSISTENTLY PROVIDING ANNUAL SUPPORT TO THE INSTITUTE. IN 2006, THE INSTITUTE RECEIVED \$1.1 MILLION IN REVENUE FROM FEDERAL

IN

AGENCIES, INCLUDING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

THIS RESPECT, THE INSTITUTE MEETS THE REQUIREMENTS OF

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.

2011
Open to Public Inspection

Name of the organization

THE PUBLIC FORIM INSTITUTE

Employer identification number 52-2315929

| Par | t I Organizations Maintaining Donor Advise | | Accounts. Complete if the | | | | |
|-----|--|---|--|--|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, line | | 500 p .0.00 | | | | |
| | organization anovoice 100 to 1000 oct 1 actify and | (a) Donor advised funds | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | · | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | |
| 3 | | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised fi | unds | | | | |
| 3 | are the organization's property, subject to the organization's | | Yes No | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | |
| 0 | for chantable purposes and not for the benefit of the donor of | | | | | | |
| | impermissible private benefit? | donor advisor, or for any other purpose com | Yes No | | | | |
| Par | | nanization answered "Yes" to Form 990, Part I | | | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | · · · · · · · · · · · · · · · · · · · | •, | | | | |
| • | Preservation of land for public use (e.g., recreation or e | | ally important land area | | | | |
| | Protection of natural habitat Preservation of a certified historic structure | | | | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form of a | conservation easement on the last | | | | |
| 2 | day of the tax year. | ned conservation contribution in the form of a | conservation casement 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 | | | | |
| C | Number of conservation easements on a certified historic str | 2c | | | | | |
| | d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure | | | | | | |
| u | listed in the National Register | | | | | | |
| 3 | | | | | | | |
| J | year ▶ | | | | | | |
| 4 | Number of states where property subject to conservation easement is located | | | | | | |
| 5 | Does the organization have a written policy regarding the pel | | | | | | |
| • | violations, and enforcement of the conservation easements in | | Yes No | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | a the year | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | | | | |
| _ | and section 170(h)(4)(B)(ii)? | • | Yes No | | | | |
| 9 | In Part XIV, describe how the organization reports conservati | ion easements in its revenue and expense stat | tement, and balance sheet, and | | | | |
| • | include, if applicable, the text of the footnote to the organiza | | | | | | |
| | conservation easements | | • | | | | |
| Pai | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or Othe | r Similar Assets. | | | | |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue statement | and balance sheet works of art, | | | | |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in furtherance | of public service, provide, in Part XIV, | | | | |
| | the text of the footnote to its financial statements that descri | bes these items | | | | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement and | balance sheet works of art, historical | | | | |
| | treasures, or other similar assets held for public exhibition, e | | | | | | |
| | 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 tre | asures, or other similar assets for financial gai | | | | | |
| | the following amounts required to be reported under SFAS 1 | | | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ | | | | |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ | | | | |

| | | IC FORUM | | | | | | -2315929 Page 2 |
|---------------|---|---------------------|------------|----------------|----------------|--------------|---------------|--|
| Pai | t III Organizations Maintaining Col | llections of A | rt, His | torical Tr | easures, c | or Other | Similar A | Assets (continued) |
| 3 | Using the organization's acquisition, accession | , and other record | ds, chec | k any of the | following that | at are a sig | nificant use | of its collection items |
| | (check all that apply): | | | | | | | |
| а | Public exhibition | c | ı 🗀 | Loan or exc | hange progra | ams | | |
| b | Scholarly research | e | . | Other | | | | |
| C | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explai | ın how tl | hey further t | he organızatı | on's exem | pt purpose | n Part XIV. |
| 5 | During the year, did the organization solicit or re | eceive donations | of art, h | istorical trea | sures, or oth | er sımılar a | ssets | |
| | to be sold to raise funds rather than to be main | itained as part of | the orga | nization's co | ollection? | | | Yes No |
| Par | t IV Escrow and Custodial Arrange | ements. Compl | ete if the | organizatio | n answered | "Yes" to F | orm 990, Pa | rt IV, line 9, or |
| | reported an amount on Form 990, Part X | K, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermed | diary for | contribution | s or other as | sets not in | cluded | |
| | on Form 990, Part X? | | | | | | | Yes No |
| ь | If "Yes," explain the arrangement in Part XIV an | nd complete the fo | ollowing | table: | | | | |
| | | | | | | | | Amount |
| C | Beginning balance | | | | | | 1c | |
| d | Additions during the year | | | | | | 1d | |
| е | Distributions during the year | | | | | | 1e | |
| f | Ending balance | | | | | | 1f | |
| 2a | Did the organization include an amount on Form | m 990, Part X, line | 21? | | | | | Yes No |
| <u>b</u> | If "Yes," explain the arrangement in Part XIV. | | | | | | | |
| Par | t V Endowment Funds. Complete if the | ne organization ar | nswered | "Yes" to Fo | rm 990, Part | IV, line 10. | | |
| | | (a) Current year | (b) F | nor year | (c) Two year | rs back (d |) Three years | back (e) Four years back |
| 1a | Beginning of year balance | | <u> </u> | | | | | · · · · · · · · · · · · · · · · · · · |
| b | Contributions | | | | | | | |
| С | Net investment earnings, gains, and losses | | L | | | | | |
| d | Grants or scholarships | | <u> </u> | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | <u> </u> | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: | | | | | | | |
| а | | | | | | | | |
| b | Permanent endowment > | % | | | | | | |
| С | Temporanly restricted endowment ▶% | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | equal 100%. | | | | | | |
| 3a | Are there endowment funds not in the possessi | ion of the organiz | ation th | at are held a | nd administe | ered for the | organizatio | n |
| | by: | | | | | | | Yes No |
| | (i) unrelated organizations 3a(i) | | | | | | | |
| | (ii) related organizations 3a(ii) | | | | | | | 3a(ii) |
| b | If "Yes" to 3a(ii), are the related organizations list | sted as required o | on Sche | dule R? | | | | 3b |
| 4 | Describe in Part XIV the intended uses of the or | | | | | | | |
| Par | | nt. See Form 990 | 0, Part X | , | | | | |
| | Description of property | (a) Cost or o | | | or other | | umulated | (d) Book value |
| | | basis (investr | ment) | basis | (other) | depr | eciation | · |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| | Leasehold improvements | | | | 0 500 | | 30 348 | 1 |
| | Equipment | | | 3 | 0,509. | | 22,347 | 8,162. |
| $\overline{}$ | Other | 1 | | L | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must equi | ial Form 990, Part | X, colur | nn (B), line 1 | O(c)) | | ▶ | 8,162. |

Schedule D (Form 990) 2011

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

Fin 4s (ASC 740) Foombots in Part XIV, provide the text of the organization is limited statements that reports the organization is liability for uncertain tax positions under Fin 4s (ASC 740)

132053 01-23-12

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.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 eller of mage Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE PUBLIC FORUM INSTITUTE

52-2315929

Employer identification number

Questions 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 use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 establish compensation of the CEO/Executive Director. Explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: Х a The organization? 5а X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: X a The organization? 6a X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 THE PUBLIC FORUM INSTITUTE 52-2315929

Radul Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed THE PUBLIC FORUM INSTITUTE

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.

| | | | | | <u>-</u> | | | |
|--------------------|-------------|--------------------------|--|-------------------------------------|-----------------------------|----------|-------------|---|
| | | (B) Breakdown of \ | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) | (D) | (E) | (F) |
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (D)-(J)-(D) | reported as deferred in prior Form 990 |
| | E | 401,104. | 0 | 0 | 11,500. | 0 | 412,604. | 0 |
| 1 JONATHAN ORTMANS | <u> </u> | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Ξ | | | | | | | |
| 2 | (II) | | | | | | | |
| | € | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (<u>i)</u> | | | | | | | |
| 4 | 8 | | | | | | | |
| | Ξ | | | | | | | |
| 5 | (ii) | | | | | | | |
| | € | | | | | | | |
| 9 | ▣ | | | | | | | |
| | ε | | | | | | | |
| 7 | Ξ | | | | | | | |
| | € | | | | | | | |
| 8 | ≘ | | | | | | | |
| | Ξ | | | | | | | |
| 6 | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| 10 | ≘ | | | | | | | |
| | Ξ | | | | | | | |
| 11 | <u>(ii)</u> | | | | | | | |
| | Ξ | | | | | | | |
| 12 | Ξ | | | | | | | |
| | (i) | | | | | | | |
| 13 | <u>(ii)</u> | | | | | | | |
| | (i) | | | | | | | |
| 14 | ▣ | | | | | | | |
| | Ξ | | | | | | | |
| 15 | ▣ | | | | | | | |
| | Ξ | | | | | | | |
| 16 | ∄ | | | | | | | |
| | | | | r C | | | Schedu | Schedule J (Form 990) 2011 |

SCHEDULE O (Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2011
Open to Public

Name of the organization

THE PUBLIC FORUM INSTITUTE

Employer identification number 52-2315929

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE DIRECTORS, PRESIDENT,

TREASURER, AND EXECUTIVE VICE PRESIDENT ARE PROVIDED WITH THE 990 BEFORE IT

IS FILED. AND ARE ENCOURAGED TO REVIEW IT CAREFULLY.

FORM 990, PART VI, SECTION B, LINE 12C: NOT ONLY HAVE BOARD MEMBERS,

OFFICERS, AND KEY EMPLOYEES SIGNED THE CONFLICT OF INTEREST POLICY STATING

THAT THEY AGREE TO NOTIFY THE BOARD OF ANY CONFLICT OF INTEREST, BUT THEY

ARE REMINDED OF THE POLICY AT EACH BOARD MEETING. FUTHERMORE, THE POINT

PERSON EMPLOYEE FOR THE WHISTLEBLOWER POLICY ENCOURAGES EMPLOYEES TO

DISCLOSE INFORMATION ABOUT ANY ACTIVITIES THAT MIGHT BE REVIEWED AS

POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THERE HAVE BEEN NO REVIEWS OR

ADJUSTMENTS TO SENIOR MANAGEMENT COMPENSATION. ANY FURTHER COMPENSATION

REVIEWS, WHICH FALL WITHIN THE BOARD ADOPTED POLICY WILL BE LED BY AN

INDEPENDENT BOARD MEMBER, WILL NOT INVOLVE THE PERSON CONCERNED, AND WILL

BE BASED ON CONTEMPORANEOUS COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S MAIN GOVERNING

DOCUMENTS, INCLUDING ITS POLICIES AND FINANCIAL STATEMENTS ARE MADE

AVAILABLE FOR INSPECTION AT THE OFFICES OF THE PUBLIC FORUM INSTITUTE BY

THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

| Schedule O (Form 990 or 990-EZ) (2011) | Page 2 |
|---|---|
| Name of the organization THE PUBLIC FORUM INSTITUTE | Employer identification number 52-2315929 |
| NET UNREALIZED GAINS ON INVESTMENTS: | 1,796. |
| PRIOR PERIOD ADJUSTMENTS: | 67,404. |
| TOTAL TO FORM 990, PART XI, LINE 5 | 69,200. |
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.Form. 8868 (Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

▶ X

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print THE PUBLIC FORUM INSTITUTE 52-2315929 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date fo filing your 2300 M STREET, NW, NO. 900 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions DC 20037 WASHINGTON, 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application Application** Return is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL Form 4720 09 01 Form 990-EZ Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 THE ORGANIZATION The books are in the care of ▶ 2300 M STREET, NW, STE 900 - WASHINGTON, DC 20037 Telephone No. ► 202-467-2777 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 . and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or ____ tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3ь Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.