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Form **990**

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)

Open to Public Inspection

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

OMB No 1545-0047

A	For the	e 2012 calendar year, or tax year beginning and	ending		
В	Check If applicable	C Name of organization		D Employer identifi	cation number
	Addre	INSTITUTE FOR POLICY STUDIES			
	Name chang			52-0	788947
	lnitial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Termii ated	IIIZ TOTA STREET, NW	600	(202	
	Amen retum	City, town, or post office, state, and ZIP code		G Gross receipts \$	4,985,361.
	Application	WASHINGTON, DC 20036-4823		H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer: JOHN CAVANAGH		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: ► WWW.IPS-DC.ORG		H(c) Group exemption	
		organization X Corporation Trust Association Other ►	L Year	of formation 1962 N	A State of legal domicile DC
<u> </u>	art I	Summary	MODITION	I GOGTAT WOLL	
Se	1	Briefly describe the organization's mission or most significant activities: <u>STRE</u> INDEPENDENT RESEARCH AND VISIONARY THINK		SOCIAL MOV	EMENTS WITH
Governance		Check this box If the organization discontinued its operations or dispo		- H 050/ - f-t 4	
Ver	2	Number of voting members of the governing body (Part VI, line 1a)	sea or more	1	ssets. 19
ဖ ြ	Ī.	Number of independent voting members of the governing body (Part VI, line 1b)		3	15
Açtivities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	43
ij	6	Total number of volunteers (estimate if necessary)		6	50
. <u>Ş</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
×	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
1	'	The state of the s		Prior Year	Current Year
60	8	Contributions and grants (Part VIII, line 1h)		4,067,043.	3,606,547.
댮	9	Program service revenue (Part VIII, line 2g)		28,389.	29,994.
و وبح	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) RECEIVE	<u></u>	56,516.	29,238.
ANNINED SED	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,497.	83,804.
2	12	Total revenue · add lines 8 through 11 (must equal Part VIII), column (A), line 12)	781	4,188,445.	3,749,583.
	13	Grants and similar amounts paid (Part IX, column (A), lines - 3/AUt 28 ZUI	3 6.	266,040.	415,833.
3	14	Benefits paid to or for members (Part IX, column (A), line 4)	\cdot \c	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column 15-10)	L OF	1,838,918.	1,688,880.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 152,5	<u>47. </u>	H H	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,407,640.	1,453,775.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,512,598.	3,558,488.
	19	Revenue less expenses. Subtract line 18 from line 12		675,847.	191,095.
ts o		-	Be	ginning of Current Year	End of Year
ASS Bals	20	Total assets (Part X, line 16)	ļ	1,947,676.	2,263,349.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	-	295,618.	396,469.
P	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		1,652,058.	1,866,880.
	*****	lities of perjury, I declare that I have examined this return, including accompanying schedule	e and etatem	ente and to the heet of m	v knowledge and helief it is
		ct, and complete Declaration of preparer (other than officer) is based on all information of wi			y knowledge and belief, it is
	,		поп рторитот	I was any kinowicago	<u> </u>
Sig	n	Signature of officer	1	Date O	11.0
He		JOHN CAVANAGH, DIRECTOR	ays ,	$h = \delta I^{H}$	113
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JENNIFER S. HAN		8/14/13 self-employe	P00633304
	parer	Firm's name HAN GROUP LLC		Fırm's EIN ▶	
Use	Only	Firm's address 8180 GREENSBORO DRIVE, SUITE 72	0		
		MCLEAN, VA 22102		Phone no (703)288-3700
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	001 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2012)

4d Other program services (Describe in Schedule O.)

(Expenses \$ 231,805. including grants of \$

) (Revenue \$

200.)

4e Total program service expenses

3,095,576

Form 990 (2012)

1

Form 990 (2012) INSTITUTE FOR POLICY STUDIES 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		1
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		i	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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	X	ì
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			v
_	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	44		Х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			-
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠,,
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-	х	
16	or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 11
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	•••		 -
. 🕶	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
٠	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

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. 4	Checkist of required deflectives (continued)			
•		<u> </u>	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	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		١.,	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22	X	<u> </u>
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		ļ	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		<u></u>
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ĺ	Ì	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	_x_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	•	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	140te. All I Offi 330 filets die fequited to complete contedute o			(2012)
		. 51111	220	(-UI4)

* **	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	1a	49	······	163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		<u>-</u>			
Ŭ	(gambling) winnings to prize winners?	ороно	olo gaming	1c	x	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				
2.0	filed for the calendar year ending with or within the year covered by this return	2a	43			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		1	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
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authoi	aty over a	<u> </u>		
70	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
h	If "Yes," enter the name of the foreign country:	accou				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nte			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	10000		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	ection?	•	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	2011011		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne ora:	anization solicit			<u> </u>
•	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions o	r aifts			
	were not tax deductible?		- 3	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		x
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 w	as req	uıred			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	lle a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	ıd the s	upporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tın	ne during the year?	8	, ,	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:	1	Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I			
а	Gross income from members or shareholders N/A	11a				ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	<u> </u>			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		, 	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		IV/ A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which the	425	1			ĺ
_	organization is licensed to issue qualified health plans	13b				
C 14a	Enter the amount of reserves on hand	13c	<u> </u>	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule.	٥.		14a 14b		<u> </u>
	in res, mas it filed a Portifi /20 to report these payments (iii ivo, provide an explanation in Schedul	0 <u>0</u>			990	/2012
				. 0111		,-016

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

	Check if Schedule O contains a response to any question in this Part VI					X				
Sec	tion A. Governing Body and Management		_							
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19							
	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	b Enter the number of voting members included in line 1a, above, who are independent 15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other							
	officer, director, trustee, or key employee?			2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t 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 9	990 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			1				
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u>.</u>	9		<u>X</u>				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code)							
					Yes					
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napter	s, 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 bod	y befo	re filing the form?	11a	X					
þ	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	_ <u>X</u> _					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe		7,					
	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	X					
15	Did the process for determining compensation of the following persons include a review and approva	-	idependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			١	77					
a	The organization's CEO, Executive Director, or top management official			15a	_ <u>X</u>					
b	Other officers or key employees of the organization			15b	X					
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		udb a							
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	ип а	10-		х				
	taxable entity during the year? If "Yes," did the green ration follows a written policy or precedure requiring the organization to evalue.	to 160 -	anticipation	16a						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	•							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	iizalio	II S	16b						
Sec	exempt status with respect to such arrangements? tion C. Disclosure			100						
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed ►NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	ION 501(c)(3)e only) :	availah						
	for public inspection. Indicate how you made these available. Check all that apply.	locci	ion ou rio/(o/s only) (a v cullab						
	X Own website Another's website X Upon request Other (explain	in Sci	nedule (O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	d finer	ıcıəl					
	statements available to the public during the tax year.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or interest policy, all	o miai	ioiai					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the organiza	tion: 🕨	•					
_•	THE ORGANIZATION - (202) 234-9382		C. and organiza							
	1112 16TH STREET, NW, WASHINGTON, DC 20036-4823									
23200 12-10-	12			Form	990	(2012)				

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	koá	not c , unle icer ar	ss pe	rson	is bo	th an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	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) E. ETHELBERT MILLER CHAIR	1.00	X		X				0.	0.	0.
(2) SAUL LANDAU	37.50	1		1			\vdash	· ·	0.	0.
VICE CHAIR/FELLOW		X		Х				33,065.	ο.	1,326.
(3) SARAH ANDERSON	37.50							<u> </u>		,
SECRETARY/FELLOW		X		X				48,411.	0.	5,916.
(4) ANDY SHALLAL	0.80									
TREASURER		X		X	<u> </u>		<u> </u>	0.	0.	0.
(5) JOHN CAVANAGH	37.50									
TRUSTEE/DIRECTOR		X		X	L	<u> </u>		77,757.	0.	_ 16,430.
(6) MARCUS RASKIN	37.50	1					1			
TRUSTEE/FELLOW		X	_			<u> </u>	<u> </u>	56,173.	0.	6,173.
(7) HARRY BELAFONTE	0.50	١.,								
TRUSTEE	0.50	X	├ —		_		-	0.	0.	0.
(8) ROBERT L. BOROSAGE	0.50	₩.								
TRUSTEE (9) ELSBETH BOTHE	0.50	X			-	┢		0.	0.	0.
TRUSTEE	0.30	X						0.	0.	0.
(10) JAMES EARLY	0.50	1	H			-		<u> </u>	·	0.
TRUSTEE		x			ŀ			ο.	0.	0.
(11) BARBARA EHRENREICH	0.50									
TRUSTEE		X				<u> </u>		0.	0.	0.
(12) JODIE EVANS	0.50	١.,								
TRUSTEE	0.50	X				├		0.	0.	0.
(13) LISA FUENTES TRUSTEE	0.50	X						О.	ο.	0.
(14) SARITA GUPTA	0.50									
TRUSTEE		X						0.	0.	0.
(15) LAWRENCE JANSS	0.50	_		,					,	
TRUSTEE		X						0.	0.	0.
(16) KATRINA VANDEN HEUVEL	0.50									
TRUSTEE		X				<u> </u>		0.	0.	0.
(17) BURKE STANSBURY	0.50	1								
TRUSTEE		X			L	<u> </u>		0.	0.	0.
232007 12-10-12										Form 990 (2012)

Form 990 (2012) INSTITUT									52-0'	<u> 788</u>	947	F	age
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do	not c		C) sition more erson	than	one th an	(D) Reportable	(E) Reportable compensatio from related	on	l	(F) stimat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fı org an	ipens rom th ganiza d rela anizat	ation ne tion ted
(18) LEWIS STEEL TRUSTEE	0.50	x						0.	-	0.			0
(19) MARVIN STENDER	0.50	1		 	-	\vdash		· · · · · · · · · · · · · · · · · · ·		<u> </u>	l		<u> </u>
TRUSTEE		Х						0.		0.			0
		1											
		 	_								ļ		
1b Sub-total						<u> </u>	<u> </u>	215,406.		0.	2	9,8	45
c Total from continuation sheets to Part V	II, Section A							0.		0.			0
d Total (add lines 1b and 1c)	4		1	1 -1	L	<u> </u>		215,406.	000 (0.	2	9,8	45
2 Total number of individuals (including but r compensation from the organization ▶	iot iittiited to ti	1056		eu ai	DOVE	e) w	10 1	eceived more than \$100	,000 or reportable	e			
										,		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3		X
4 For any individual listed on line 1a, is the si			omp	ensa	ation	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15									. 3	Ì	4		X
5 Did any person listed on line 1a receive or a							relat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedui	e J f	or s	uch	pers	son_					5		X
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	npens	ation f	from	
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	/ithir	the organization's tax	ear.				
(A) Name and business	address							(B) Description of s	ervices	C	() ompe		n
AGIT-POP COMMUNICATIONS								COMMUNICATIO					
	VASHON,	WZ	A 9	980	070	0		ORGANIZING A	1		18	6,0	68
2 Total number of independent contractors (i	ncluding but r	ot li	mite	d to	tho	se la	stec	d above) who received m	ore than				

Form **990** (2012)

\$100,000 of compensation from the organization

Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 16 Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,606,547 similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 3,606,547 **Business Code** Program Service Revenue 2 a SEMINARS AND EVENTS 900099 29,994 29,994 f All other program service revenue g Total. Add lines 2a-2f 29,994 Investment income (including dividends, interest, and other similar amounts) 21,695 21,695. Income from investment of tax-exempt bond proceeds Royalties 36,788 36,788. (II) Personal (ı) Real 6 a Gross rents 37,748 b Less. rental expenses c Rental income or (loss) 37,748 ▶ d Net rental income or (loss) 37,748 37,748. (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory 1,243,321 b Less: cost or other basis and sales expenses 1,235,778 7,543. c Gain or (loss) d Net gain or (loss) 7,543 7,543. 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 11 a OTHER 9,268 9,268. b d All other revenue e Total. Add lines 11a-11d 9,268 3,749,583 Total revenue. See instructions 29 994 113,042.

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Form 990 (2012) INSTITUTE FOR POLICY STUDIES Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a responsation include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	25.500			
_	organizations in the United States See Part IV, line 21	376,883.	376,883.		
2	Grants and other assistance to individuals in	F 500	5 500		
_	the United States. See Part IV, line 22	5,700.	5,700.		
3	Grants and other assistance to governments,	,			
	organizations, and individuals outside the	22 250	22.050		
	United States. See Part IV, lines 15 and 16	33,250.	33,250.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	240,032.	214,238.	11,666.	14 129
6	Compensation not included above, to disqualified	240,032.	214,230.	11,000.	14,128
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,177,111.	1,002,643.	123,978.	50,490
8	Pension plan accruals and contributions (include	2/2///222	1,002,013.		50, 450
•	section 401(k) and 403(b) employer contributions)	23,886.	20,162.	2,594.	1 130
9	Other employee benefits	133,639.	112,803.	14,515.	1,130 6,321
0	Payroll taxes	114,212.	97,947.	11,233.	5,032
1	Fees for services (non-employees):			11/233.	3,032
a					
b					
	Accounting	91,502.	73,127.	18,375.	 -
	Lobbying	, , , , , , , , , , , , ,			
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	716,681.	675,561.	4,420.	36,700
2	Advertising and promotion	1,776.	1,029.	11.	736
3	Office expenses	67,276.	58,361.	643.	8,272
4	Information technology	114,166.	107,688.	5,478.	1,000
5	Royalties				
6	Occupancy	286,114.	171,930.	104,480.	9,704
7	Travel	65,299.	60,353.	1,182.	3,764
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	20,601.	20,432.	169.	
0	Interest	5,746.	3,248.	2,498.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	23,768.	22,708.	1,060.	
3	Insurance	6,864.	6,864.		
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			***************************************	
а	FEES, DUES, AND TAXES	22,305.	12,547.	6,480.	3,278
ь	PRESS CLIPS	15,647.	15,647.	0,400.	3,270
c					
d					
e	All other expenses	16,030.	2,455.	1,583.	11,992
5	Total functional expenses. Add lines 1 through 24e	3,558,488.	3,095,576.	310,365.	152,547
6	Joint costs. Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined		ŀ		
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response to any	y quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			89,845.	1	303,844.
	2	Savings and temporary cash investments		1	5,679.	2	340.
	3	Pledges and grants receivable, net		<u></u>	883,217.	3	174,829
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for	ormer c	fficers, directors,			
		trustees, key employees, and highest compensations	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
,		employees' beneficiary organizations (see instr).	. Comp	lete Part II of Sch L		6	
	7	Notes and loans receivable, net			6,977.	7	22,063
2255	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			67,138.	9	61,758
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	199,344.			
-	b	Less: accumulated depreciation	10b	117,636.	56,745.	10c	81,708
1	11	Investments - publicly traded securities		<u></u>	822,175.	11	1,602,907
1	12	Investments - other securities. See Part IV, line		12			
1	13	Investments - program-related. See Part IV, line			_13		
1	14	Intangible assets			14	<u> </u>	
1	15	Other assets. See Part IV, line 11			15,900.	15	15,900
1	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	<u>1,947,676.</u>	16	2,263,349
1	17	Accounts payable and accrued expenses			<u>181,703.</u>	17	137,026
1	18	Grants payable			18	· · · · · · · · · · · · · · · · · · ·	
	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				_20	·
} 2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
2	22	Loans and other payables to current and former	officer	s, directors, trustees,			
		key employees, highest compensated employee	es, and	disqualified persons.			
•		Complete Part II of Schedule L				22	· · · · · · · · · · · · · · · · · · ·
2	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
- 1	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D		-	113,915.	25	259,443.
- 2	26	Total liabilities. Add lines 17 through 25			295,618.	26	396,469.
		Organizations that follow SFAS 117 (ASC 958		k here X and			
2 2 2 3 3 3	_	complete lines 27 through 29, and lines 33 an	d 34.		615 200		
	27	Unrestricted net assets		-	617,380.	27	1,022,872.
2	28	Temporarily restricted net assets		-	1,034,678.	28	844,008.
2	29	Permanently restricted net assets		29			
:		Organizations that do not follow SFAS 117 (A	SC 958	3), check here P			
		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		<u> </u>		30	
3	31	Paid in or capital surplus, or land, building, or ed				31	
	32	Retained earnings, endowment, accumulated in	come,	or other funds	1 (50 050	32	1 000 000
د ا	33	Total net assets or fund balances			1,652,058.	33	1,866,880.
3	<u> </u>	Total liabilities and net assets/fund balances			1,947,676.	34	2,263,349. Form 990 (2012)

Form **990** (2012)

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

Form 990 (2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization **Employer identification number** 52-0788947 INSTITUTE FOR POLICY STUDIES Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ____ Type III - Functionally integrated d ____ Type III - Non-functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (iv) is the organization (v) Did you notify the (III) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary organization in col in col (I) listed in your organization in col (described on lines 1-9 organization organized in the support above or IRC section governing document? (i) of your support? US 2 (see instructions)) Yes Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Part II 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	ınclude any "unusual grants.")	3263365.	3517220.	2806072.	4067043.	3606547.	17260247.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities	10.2.20						
	furnished by a governmental unit to							
	the organization without charge				<u></u> .			
4	Total. Add lines 1 through 3	3263365.	3517220.	2806072.	4067043.	3606547.	17260247.	
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)				_		1771133.	
6	Public support. Subtract line 5 from line 4						15489114.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	3263365.	3517220.	2806072.	4067043.		17260247.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	25,548.	53,570.	54,682.	41,533.	96,231.	271,564.	
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							
	assets (Explain in Part IV.)	8,363.	_ 11,153.	10,083.	19,082.	9,268.	57,949.	
11	Total support. Add lines 7 through 10						17589760.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	149,710.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stor						▶	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14			•	olumn (f))		14	88.06 %	
15	Public support percentage from 2011	•				15	92.66 %	
16a	33 1/3% support test - 2012. If the				14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies		-				$ ightharpoons \overline{X}$	
b	33 1/3% support test - 2011. If the	•		•	line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual						▶∟_	
17a	10% -facts-and-circumstances tes	_					·	
	and if the organization meets the "fac			•	•	rt IV how the organ	nization	
	meets the "facts-and-circumstances"	•	•		· ·		▶∟	
b	10% -facts-and-circumstances tes	-				·		
	more, and if the organization meets the				•		,	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b				
					Sche	dule A (Form 990	or 990-EZ) 2012	

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.)

Section A. Public Support	iow, piease com	piete i art ii.j				<u>-</u>
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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)						
Section B. Total Support						_
Calendar year (or fiscal year beginning in) ► 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12) 						
14 First five years. If the Form 990 is for t	he organization's	s first second thir	d fourth or fifth +	av vear as a section	D 501/c)/3\ crace:=	otion
check this box and stop here	o. gameanon :	3000/10, 11111	e, rourer, or mar to	arycar as a social	on our (c)(o) organiza	±(iOII,
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lin			olumn (fl)	<u> </u>	15	%
16 Public support percentage from 2011 S		•			16	<u></u>
Section D. Computation of Invest						
17 Investment income percentage for 201			e 13, column (fl)		17	
18 Investment income percentage from 20		· · ·	· · · · · · · · · · · · · · · · · · ·		18	%
19a 33 1/3% support tests - 2012. If the c			on line 14, and line	15 is more than		
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2011. If the co				· ·		ınd
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization					-	▶□

1

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

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

	<u>Section 501(c)(4), (5), or (6) organiza</u>	ations: Complete Part III.			
Nam	ne of organization			Emp	loyer identification number
		TE FOR POLICY ST			52-0788947
Pa	rt I-A Complete if the or	ganization is exempt und	der section 501(c) or is a section 527 o	rganization.
1 2 3	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	_	
Pa	ert I-B Complete if the or	ganization is exempt und	der section 501(c	2)(3).	
1				▶ \$	
	Enter the amount of any excise tax				
	If the organization incurred a section			•	Yes No
	Was a correction made?	·	•		Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the or	ganization is exempt und	der section 501(c), except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fun	ction activities	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for	section 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO		
	line 17b			▶\$	
4	Did the filing organization file Form	•			└─ Yes └─ No
5	Enter the names, addresses and enter the names, addresses and enter made payments. For each organization contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount pa romptly and directly delivered to	id from the filing organ a separate political or	nization's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

0.00 FT 0040		on not tay a	MIID T D G	F0 0	700047 -				
Schedule C (Form 990 or 990 EZ) 2012 Part II-A Complete if the organization	ganization is exen	npt under section	1001ES n 501(c)(3) and fil	ed Form 5768	788947 Page 2				
(election under sec	tion 501(h)).								
	ation belongs to an affili		Part IV each affiliated	group member's nam	ne, address, EIN,				
. —	re of excess lobbying e								
B Check ► L If the filing organiza	ation checked box A an	d "limited control" pro	visions apply.		1				
	its on Lobbying Expen ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to infl	uence public opinion (g	rass roots lobbying)		0.					
b Total lobbying expenditures to infl				136.					
c Total lobbying expenditures (add				136.					
d Other exempt purpose expenditur		3,558,352.							
e Total exempt purpose expenditure	3,558,488.								
f Lobbying nontaxable amount. Ent	327,924.								
If the amount on line 1e, column (a)									
Not over \$500,000		he amount on line 1e.	_						
Over \$500,000 but not over \$1,00									
Over \$1,000,000 but not over \$1,5									
Over \$1,500,000 but not over \$17									
Over \$17,000,000	\$1,000,0	O plus 5% of the exces							
g Grassroots nontaxable amount (er	nter 25% of line 1f)			81,981.					
h Subtract line 1g from line 1a. If zei		0.							
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.					
j If there is an amount other than ze	ero on either line 1h or li	ne 1, did the organiza	ation file Form 4720						
reporting section 4911 tax for this	year?			[Yes No				
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)									
		ditures During 4-Yea							
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total				
Lobbying nontaxable amount Lobbying ceiling amount	322,560.	354,011.	325,630.	327,924.	1,330,125.				
(150% of line 2a, column(e))					1,995,188.				
c Total lobbying expenditures	224.	708.	931.	136.	1,999.				
d Grassroots nontaxable amount	80,640.	88,503.	81,408.	81,981.	332,532.				
e Grassroots ceiling amount (150% of line 2d, column (e))					498,798.				

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

459.

459.

Schedule C (Form 990 or 990-EZ) 2012 INSTITUTE FOR POLICY STUDIES 52-078894 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif 1'Yes," enter the amount of any tax incurred under section 4912 c if 1'Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? 2art IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only inhouse lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over flobbying and political expenditures from the prior year? 3 Did: the conganization agree to carry over flobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d If notices were sent and the amount on line 2e exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reason	f the lobbying activity.	- (a) 	(k)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2art III-AJ Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 Does the organization and the arrounts from members 5 Otic)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Carri III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Carri III-B Complete if the organization is exemption of the excess for which the section 527(f) tax was paid). 2 Carri III-B Complete if the organization is exemption of the excess does the organization agre		Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2art III-AJ Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 Does the organization and the arrounts from members 5 Otic)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Carri III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Carri III-B Complete if the organization is exemption of the excess for which the section 527(f) tax was paid). 2 Carri III-B Complete if the organization is exemption of the excess does the organization agre	During the year, did the filing organization attempt to influence foreign, national, state or			., , ,,,,,,,,	· · · · · ·
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INSTITUTE FOR POLICY STUDIES

Employer identification number 52-0788947

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		ised only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located ▶	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(r	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes ti	ne organization's accounting for
F-55	conservation easements.		
Pa	<u>*【 III</u> Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	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 a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$
2	if the organization received or held works of art, historical tre	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<u>.</u>
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 INSTITUT	E FOR POL	ICY	STUDIE	S		ļ	<u>52-07</u>	88947	Page 2
Par	t 腓 Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts(continu	======================================
3	Using the organization's acquisition, accessio									
	(check all that apply):									
а	X Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е	. 🗆	Other					_	
C	Preservation for future generations							-		
4	Provide a description of the organization's col	llections and explai	n how t	hey further t	he organizat	ion's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be mai	intained as part of t	the orga	anization's co	ollection?				Yes	X No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part	jements. Comple X, line 21.	ete if the	e organizatio	n answered	"Yes" to I	Form 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing	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 Fo	rm 990, Part X, line	21?						Yes	☐ No
b	if "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatı	on has been	provided in	Part XIII				
Par	* V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10	o			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance						_			
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses		,							
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:		-			
а	Board designated or quasi-endowment > _		_%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiz	ation th	at are held a	nd administe	ered for th	e organiz	ation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	if "Yes" to 3a(II), are the related organizations	listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the o									
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	, Part X	, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book v	alue
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment			19	9,344.	_ 1	17,63	36.	81,	708.
<u>е</u>	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colui	nn (B), line 1	0(c).)			•	81,	708.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012	ES.		52-	0788947	Page 4
Par						1 ago 4
1	Total revenue, gains, and other support per audited financial statements		tiir tto vortao por ti	1	3,773	. 310.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			··········		<u>, </u>
-	Net unrealized gains on investments	2a	23,727.			
h	Donated services and use of facilities	2b				
-	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d			2e	23	,727.
3	Subtract line 2e from line 1			3	3,749	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					, 505.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
_	Add lines 4a and 4b	40	-	4.		Ο.
				4c	3,749	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Stateme	ante V	Vith Expanses per	_		, 565.
		SIILS V	Airii myheiises hei		3,558,	188
1	Total expenses and losses per audited financial statements			1	3,336,	, 400.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما				
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,558,	<u>,488.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,558,	488.
Par	t XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines 1	a and 4; Part IV, lines 11	b and 2	2b; Part V, line	4; Part
X, line	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to	provide	any additional informat	on.		
PAI	RT III, LINE 4: ARTWORK CONSISTS OF DONATE	PH	OTOGRAPHS AN	D S	KETCHES.	
THE	E INSTITUTE, IN MANY ASPECTS OF ITS WORK, A	ADVA	NCES THE NOT	ION	THAT	
AR7	CISTIC EXPRESSION IS A FORM OF COMMENTARY O	ON P	UBLIC AFFAIR	S Al	ND PUBLI	IC .
POI	ICY. ARTWORK FROM DIFFERENT ERAS AND LOCAT	rion	S ILLUSTRATE	ANI	D REINFO	DRCE
THA	AT NOTION. THE INSTITUTE MAINTAINS ARTWORK	IN	ORDER TO HON	OR :	THAT	
COI	NECTION AND AS OPPORTUNITY PERMITS, TO EXP	HIBJ	T IT IN THE	INTI	EREST OF	7
						<u> </u>
DEI	PENING PUBLIC UNDERSTANDING OF THESE CONNE	ECTI	ONS.			

Schedule D (Form 990) 2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047
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2012
2012
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Part L General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part Vine 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? X Yes No No No No No No No N	TNS	STITUTE FOR P	OLICY ST	UDTES			52-078894	١7
To Form 990. Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantses' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space in needed.) (a) Region (b) Number of (c) Number of (c) Number of space in the region of fores in dependent of the region of service (s) in region. (b) Interest in the region of the region of service (s) in region. (c) Region (d) Activities conducted in region of service (s) in region. (e) It activity listed in (d) (e) It activity listed in (d) is a program service, describe specific type of service(s) in region. (f) Total forest continuation of service (s) in region. (g) Activities conducted in region.					tside the United States. Comple	te if the organ		
The grantee' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Per grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of fices in the region of fices in the region on the region on the region of the reg								
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) Region (b) Number of offices in the region In the region (c) Rumber of offices in the region (d) Activities conducted in region by type) (e.g., fundrasing, program service, describe specific type of service(s) in region (e) If activity isted in (d) is a program service, describe specific type of service(s) in region (f) Total expenditures a program service, describe specific type of service(s) in region (g) Activities conducted in region (g) If activity isted in (d) is a program service, describe specific type of service(s) in region (g) Total expenditures (g) Activities conducted in the region (g) Activities conducted in region (g) Activities conducted in region (g) Expenditures (g) Activities conducted in region (g) Expenditures (g) Activities conducted in region (g) Expenditures (g) Activities conducted in region (g) Activities conducted in region (g) Expenditures (g) Activities conducted in region (g) If activity isted in (d) is a program service, describe specific type of service(s) in region (g) Activities conducted in region (g) If activity isted in (d) is a program service, expenditured in region (g) Activities conducted in region (g) Activities co	1							
United States. Activities principle (a) Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region in the region in the region of the part of the region in the region of the region in the region of the region in the region of service(s) in regio		the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance? X	Yes No
(a) Region (b) Number of offices in the region of the regi	2	United States.					ther assistance out	side the
### Sub-total Designation of Continuation sheets to Part I c Totals (add lines 3a and 3b) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_3_							T
b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a and 3b) 0 0 0		(a) Region	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to	is a prodescribe	gram service, specific type	expenditures for and investments
b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a and 3b) 0 0 0								
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and 3b) 0 0 0.	b		0	0				0.
	С	Totals (add lines 3a						
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2012								0,

232071 12-10-12 Page 2

52-0788947

Part 11 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2012

INSTITUTE FOR POLICY STUDIES

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Ö Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of 33,250.CHECK of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of FISCAL SPONSOR grant (c) Region THAILAND (b) IRS code section and EIN (if applicable) (a) Name of organization N

Schedule F (Form 990) 2012

Enter total number of other organizations or entitles

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52-0788947

Page 3

INSTITUTE FOR POLICY STUDIES

Schedule F (Form 990) 2012 INSTITU

Part 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

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Schedule F (Form 990) 2012

Par	Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes X No

Schedule F (Form 990) 2012

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2012

OMB No 1545-5047

Open to Public Inspection

% Employer identification number 52-0788947 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. STUDIES INSTITUTE FOR POLICY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part Part #

PUBLIC EDUCATION ACTIVITY (h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 25,000. (d) Amount of cash grant (c) IRC section if applicable 501(C)3 52-2277575 (p) EIN 1 (a) Name and address of organization CENTER FOR SUSTAINABLE ECONOMY 1704-B LLANO STREET SUITE 194 or government WASHINGTON, DC 20005 SANTA FE, NM 87505 1425 K STREET, NW ACTIONALD

PUBLIC EDUCATION ACTIVITY

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PUBLIC EDUCATION ACTIVITY

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26-2173342

NEW ORLEANS, LA 70179

PO BOX 791127 OTHER WORLDS

PUBLIC EDUCATION ACTIVITY

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18,713,

501(C)4

59-3795492

VOICES FOR A SUSTAINABLE FUTURE

WASHINGTON, DC 20036

1730 M STREET, NW

TAKOMA PARK, MD 20912

11 PINE AVENUE

PUBLIC EDUCATION ACTIVITY

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310,650.

501(C)3

27-1940927

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

4

Page 2 (f) Description of non-cash assistance 52-0788947 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. INCLUDING ANY REPORTS SPECIFICALLY PART I, LINE 2: THE INSTITUTE MONITORS GRANT USE BY REQUIRING REQUIRED BY DONORS WHO CONTRIBUTE TO THE INSTITUTE WITH THE EXPLICIT (d) Amount of non-cash assistance ٥. 5,700. (c) Amount of cash grant INSTITUTE FOR POLICY STUDIES (b) Number of recipients REGULAR FINANCIAL AND ACTIVITY REPORTS, INTENTION OF SUPPORTING THESE PROJECTS (a) Type of grant or assistance PUBLIC EDUCATION ACTIVITY. Schedule I (Form 990) (2012) SCHEDULE I, Part III

Schedule I (Form 990) (2012)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0947

Open to Public 2012

Employer identification number

Inspection

52-0788947

2

X Yes

▶ Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection STUDIES INSTITUTE FOR POLICY Part | General Information on Grants and Assistance Name of the organization

criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	onal space is need	led.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTIONAID							
WASHINGTON, DC 20005	52-2277575	501(C)3	25,000.	0			PUBLIC EDUCATION ACTIVITY
CENTER FOR SUSTAINABLE ECONOMY 1704-B LLANO STREET SUITE 194							
SANTA FE, NM 87505	36-4541988	503(C)3	5,000.	0			PUBLIC EDUCATION ACTIVITY
OTHER WORLDS							
PO BOX 791127							
NEW ORLEANS, LA 70179	26-2173342	503(c)3	6,007.	0.			PUBLIC EDUCATION ACTIVITY
USLAW							
1730 M STREET, NW							
WASHINGTON, DC 20036	59-3795492	501(C)4	18,713.	0.			PUBLIC EDUCATION ACTIVITY
VOICES FOR A SUSTAINABLE FUTURE							
11 PINE AVENUE							
TAKOMA PARK, MD 20912	27-1940927	501(C)3	310,650.	0			PUBLIC EDUCATION ACTIVITY

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

33

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. INCLUDING ANY REPORTS SPECIFICALLY PART I, LINE 2: THE INSTITUTE MONITORS GRANT USE BY REQUIRING REQUIRED BY DONORS WHO CONTRIBUTE TO THE INSTITUTE WITH THE EXPLICIT (d) Amount of non-cash assistance 5,700. (c) Amount of cash grant 34 (b) Number of recipients REGULAR FINANCIAL AND ACTIVITY REPORTS, INTENTION OF SUPPORTING THESE PROJECTS (a) Type of grant or assistance PUBLIC EDUCATION ACTIVITY. SCHEDULE I, 232102 12-18-12 Part III

Page 2

52-0788947

INSTITUTE FOR POLICY STUDIES

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

INSTITUTE FOR POLICY STUDIES

Employer identification number 52-0788947

FORM 990, PART III. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OFFICIALS. WE EMPOWER PEOPLE TO BUILD HEALTHY AND DEMOCRATIC COMMUNITIES LOCALLY, IN THE UNITED STATES, AND IN THE WORLD. COMBINING RESEARCH, ADVOCACY, EDUCATION, AND ORGANIZING IPS WORKS ACROSS DISCIPLINES BRINGING TOGETHER CREATIVE MINDS FROM VARIED BACKGROUNDS TO PROVIDE INFORMATION, ANALYSIS, AND ACTION FOR SOCIAL CHANGE

SPECIAL PROJECTS: THROUGH FISCAL SPONSORSHIP AND OTHER FORMS OF

SUPPORT, IPS NURTURED THE DEVELOPMENT OF SEVERAL PROJECTS WORKING TO

BUILD A MORE JUST, PEACEFUL, AND SUSTAINABLE WORLD IN THE U.S. AND

AROUND THE GLOBE.

LINE 4D, OTHER PROGRAM SERVICES:

EXPENSES \$ 201,692. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

FORM 990, PART III,

EXPENSES \$ 30,113. INCLUDING GRANTS OF \$ 0. REVENUE \$ 200

FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER REVIEWS THE

INSTITUTE'S ANNUAL 990 REPORT (INCLUDING ALL RELEVANT SCHEDULES) BEFORE IT

IS SUBMITTED TO THE IRS. THE STAFF MAKES THE DRAFT 990 AVAILABLE TO THE

TREASURER NO LATER THAN 7 DAYS BEFORE IT MUST BE POSTMARKED FOR TIMELY

SUBMISSION TO THE IRS. THE TREASURER MOVES TO ADDRESS ANY CONCERNS SHE/HE

HAS WITH THE PROPOSED RETURN EITHER BY REQUIRING RESPONSES FROM STAFF

AND/OR BY BRINGING SUCH CONCERNS TO THE FINANCE COMMITTEE OR THE FULL

BOARD. THE TREASURER WILL REPORT THE 990 TO THE FULL BOARD AT THE

INSTITUTE'S NEXT SCHEDULED MEETING.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13 INSTITUTE FOR POLICY STUDIES

Employer identification number 52-0788947

FORM 990, PART VI, SECTION B, LINE 12C: ALL NEW EMPLOYEES AND BOARD

MEMBERS MUST READ AND SIGN THE INSTITUTE'S CONFLICT OF INTEREST POLICY AS A

PART OF THEIR ORIENTATION. THE ASSOCIATE DIRECTOR ALSO REVIEWS ALL

CONTRACT PROPOSALS, CHECK REQUESTS, AND OTHER INVOICES WITH AN EYE TOWARD

IDENTIFYING POTENTIAL CONFLICTS AND IMPROPRIETIES. THE ASSOCIATE DIRECTOR

ALSO REMINDS THE STAFF AT LEAST ONCE A YEAR AT A STAFF MEETING OF THE

CONFLICT OF INTEREST POLICY. THE CHAIR OF THE BOARD OF TRUSTEES ALSO

REMINDS THE BOARD AT REGULAR INTERVALS OF SUCH POLICIES AND THEIR

SIGNIFICANCE.

FORM 990, PART VI, SECTION B, LINE 15: THE INSTITUTE USES REGULARLY

UPDATED COMPARABILITY DATA FOR ALL STAFF SALARIES, INCLUDING ITS DIRECTOR.

THE ASSOCIATE DIRECTOR ADMINISTERS THE IPS STAFF SALARY POLICY AND SETS

SALARIES IN CLOSE CONSULTATION WITH THE DIRECTOR. THE BOARD OF TRUSTEES

THROUGH ITS STANDING COMPENSATION COMMITTEE REGULARLY REVIEWS THE SALARY OF

THE DIRECTOR AND IN THE EVENT OF THE APPOINTMENT OF A NEW DIRECTOR, SETS

THE DIRECTOR'S SALARY. IPS HAS A LONGSTANDING INSTITUTIONAL COMMITMENT TO

FAIRNESS AND EQUITY AND STRIVES TO ENSURE THAT THE INSTITUTE'S HIGHEST-PAID

EMPLOYEE EARNS NO MORE THAN FOUR TIMES THE SALARY OF THE INSTITUTE'S

LOWEST-PAID EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE TO PUBLIC

THROUGH THE INSTITUTE'S WEBSITE. ALL OF THE INSTITUTE'S GOVERNING

DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE IPS

WEBSITE URGES INTERESTED PARTIES TO REQUEST COPIES OF THE AUDIT OR OTHER

GOVERNING DOCUMENTS BY REQUESTING THEM FROM THE INSTITUTE'S DEVELOPMENT

OFFICE.

232212 01-04-13

Form **8868**

(Rev. January 2013)

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

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons X	
	are filing for an Additional (Not Automatic) 3-Month Ex			this form)			
	omplete Part II unless you have already been granted						
	c filing (e-file) You can electronically file Form 8868 if					progration	
	o file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page						
	.irs.gov/efile and click on e-file for Chanties & Nonprofits		(300 manualions). For more details		otromo ming or tri	13 10111,	
Part I	· · · · · · · · · · · · · · · · · · ·		submit original (no copies ne	eded)			
	ation required to file Form 990-T and requesting an autor						
Part I only		natio o m	Shift extension theorems box and	complete			
All other o	, corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nu	ımber (FIN) or	
print	The state of the s			2.110.090	· roommounom mo		
p.m.	INSTITUTE FOR POLICY STUDI	ES		!	52-0788	947	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	ecurity number (S		
filing your	outing mannear (o	,					
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036-4823							
	MIDITINGTON, DC 20030 TO23						
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 1	
Lintor tilo	The term code for the retain that this application is for the	s a separa	tte application for each return)				
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
	0 (individual)	03	Form 4720			09	
Form 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	T (trust other than above)	06	Form 8870			11 12	
101111330	THE ORGANIZATION		10/11/00/0			12_	
• The bo	ooks are in the care of ▶ 1112 16TH STRE		W - WASHINGTON, DC	2003	6-4823		
	one No. ► (202) 234-9382	<u> </u>	FAX No. ►	2003	0 4025		
-	organization does not have an office or place of business	s in the l lr					
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole groun	a shock this	
box ► [. If it is for part of the group, check this box	•					
	quest an automatic 3-month (6 months for a corporation	-			ers the extension	ris ior.	
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ue f	or the organization's return for:	it Organiza	mon return for the organization harne	eu above.	The extension		
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2 If th	ne tax year entered in line 1 is for less than 12 months, c	hack ress	on: Initial return	Fınal retur	'n		
- ";	Change in accounting period	ileck leas	on initial return	i iliai letui	11		
L	3 Change in accounting period						
3a If th	ns application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 A	inter the tentative tax loss any]		
	refundable credits. See instructions.	o. 0000, c	the terrained tax, less any	За	 	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		*	<u></u>	
	mated tax payments made. Include any prior year overp			3ь	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	•		30	Ψ		
	using EFTPS (Electronic Federal Tax Payment System).	-	•	3c	s	0.	
	If you are going to make an electronic fund withdrawal v		•		<u> </u>		
	or Privacy Act and Paperwork Reduction Act Notice,			21111 001 9-		(Rev. 1-2013)	
		ou!			. 01111 0000	(1011 2010)	