Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements. , 2012, and ending A For the 2012 calendar year, or tax year beginning , 20 D Employer identification number C Name of organization B Check if applicable CLARE BOOTHE LUCE POLICY INSTITUTE 54-1672138 Address Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 112 ELDEN STREET, STE P (703) 318-0730 Initial return City, town or post office, state, and ZIP code Amended return HERNDON, VA 20170 G Gross receipts \$ 2,284,385. Application H(a) Is this a group return for F Name and address of principal officer: MICHELLE EASTON Yes 112 ELDEN STREET STE P HERNDON, VA 20170 H(b) Are all affiliates included X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or 527 (insert no.) Website: ► WWW.CBLPI.ORG H(c) Group exemption number Form of organization: X Corporation L Year of formation: 1993 M State of legal domicile: VA Other > Summary Part I 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CLARE BOOTHE LUCE POLICY INSTITUTE IS TO PREPARE Activities & Governance WOMEN FOR EFFECTIVE LEADERSHIP AND TO PROMOTE LEADING CONSERVATIVE WOMEN. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8. 15. Total number of individuals employed in calendar year 2012 (Part V, line 2a) 4,000. 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 1,143,533 2,199,777. 31,472 55,160.Program service revenue (Part VIII, line 2g) 7,425 4,770. 10 55,244 24,678. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,237,674 2,284,385. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 627,201. 615,733. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17,291 25,649. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 701:422 830,454. 1,345,914 1,471,836. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 812,549. -108,24019 Revenue less expenses. Subtract line 18 from line 12 or es **Beginning of Current Year** End of Year 1,255,470 2,119,920. 20 Total assets (Part X, line 16) 21 213,742 203,743. Total liabilities (Part X, line 26) 1,041,728. 1,916,177. Net assets or fund balances. Subtract line 21 from line 20, Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign President Here Type or print name and title Print/Type preparer's name Check Paid NORMAN A. SNYDER III, self-employed P00177274 Preparer 37-1611326 ► ARONSON LLC Firm's name Firm's EIN 301-231-6200 Firm's address > 805 KING FARM BLVD., 3RD FLOOR ROCKVILLE, MD 20850 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

Form 990 (2012)

Page 3

ĺ	Part	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,"	Į		
		complete Schedule A	1	X	ļ
	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	A	ļ
	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
	4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		
	7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	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		X
	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
		"Yes," complete Schedule D, Part I	6		X
	7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		x
	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'		
	Ū	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? If "Yes," complete Schedule D, Part IV	9		Х
	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
		endowments, permanent 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	а	complete Schedule D, Part VI	11a	х	
	b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
		Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	•	the organization's separate of consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
		complete Schedule D, Parts XI and XII	12a	х	
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
		the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		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,	i		
		fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		
		organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	İ	X
	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
		to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	46	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		Х
	19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
	13	If "Yes," complete Schedule G, Part III	19		Х
	20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
_		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Ì	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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	1		
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c]	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Ì
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
24	conservation contributions? If "Yes," complete Schedule M	30_		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		х
22	Part I	31		
32	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	"		
04	or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	Ĺ
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Form 990 (2012)

Page 5

Par				
	Check if Schedule O contains a response to any question in this Part V	• • •	• • •	<u>-l</u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	}	Yes	No
		ó		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		77
	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		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	O.D		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	_	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			-
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Initiation fees and capital contributions included on Part VIII, line 12	J.		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	- 1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	-		
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	- 1	

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 in			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	/		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	200000000000000000000000000000000000000
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
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 chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Soot	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	i01(c)((3)s or	ıly)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
4.0				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	t inter	est p	olicy
00	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHELLE EASTON 112 ELDEN STREET, SUITE P HERNDON, VA 20170 703-318-0730	ne		
JSA	Organization, Processes and of the state of the first own, vi 20170 103-318-0/30		990	(0040

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors					_	·		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	orga	niza	tion	ı co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		6	stee			nsated				
(1) MICHELLE EASTON PRESIDENT & DIRECTOR	40.00	х		х				203,500.	O	0
(2) FRANK J DONATELLI SECRETARY/TREASURER & DIRECTOR	1.00	Х		х				0	0	O
(3) URSULA MEESE DIRECTOR	1.00	Х						0	0	0
(4) DARLA PARTRIDGE DIRECTOR	1.00	Х						0	0	0
(5) MARJI ROSS DIRECTOR	1.00	Х						.0	0	0
(6) BARBARA WELLS KENNEY DIRECTOR	1.00	Х						. 0	0	0
(7) KELLYANNE CONWAY DIRECTOR	1.00	Х						0	0	0
(8) KATE OBENSHAIN DIRECTOR	2.00	Х						7,000.	0	0
(9) CLARE LUCE DIRECTOR	1.00	Х						0	0	0
(10)										
(11)					-					
(12)										
(13)										
(14)										

Form 990 (2012)

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	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Emplo	yees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not c unle: er an	Pos heck ss pe	c) sition more erson lirect	e than c is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Report compensal relat organiza) table tion from ed	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
c	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A						* * *	210,500. 0 210,500.		0 0	0 0
	Total number of individuals (including but not reportable compensation from the organization	limited to the		iste				re	ceived more than	\$100,000	of	
3	Did the organization list any former offic	er, directo	r, or	tru	ıste	e, l	кеу е	mp	loyee, or highest	compens	sated	Yes No
4	employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	le c	om 00?	pen	satior	n ar	nd other compens	ation from	n the	3 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	sati	on í	from	any such	unı per:	related organization	on or indiv	idual	5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business add	ress							(B) Description of se	rvices	c	(C) ompensation
						-						
2	Total number of independent contractors (ir more than \$100,000 in compensation from the				ited		thos	e li	sted above) who	received		

Part VIII Statement of Revenue

Total revenue			Check if Schedule O contains a respon	se to any quest	ion in this Part VIII	<u> </u>	<u></u>	
1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Related or exempt function	Unrelated business	Revenue excluded from tax under sections
1	ontributions, Giffs, Grants d Other Similar Amounts	b c d e f	Membership dues					
Business Code 6, 850 6,	ರ ೯				2,199,777.			
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 6 Gain or (loss). 7 Net gain or (loss). 7 Net gain or (loss). 8 Cost income from fundraising events (not including \$ of contributions reported on line tc). 9 See Part IV, line 18 8 Less: direct expenses b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of in	ne ne	-					12.0	4.7
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 6 Gain or (loss). 7 Net gain or (loss). 7 Net gain or (loss). 8 Cost income from fundraising events (not including \$ of contributions reported on line tc). 9 See Part IV, line 18 8 Less: direct expenses b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of in	ven	22	HONORARIUMS	611710	46,850.	46,850.		
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 6 Gain or (loss). 7 Net gain or (loss). 7 Net gain or (loss). 8 Cost income from fundraising events (not including \$ of contributions reported on line tc). 9 See Part IV, line 18 8 Less: direct expenses b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of in	å		REGISTRATIONS	611710	8,310.	8,310.		
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 6 Gain or (loss). 7 Net gain or (loss). 7 Net gain or (loss). 8 Cost income from fundraising events (not including \$ of contributions reported on line tc). 9 See Part IV, line 18 8 Less: direct expenses b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of in	/ice							
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 6 Gain or (loss). 7 Net gain or (loss). 7 Net gain or (loss). 8 Cost income from fundraising events (not including \$ of contributions reported on line tc). 9 See Part IV, line 18 8 Less: direct expenses b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of in	Ser	ď						
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 6 Gain or (loss). 7 Net gain or (loss). 7 Net gain or (loss). 8 Cost income from fundraising events (not including \$ of contributions reported on line tc). 9 See Part IV, line 18 8 Less: direct expenses b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of in	٤	e .						
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. 6 Gain or (loss). 7 Net gain or (loss). 7 Net gain or (loss). 8 Cost income from fundraising events (not including \$ of contributions reported on line tc). 9 See Part IV, line 18 8 Less: direct expenses b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from gaming activities. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory. 9 Gross sales of in	gra	f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 Gross rents. 6 Less: rental expenses. 6 Rental income or (loss). 7 Gross amount from sales of line to contributions reported on line to). 7 Gross amount from sales of line to contributions reported on line to). 8 Gross income from fundraising events (not including \$ of contributions reported on line to). 9 Gross income or (loss) from garning activities. 9 Gross sales of inventory, less returns and allowances. 10 Gross sales of inventory, less returns and allowances. 10 Gross sales of inventory, less returns and allowances. 11 MISCELLANEOUS 11 MISCELLANEOUS 15 Highlight Agreement (Line) (L	7	g	Total. Add lines 2a-2f	▶	55,160.	100		
other similar amounts). 4,770. 4,770. 4,770. 4,770. 5 Income from investment of tax-exempt bond proceeds 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3						i
4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents (iii) Cherical (iii) Personal 6a Gross rents (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Personal 6a Gross and rental income or (loss) (iv) Cher 6a Gross and sele sepenses (iv) Personal (iv) P			other similar amounts)	▶	4,770.			4,770.
Securities (ii) Personal (iii) Per		4						
Figure 2000 Page 200		5	Royalties · · · · · · · · · · · · · · · · · · ·	<u></u>	24,266.			24,266.
b Less: rental expenses			(i) Real	(ii) Personal				
The property of the property o		6a	Gross rents					
d Net rental income or (loss)		b	Less: rental expenses					
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		С						
Ta Gross amount from sales of assets other than inventory be Less: cost or other basis and sales expenses		d		>	0			
assets other than inventory b Less: cost or other basis and sales expenses		7a		(II) Other			2	
and sales expenses			assets other than inventory	· · · · · · · · · · · · · · · · · · ·				
Total Add lines 11a-11d C Gain or (loss) Net income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events Net income or (loss) from gaming activities. See Part IV, line 19 Net income or (loss) from gaming activities. See Part IV, line 19 Net income or (loss) from gaming activities. Net income or (loss) from gaming activities. Net income or (loss) from sales of inventory, less returns and allowances Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code All other revenue Total Add lines 11a-11d All 2. Total revenue. See instructions P 412. 2,284,385. 55,572.		. b	Less: cost or other basis					
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			· I					
8a Gross income from fundraising events (not including \$		С	Gain or (loss)					
events (not including \$		d			0			
9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses	E	8a	-					
9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses	/er		,					
9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses	è.		•					2.2
9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses	-							
9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses	ţ	1			C			
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory 0 Miscellaneous Revenue Business Code 11a MISCELLANEOUS 541900 412. 412. b C d All other revenue 541900 412. 412. 12 Total revenue. See instructions 2,284,385. 55,572. 29,036.	0							
b Less: direct expenses b c Net income or (loss) from gaming activities > 0 10a Gross sales of inventory, less returns and allowances b c Net income or (loss) from sales of inventory > 0 Miscellaneous Revenue Business Code 11a MISCELLANEOUS 541900 412. 412. b c d All other revenue		Эа						
c Net income or (loss) from gaming activities		h						
10a Gross sales of inventory, less returns and allowances		1	Net income or (loss) from gaming activities		C			
returns and allowances		1						1
b Less: cost of goods sold b		100				200		
c Net income or (loss) from sales of inventory. ▶ 0 Miscellaneous Revenue Business Code 11a MISCELLANEOUS 541900 412. 412. b C d All other revenue 412. 412. e Total. Add lines 11a-11d ▶ 412. 412. 12 Total revenue. See instructions 2,284,385. 55,572. 29,036.		h						
Miscellaneous Revenue		1						
total revenue. See instructions			and the second s		7.55 Spin-1-10	220 CHARLES - 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	- 1900 AND	100 A 100 A 100 A 100 A
b		11a	MI SCELLANEOUS	541900	412.	412.		
c d All other revenue		l .					ļ	
e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·		C						
e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·		d	All other revenue					
12 Total revenue. See instructions		1			412.			
		1	Total revenue. See instructions	.	2,284,385.	. 55,572		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			A 3 1 M 1 1 1 1	
	organizations in the United States. See Part IV, line 21 .	. 0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	210,500.	171,999.	24,355.	14,146.
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	366,856.	299,758.	42,445.	24,653.
8	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	38,377.	31,358.	4,440.	2,579.
11	Fees for services (non-employees):				
	Management	O			
	Legal	6,435.		6,435.	
	Accounting	28,932.		28,932.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	25,649.			25,649.
f	Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	359.		359.	
12	Advertising and promotion	8,490.	7,490.		1,000.
13	Office expenses	26,564.	14,132.		2,348.
14	Information technology	19,648.	12,114.	4,259.	3,275.
15	Royalties	0			1 004
16	Occupancy	26,083.	20,092.		1,994.
17	Travel	31,543.	29,506.	72.	1,965.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	101 000	02.064	7.035	
19	Conferences, conventions, and meetings	101,099.	93,264.		600
20	Interest	10,260.	8,383.	1,187.	690.
21	Payments to affiliates	30,104.	24,598.	3,483.	2,023.
22	Depreciation, depletion, and amortization	13,353.	10,911.	1,545.	897.
23	Insurance	13,303.	10,911.	1,545.	037.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				17000
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	DIRECT MAIL	210,487.	160,950.		49,537.
	FILMS, BOOKS, LITERATURE	4,918.	4,641.		277.
	HONORARIUMS	71,000.	71,000.		
_	HOUSE FILE MAILINGS	168,599.	142,438.		26,161.
_		72,580.	66,776.	4,413.	1,391.
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,471,836.	1,169,410.	143,841.	158,585.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if				
	following SOP 98-2 (ASC 958-720)	417,250.	315,313.		101,937.
JSA		, , , , , ,			Form 990 (2012)

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Form 990 (2012)

PAGE 10

Form 990 (2012) Page 11

	990 (2						Page 11
۲ā	tΧ	Balance Sheet Check if Schedule O contains a response t	0.001	rangetion in this Box	+ Y		
		Check it Schedule O contains a response t	o aii	y question in this Pal	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			53,548.	1	232,579.
	2	Savings and temporary cash investments			206,088.	2	407,275.
	3	Pledges and grants receivable, net			73,009.	3	523,750.
	4	Accounts receivable, net			0	4	Ö
	5	Loans and other receivables from current and f	orme	r officers, directors,			
		trustees, key employees, and highest co	mper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified person			0	5	0
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	and ontary	contributing employers employees' beneficiary		6	
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges		<i></i>	0	9	0
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	1,059,236.			
	b	Less: accumulated depreciation	10b	481,974.	593,800.		1
	11	Investments - publicly traded securities			156,450.		211,174.
	12	Investments - other securities. See Part IV, line 11			<u> </u>		0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	167,880.
	15	Other assets. See Part IV, line 11			1,255,470.		2,119,920.
	16	Total assets. Add lines 1 through 15 (must equal			6,757.		11,356.
	17	Accounts payable and accrued expenses				18	11,550.
	18 19	Grants payable				19	<u> </u>
	20	Deferred revenue				20	0
ın.	21	Tax-exempt bond liabilities	 rt IV (of Schedule D		21	0
itie	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compens		·			
Ë		disqualified persons. Complete Part II of Schedule			C	22	0
	23	Secured mortgages and notes payable to unrelate				23	155,079.
	24	Unsecured notes and loans payable to unrelated to			C	24	0
	25	Other liabilities (including federal income tax, I	oayab	les to related third			
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			39,977.	1	37,308.
	26	Total liabilities. Add lines 17 through 25			213,742.	26	203,743.
Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ▶ X and			
lan	27	Unrestricted net assets			567,710.		960,376.
Ва	28	Temporarily restricted net assets			274,018.		281,251.
Fund	29	Permanently restricted net assets			200,000.	29	674,550.
ō		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 and			
ets	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
Net A	32	Retained earnings, endowment, accumulated inco			1 041 720	32	1 016 177
Z	33 34	Total net assets or fund balances			1,041,728. 1,255,470.	1	1,916,177. 2,119,920.
		Total nabilities and flet assets/fully balances	· · ·		2,200,410.	34	Form 990 (2012)

Form **990** (2012)

Page 1

1	Total revenue (must equal Part VIII, column (A), line 12)	1				385.
2	Total expenses (must equal Part IX, column (A), line 25)	2		•		836.
3	Revenue less expenses. Subtract line 2 from line 1	3				549.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,0	41,	728.
5	Net unrealized gains (losses) on investments	5			43,0	027.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			18,	873.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		_			
	33, column (B))	10		1,9	16,	177.
art	XII Financial Statements and Reporting			,		
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	i or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audit		n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent accour	ntant?	?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fortl	h in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dits		3b		<u> </u>

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CLARE BOOTHE LUCE POLICY INSTITUTE 54-1672138 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 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 4 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 5 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). 6 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.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. Type II c Type III-Functionally integrated d | Type III-Non-functionally integrated 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 g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11q(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? Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of monetary (described on lines 1-9 organization anization in organization in the organization support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing your support? (see instructions)) in the U.S.? document? Yes Yes No Yes Nο Nο (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,382,510.	2,157,302.	1,586,331.	1,143,533.	2,199,777.	8,469,453.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0		
4	Total. Add lines 1 through 3	1,382,510.	2,157,302.	1,586,331.	1,143,533.	2,199,777.	8,469,453.		
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)				0.79		867,820.		
6	Public support. Subtract line 5 from line 4.						7,601,633.		
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
_	ndar year (or fiscal year beginning in)				 -				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,382,510. 8,657.	2,157,302.	1,586,331. 57,783.	1,143,533.	2,199,777.	8,469,453. 158,950.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on				30,220	33,7330	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	62,042.	35,330.	49,542.	33,993.	55,572.	236,479.		
11	Total support. Add lines 7 through 10						8,864,882.		
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	ion's first, secor	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)		
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2012 (li	ne 6, column (f) divided by line	11, column (f))		14	85.75%		
15	Public support percentage from 2011	Schedule A, Pa	rt II, line 14			15	89.09%		
	331/3% support test - 2012. If the of this box and stop here. The organization	on qualifies as a	publicly suppo	rted organizatio	n		►X		
	331/3% support test - 2011. If the concert this box and stop here. The org	anization qualifi	es as a publicly	supported orga	nization		▶ 🔲		
	10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	15 is 10% or more, and if the organization in Part IV how the organization supported organization	ion meets the "	facts-and-circum	nstances" test.	The organization	on qualifies as a	publicly ▶ □		
18	Private foundation. If the organization instructions				<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶□		
					٥	chedule A (Form 9	90 or 990-F7) 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.)

C	tion A. Dublic Compant						
	tion A. Public Support	(1) 0000	#1,0000	4-1.004.0	100044	T () 0040	(5 T .)
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				1		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				ļ		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the			,			
•	organization's benefit and either paid						
	to or expended on its behalf						
_							
5	The value of services or facilities			:			
	furnished by a governmental unit to the						
	organization without charge					 	
6	Total. Add lines 1 through 5					ļ	
7 a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons						
a	Amounts included on lines 2 and 3 received from other than disqualified	*					
	persons that exceed the greater of \$5,000]		1	
	or 1% of the amount on line 13 for the year			<u> </u>			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar			j			
	Sources					 	
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b					ļ	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				-		
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here						` ▶ □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8		_ 	mn (f))		15	%
16	Public support percentage from 2011 Scho						%
	tion D. Computation of Investme					-1 - 	
17	Investment income percentage for 2012 (li			13 column (ft)		17	%
18	Investment income percentage from 2011					18	
						<u> </u>	
139	331/3% support tests - 2012. If the or	•					
	17 is not more than 331/3%, check the		-	•		• • • •	
b							
_	331/3% support tests - 2011. If the organization						
20	line 18 is not more than 331/3%, check Private foundation. If the organization	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization ►

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	E - Section	n B, Line 10			
•						
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
LIST RENTAL INCOME	25,989.	17,488.				43,477.
HONORARIUM CONTRIBUTIONS	23,210.	15,050.	49,495.	24,170.	46,850.	158,775.
MISCELLANEOUS INCOME	12,843.	2,792.	47.	2,521.	412.	18,615.
REGISTRATIONS						
REGISTRATIONS				7,302.	8,310.	15,612.
TOTALS	62,042.	25 220	40.540	22 000		
IVIADO	02,042.	35,330.	49,542.	33,993.	55,572.	236,479.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization		Employer identification number
CLARE BOOTHE LUCE F	POLICY INSTITUTE	54-1672138
Organization type (check on	e):	34-10/2136
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	undation
	501(c)(3) taxable private foundation	
instructions. General Rule	(7), (8), or (10) organization can check boxes for both the General Rule ar	a a opecial raile. dec
For an organizatio	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,	000 or more (in money or
property) from any	one contributor. Complete Parts I and II.	
Special Rules		
under sections 509	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % supple(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 55,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) and II.	ng the year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received for the contributions of more than \$1,000 for use exclusively for religious, chaposes, or the prevention of cruelty to children or animals. Complete Parts	aritable, scientific, literary,
during the year, co not total to more the year for an exclusive	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received for the form of	ut these contributions did were received during the unless the General Rule ontributions of \$5,000 or
990-EZ, or 990-PF), but it m u	at is not covered by the General Rule and/or the Special Rules does not ust answer "No" on Part IV, line 2 of its Form 990; or check the box on I-PF, to certify that it does not meet the filing requirements of Schedule B	ine H of its Form 990-EZ or on
For Panerwork Reduction Act Noti	ice, see the Instructions for Form 990, 990-EZ, or 990-PF. Sche	dule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

54-1672138

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	
---	--

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 - - -		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Employer identification number

54-1672138

Part III	Exclusively religious, charitable, et	c., individual contributions to section	n 501(c)(7), (8), or (10) organizations
	that total more than \$1,000 for the	year. Complete columns (a) through	(e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$

ι	Jse duplicate copies of Part III if additio	nal space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee		
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee		

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 Employer identification number CLARE BOOTHE LUCE POLICY INSTITUTE 54-1672138 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year)..... Aggregate value at end of year....... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

_		~
220	0	•

	t Organizations Maintaini	ng Collections of	Art, His	torical T	reasu	res,	or Ot	her Similai	Asse	ts (cor	ntinu	ıed)
	Using the organization's acquisition collection items (check all that app		ther record	ds, check	any o	f the	follow	ing that are	a signi	ficant u	se c	of its
а	Public exhibition		d [Loan o	r excha	ange	prograr	ns				
b	Scholarly research		e	Other								
С	Preservation for future gene	rations	L									
4	Provide a description of the organ	nization's collections	and expla	in how t	ney fur	ther	the org	ganization's	exempt	purpos	e in	Part
	XIII.		,						•	•		
5	During the year, did the organization	on solicit or receive de	onations o	f art, histo	rical tr	easu	res, or o	other similar				
	assets to be sold to raise funds rath								Г	Yes	Γ	No
Par										990,	Part	IV,
	line 9, or reported an am	ount on Form 990,	Part X, Ii	ne 21.								
1a	Is the organization an agent, truste								_	_	_	7
	included on Form 990, Part X?			· • <u>· • · </u> • .					∟	Yes	L	_ No
b	If "Yes," explain the arrangement in	Part XIII and comple	te the folk	owing tab	le:							
	De training							Am	ount			
	Beginning balance								·			
	Additions during the year											
	Distributions during the year											
	Ending balance									-		
2a	Did the organization include an am	ount on Form 990, P	art X, line	21?					L	_ Yes	<u> </u>	No
	If "Yes," explain the arrangement in									· · · ·		┸
Par	t V Endowment Funds. Con											
	Decision of weatherns	(a) Current year	(b) Prio		(c) Tw			(d) Three year		(e) Four		
	Beginning of year balance	200,000.	19	9,326.		195	324.	183,			.83,	, 579
	Contributions	474,550.						11,	745.			
C	Net investment earnings, gains,	24 020		C7.4		4	000					
	and losses	24,830.		674.		4	.002.					
	Grants or scholarships											
е	Other expenditures for facilities	04 020										
	and programs	24,830.										
	Administrative expenses	654 550					20.5					
_	End of year balance	674,550.		0,000.			326.	195,	324.		.83,	,579
	Provide the estimated percentage	· ·		(line 1g,	columr	ı (a))	held as:	:				
	Board designated or quasi-endown		.%									
	Permanent endowment ► 100.0											
С	Temporarily restricted endowment											
_	The percentages in lines 2a, 2b, ar	· ·										
3a	Are there endowment funds not in	the possession of the	e organiza	ition that	are hel	d and	d admin	istered for th	е	_		
	organization by:										res	No
	(i) unrelated organizations									3a(i)		X
_	(ii) related organizations									3a(ii)		Х
b	If "Yes" to 3a(ii), are the related org		•							3b		
4	Describe in Part XIII the intended u											
Par	t VI Land, Buildings, and Equ	uipment. See Form	1 990, Pa	rt X, line	10.							
	Description of property	(a) Cost or (investr		(b) Cost o	r other ba her)	asis		umulated eciation	(d	Book val	ue	
1a	Land				87,0	85.				8	7,0	085.
	Buildings			7	09,2	148	2	39,094.				192.
	Leasehold improvements					\dashv			·			
	Equipment			1	17,6	73	<u></u>	99,872.			7.8	801.
	Other				45,1			43,008.				184.
					.40,1	24.4		40,000a				
е	I. Add lines 1a through 1e. (Column		990. Part							57		262.

CLARE BOOTHE I	UCE POLICY IN	NSTITUTE 54-1	L672138
Schedule D (Form 990) 2012			Page
Part VII Investments - Other Securities. See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	··-		
(D)			
(E)			
(F)			
(G)			
(H) (I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See F	orm 990. Part X. I	ine 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li			
(1) OTHER ASSETS	Description		(b) Book value 7,400
(2) BENEFICIAL INT TRUSTS			160,480
(3)			100,400
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li			167,880
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1. (a) Description of liability	(b) Book va	alue	
(4) Fadaral Jacobs Anton	1		and the second control of the second control

(1) Federal income taxes
(2) GIFT ANNUITY LIABILITY 37,308 (3) (4)(5) (6)(7) (8) (9) (10)(11) 37,308. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

PURPOSE OF ENDOWMENT

PART V LINE 4

THE ENDOWMENT IS TO PROVIDE FUNDING FOR AN ANNUAL INTERNSHIP.

TEXT OF FIN 48 FOOTNOTE FROM FINANCIAL STATEMENTS

PART X LINE 2

THE INSTITUTE EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2012 AND 2011, THERE WERE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE INSTITUTE RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2009 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Open to Public

OMB No. 1545-0047

Inspection

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions. Department of the Treasury Internal Revenue Service

Name of the organization					Employer identification	
CLARE BOOTHE LUCE POLICY INS					54-1672138	
Part I Fundraising Activities. Cor				"Yes" to Form 9	90, Part IV, line	17.
FOITH 990-EZ IIIEIS are Hot			<u> </u>			
1 Indicate whether the organization ra	_		_			
a X Mail solicitations b X Internet and email solicitations	е			non-government g		
The met and email solloitations	f			government grants	3	
c Phone solicitations	g	Spe	cial fundra	ising events		
d In-person solicitations						
2a Did the organization have a written or key employees listed in Form 990						X Yes No
b If "Yes," list the ten highest paid inc compensated at least \$5,000 by the		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 HSP DIRECT						
HERNDON, VA 20170	DIRECT MAIL	X		236,357.	25,649.	210,708.
2				·		
3						
4						
5						
6						
7					:	
8						
9						
10						
	<u> </u>	1				4.
Total				236,357.	25,649.	210,708.
3 List all states in which the organization or licensing.			d to solicit	·	·	
AL, AK, AZ, AR, CA, CO, CT, DE, FL, G	A, ID, IL, IN,					
IA, KS, KY, LA, ME, MD, MA, MI, MN, M		,NH,NJ	,NM,NY,	NC, ND, OH,		
OK, OR, PA, RI, SC, SD, TN, TX, UT, V	T, VA, WA, WV, WI	,WY,				
					· · · · · · · · · · · · · · · · · ·	

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

Schedule G (Form 990 or 990-EZ) 2012

_	,
Page	4

Pai	t I					
		than \$15,000 of fundraising even gross receipts greater than \$5,00	•	oss income on Form 990	-EZ, lines 1 and 6b.	List events with
	.,,	3.00	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			·	
-	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
1	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
1	•	Ordes revenue				
	2	Cash prizes				
-	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				:
	6	Volunteer labor	Yes	% Yes % No	Yes% No	17
	7	Direct expense summary. Add lines 2	through 5 in column (d)		(
	8	Net gaming income summary. Comb	ine line 1, column d, a	nd line 7		
a b	Is	nter the state(s) in which the organizat the organization licensed to operate g "No," explain:	aming activities in eac			. Yes No
		Vere any of the organization's gaming l	icenses revoked, susp		ng the tax year?	
	_				Saha	dule G (Form 990 or 990-EZ)

Sched	lule G (Form 990 or 990-EZ) 2012
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	, , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer identification number 54-1672138

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

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown of W-2 and/	of W-2 and/or 1099-MISC	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
MICHELLE EASTON	8	203,500.	ł		0	0	203,500.	0
1 PRESIDENT & DIRECTOR	€	0	0		0			
	€				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
75	(E)							
	ε		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
m	€				-			
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4	Œ							
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5	E							
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on.	€	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !						
	ε				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10	€							
	€							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11	€							
	€	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12	(ii)							
	(3)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13	(ii)							
	€			 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14	(ii)							
	(i)		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
15	(ii)							
	€ €							
16							Sch	Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

19056

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2012

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer identification number 54-1672138

Par	t I Types of Property				
, a.	турос от торону	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications		1 96 (10)		
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5.	38,389.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,		•		
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential			. *	
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()		-		
26	Other ►()			:	
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the orga	inization during the tax ye	ar for contributions for	
	which the organization completed f	Form 8283,	Part IV, Donee Acknowledg	ement	29 NONE
					Yes No
30 a	During the year, did the organizat		• • •	•	
	it must hold for at least three yea			ition, and which is not red	`
	used for exempt purposes for the e	-	period?		
	If "Yes," describe the arrangement i				
31	Does the organization have a		, ,	•	
	contributions?				31 X
32 a	Does the organization hire or use	e third parti	es or related organization:	s to solicit, process, or s	ell noncash
_	contributions?				32a X
	If "Yes," describe in Part II.				
33	If the organization did not report ar describe in Part II	amount in	column (c) for a type of pro	perty for which column (a)	is checked,

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

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012)

Part II

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2012 Open to Public

OMB No. 1545-0047

Open to Pu

Department of the Treasury Internal Revenue Service

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer identification number 54-1672138

PROCESS OF REVIEW FOR 990

FORM 990 PART VI LINE 11B

ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AS WELL AS THE LEGAL COUNSEL REVIEW THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

DETERMINING COMPENSATION

FORM 990 PART VI LINE 15B

THE COMPENSATION COMMITTEE OF THE BOARD WHICH INCLUDES BOARD MEMBERS WHO DO NOT HAVE A FINANCIAL OR CONFLICT OF INTEREST MET TO DISCUSS THE PRESIDENT'S SALARY. THE COMMITTEE REVIEWS COMPARABLE PAY SCALES FOR CEOS OF NUMEROUS OTHER MAJOR CONSERVATIVE NON-PROFIT ORGANIZATIONS. COMMITTEE REFERENCES TO FORM 990S OBTAINED FROM GUIDESTAR AND SALARIES REPORTED ON CHARITY NAVIGATOR'S INTERNET SITE. THE COMMITTEE CONSIDERS THE PRESIDENT'S EXCLUSIVE AND FULLTIME COMMITMENT TO THE ORGANIZATION, SEVENTEEN YEARS EXPERIENCE AS A FOUNDATION EXECUTIVE, TRAINING AS AN ATTORNEY, PRESIDENTIAL APPOINTMENTS CONFIRMED BY THE US SENATE, EXTENSIVE CONTACTS IN THE CONSERVATIVE COMMUNITY, AND THE HOURS WORKED AS FACTORS IN SETTING THE SALARY AND BENEFITS. THE LAST YEAR THIS PROCESS WAS UNDERTAKEN WAS 2010. THERE WAS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED FORM 990 PART VI LINE 17

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS,

Employer identification number 54-1672138

NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

DISCLOSURE OF DOCUMENTS

FORM 990 PART VI LINE 19

OUR FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE. OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS

FORM 990 PART XI LINE 9

CHANGE IN VALUE OF ANNUITIES

(\$1,672)

CHANGE IN VALUE OF TRUSTS

20,545

TOTAL OTHER CHANGES IN NET ASSETS

\$18,873

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

ntemal Revenue	e Service	► File a	separate ap	plication for each return.						
If you are	filing for an	Automatic 3-Month Extension, c	omplete o	nly Part I and check th	is box		▶ X			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).										
Do not comp	o not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
a corporation 3868 to req Return for	lectronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information eturn for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see estructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.									
						arities & Nonp	rofits.			
		-Month Extension of Time. On								
		to file Form 990-T and requesting								
All other cor	norations (ins REMIC	e and truete must use l	Form 7004 to request a		time			
o file incom		- · · · · · · · · · · · · · · · · · · ·	ps, reino	o, and trusts must use r	Enter filer's identify					
o me meom		sempt organization or other filer, see in:	structions.		Employer identification r					
Type or		,			Zimproyor idominiodiidii i	14.11001 (=111) 01				
print	CLARE :	BOOTHE LUCE POLICY INST	TITUTE		54-16721	38				
ile by the	Number, st	reet, and room or suite no. If a P.O. box	, see instruc	tions.	Social security number (SSN)				
lue date for iling your	112 EL	DEN STREET, STE P			,					
etum. See nstructions.	City, town	or post office, state, and ZIP code. For	a foreign add	dress, see instructions.	<u></u>					
iistructions.	HERNDO	N, VA 20170								
nter the Return code for the return that this application is for (file a separate application for each return)										
pplication Return Application Return										
s For Code Is For							Code			
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 0										
orm 990-Bl			02	Form 1041-A			08			
	orm 4720- (individual) 03 Form 4720 09									
	orm 990-PF 04 Form 5227 10									
	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11									
		than above)	06	Form 8870			12			
Telephone If the orga If this is for the whole Is list with the I reque until for the X I for the I c I for the I c I for the I c I c I c I f this estimate	e No. anization do or a Group Fe group, che names an st an auton organizatio calendar yetax year beax year ente hange in ac application undable cre application ted tax payr	care of MICHELLE EASTOR 703 318-0730 The series not have an office or place of the second s	pusiness in a r digit Gro it is for pa on is for. Doration reexempt org , 20	up Exemption Number (rt of the group, check to the group, check to file Form 990 panization return for the group, and ending	his box	. If this and atta	ch			
		ract line 3b from line 3a. Include y I Tax Payment System). See instruc	· -	ent with this form, if re	quired, by using EFTPS	3c \$				
		o make an electronic fund withdrawal		orm 8868, see Form 8453	-EO and Form 8879-FO f		tructions			
		rwork Reduction Act Notice, see Instru		222, 222, 3111 3 700	30,0 40,1	Form 8868 (

19056

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PAGE 2

Form 990 (2012)

Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
		-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
		10		
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.		3.5.5.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		х	
	complete Schedule D, Part VI	11a	_^	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	}	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.40		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
4.0		13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		Х
, -	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47	X	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_^	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_	1	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			X
00	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ļ
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	- 77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3,7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		Х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	. {	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37]	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(2042)

Fair	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	3		
)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			}
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	F-0		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	_	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which	-		
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Form 990 (2012) -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. Х Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: X 8a The governing body?....... $\bar{\mathbf{x}}$ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 13 13 Did the organization have a written whistleblower policy?......... X 14 14 Did the organization have a written document retention and destruction policy?..... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. | X | Upon request Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

JSA 2E1042 1.000 Form 990 (2012)

organization: ►MICHELLE EASTON 112 ELDEN STREET, SUITE P HERNDON, VA 20170

703-318-0730

0.111 000 (20	··,									
Part VII	Compensation of	Officers,	Directors,	Trustees, k	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cont	ractors								

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer Institutional trustee		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHELLE EASTON	40.00									
PRESIDENT & DIRECTOR		Х		Х			ļ	203,500.	0	0
(2) FRANK J DONATELLI SECRETARY/TREASURER & DIRECTOR	1.00	Х		Х				0	0	0
(3) URSULA MEESE DIRECTOR	1.00	Х						0	0	0
(4) DARLA PARTRIDGE DIRECTOR	1.00	Х						0	0	0
(5) MARJI ROSS DIRECTOR	1.00	Х						. 0	0	0
(6) BARBARA WELLS KENNEY DIRECTOR	1.00	Х						0	0	0
(7) KELLYANNE CONWAY DIRECTOR	1.00	Х						0	0	0
(8) KATE OBENSHAIN DIRECTOR	2.00	Х						7,000.	0	0
(9) CLARE LUCE DIRECTOR	1.00	Х						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2012)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and F	lig	hest Compensat	ed Emplo	yees (co	Page (Ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	s pe la d	ition more rson irect	e than o	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	table tion from ed ations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	from the organization and related organizations
								,			
								·			
1b Sub-total							•	210,500.		0	(
c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	· · · · · ·		· · ·		<u>. </u>	· · ·	>	210,500.		0	(
2 Total number of individuals (including but not li reportable compensation from the organization		hose l		d ab	00V6	e) who	re	ceived more than	\$100,000 	of	
3 Did the organization list any former office										sated	Yes No
employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the s										 the	3 X
organization and related organizations gre individual	ater than	\$15 	0,00	00?		"Yes, 	," (complete Schedul	e J for	such • • •	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest comp compensation from the organization. Report co year.											
(A) Name and business addr	ress							(B) Description of se	vices	Co	(C) empensation
									<u> </u>		
							_				<u> </u>
Total number of independent contractors (in more than \$100,000 in compensation from the				ited		those	e li:	sted above) who	received		

Form **990** (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Related or Unrelated Total revenue Revenue business exempt excluded from tax function revenue under sections 512, 513, or 514 Grants and Other Similar Amounts 1b Membership dues b 1c Contributions, Gifts, c Fundraising events <u>1</u>d Related organizations 1e Government grants (contributions) . . All other contributions, gifts, grants, 2,199,777. and similar amounts not included above . 38,389. Noncash contributions included in lines 1a-1f: \$ _ 2.199.777 Total. Add lines 1a-1f Program Service Revenue **Business Code** HONORARIUMS 611710 46,850 46,850 8,310 REGISTRATIONS 611710 8,310 All other program service revenue Total. Add lines 2a-2f. 55,160 3 Investment income (including dividends, interest, and 4,770 4,770. other similar amounts)....... Income from investment of tax-exempt bond proceeds 24,266 24,266. 5 Royalties · · · · · · · (i) Real (ii) Personal Gross rents 6a Less: rental expenses . . . Rental income or (loss) . . C d Net rental income or (loss) . (i) Securities (ii) Other Gross amount from sales of 7a assets other than inventory Less: cost or other basis and sales expenses . . Gain or (loss) Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$. of contributions reported on line 1c). Net income or (loss) from fundraising events . Gross income from gaming activities. 9a See Part IV, line 19 Less: direct expenses b Net income or (loss) from gaming activities . . c 10a sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** MISCELLANEOUS 541900 412 11a b c All other revenue . . . 412 Total. Add lines 11a-11d 2,284,385 55,572 Total revenue. See instructions 29.036

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a res			1	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	. 0	V		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U			
5	Compensation of current officers, directors, trustees, and key employees	210,500.	171,999.	24,355.	14,146
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 050	200 750	40.445	04 652
7	Other salaries and wages	366,856.	299,758.	42,445.	24,653
8	Pension plan accruals and contributions (include section				
0	401(k) and 403(b) employer contributions)				
9	Other employee benefits	38,377.	31,358.	4,440.	2,579
10 11	Payroll taxes			.,,,,,,,	2,0.3
	Management	ol			
	Legal	6,435.		6,435.	
	Accounting	28,932.		28,932.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	25,649.			25,649
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	359.		359.	
12	Advertising and promotion	8,490.	7,490.	10 004	1,000
13	Office expenses	26,564.	14,132.		2,348
14	Information technology	19,648.	12,114.	4,259.	3,275
15	Royalties	26,083.	20,092.	3,997.	1,994
16	Occupancy	31,543.	29,506.	72.	1,965
17 18	Travel	31/343.	237300.	72.	1,303
	Payments of travel or entertainment expenses for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	101,099.	93,264.	7,835.	
20	Interest	10,260.	8,383.	1,187.	690
21	Payments to affiliates	O			
22	Depreciation, depletion, and amortization	30,104.	24,598.	3,483.	2,023
23	Insurance	13,353.	10,911.	1,545.	897
24	Other expenses. Itemize expenses not covered		.000		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	10.5			
	(A) amount, list line 24e expenses on Schedule O.)	010 407	160.050		40 505
_	DIRECT MAIL	210,487.	160,950.		49,537
	FILMS, BOOKS, LITERATURE	4,918.	4,641.		277
	HONORARIUMS HOUSE FILE MAILINGS	71,000.	71,000.		26 161
		72,580.	66,776.	4,413.	26,161 1,391
_	All other expenses Add lines 1 through 24e	1,471,836.	1,169,410.	143,841.	158,585
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	2,112,000.	1,100,410.	143,041.	130,303
	fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)	417,250.	315,313.		101,937

JSA 2E1052 1.000 Form 990 (2012)

Page 11

Part X **Balance Sheet**

Pa	rt X								
		Check if Schedule O contains a response to	o any	question in this Par	rt X				
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			53,548.		232,579.		
	2	Savings and temporary cash investments			206,088.		407,275.		
	3	Pledges and grants receivable, net			73,009.	3	523,750.		
	4	Accounts receivable, net			C	4	0		
	5	Loans and other receivables from current and f	ormei	officers, directors,					
		trustees, key employees, and highest co	mpen	sated employees.					
Ş	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sched	nd other receivables from other disqualified persons (as defined under section 1)), persons described in section 4958(c)(3)(B), and contributing employers insoring organizations of section 501(c)(9) voluntary employees' beneficiary tions (see instructions). Complete Part II of Schedule L						
Assets	7	Notes and loans receivable, net				7	0		
As	8	Inventories for sale or use				8	0		
	9	Prepaid expenses and deferred charges	;	<i></i>		9	0		
	10 a	Land, buildings, and equipment: cost or							
		other basis. Complete Part VI of Schedule D			555 666		5.00		
	b	Less: accumulated depreciation							
	11	Investments - publicly traded securities			156,450.		211,174.		
	12	Investments - other securities. See Part IV, line 11				12	0		
	13	Investments - program-related. See Part IV, line 11			(C	13	0		
	14	Intangible assets				14	167,000		
	15	Other assets. See Part IV, line 11					167,880.		
	16	Total assets. Add lines 1 through 15 (must equal			1,255,470.		2,119,920.		
	17	Accounts payable and accrued expenses			6,757.	}	11,356.		
	18	Grants payable				18	0		
	19	Deferred revenue				19	0		
	20	Tax-exempt bond liabilities		f Oak and de D		20	0		
ijes	21	Escrow or custodial account liability. Complete Pa				21	0		
Liabilities	22	Loans and other payables to current and fo							
Lia		trustees, key employees, highest compens				22	n		
	22	disqualified persons. Complete Part II of Schedule Secured mortgages and notes payable to unrelate			167,008.		155,079.		
	23 24	Unsecured notes and loans payable to unrelated the			107,7000		0		
	25	Other liabilities (including federal income tax, p				24			
	23	parties, and other liabilities not included on lines							
		of Schedule D	-	.,	39,977.	25	37,308.		
	26	Total liabilities. Add lines 17 through 25			213,742.		203,743.		
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	check						
Balances	27	Unrestricted net assets			567,710.	27	960,376.		
3al	28	Temporarily restricted net assets			274,018.	28	281,251.		
ρį	29	Permanently restricted net assets			200,000.	29	674,550.		
or Fund		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.			dia.				
	30	Capital stock or trust principal, or current funds				30			
sse	31	Paid-in or capital surplus, or land, building, or equi	pmen	t fund		31			
Net Assets	32	Retained earnings, endowment, accumulated inco	me, c	or other funds		32			
S	33	Total net assets or fund balances			1,041,728.	33	1,916,177.		
	34	Total liabilities and net assets/fund balances			1,255,470.	34	2,119,920.		
							Form 990 (2012)		

Form **990** (2012)

If the organization changed either its oversight process or selection process during the tax year, explain in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Form 990 (2012)

3a

3b

Χ

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CLARE ROOTHE LUCE POLICY INSTITUTE

Employer identification number

and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in the U.S.? Yes No Yes No Yes No (A) (B) (C) (D)	CLP	INE	BOOTHE HOCE	FORICI INSTIT	LOIE					1	54	-10	12130		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). En hospitals name, city, and state: A norganization 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)(iv). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization in a normally receives: (1) more than 33178 of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33178 or support from gross investment income and unrelated business taxable income (less section 590(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 590(a)(3). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry or purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See a 509(a)(3). Check the bott hat describes the type of supporting organization and complete lines 11e through 11h an approximation organized and operated exclusively for the benefit of, to perform the functions of, or to carry or purposes of one or more publicly supported organizations and complete fines 11e through 11h and	Par	tΙ	Reason for Put	olic Charity Statu	is (All organizations m	ust cor	nplete	e this p	art.) S	ee instr	uctions	 S.			
A school described in section 170(b)(1)(A)(ii), (Atlach Schedule E.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A morganization parated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A reganization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 331v3 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331v3 support from gross investment income and unrelated business taxable income (less section 511 tax) from busing 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 sefety. See section 509(a)(4). An organization organized and operated exclusively to test for public sefety. See section 509(a)(4). An organization organized and operated exclusively to test for public sefety. See section 509(a)(2). An organization organized and operated exclusively to test for public sefety. See section 509(a)(2). An organization organized and operated exclusively to test for public sefety. See section 509(a)(2). An organization organized and operated exclusively to test for public sefety. See section 509(a)(2). If the organization organized and operated exclusively to test for public sefety. See section 509(a)(2). If the organization organized and operated exclusively to test for public sefety. See section 509(a	The	orga	anization is not a pri	vate foundation be	cause it is: (For lines 1 th	nrough	11, ch	eck only	one bo	ox.)					
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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)(iv). X An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A norganization that normally receives: (1) more than 33:13 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33:13 % of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organizated and operated exclusively to test for public safety. See section 509(a)(4). An organization organization after June 30, 1975. See section 509(a)(2). Complete Part III.) An organization organization and operated exclusively for the benefit of, to perform the functions of, or to carry organization organization organization section 509(a)(1). Center the box that describes the type of supporting organization 509(a)(1) or section 509(a)(2). See \$509(a)(2). See \$509(a)(3). Check the box that describes the type of supporting organization in section 509(a)(1) or section 509(a)(2). Be \$509(a)(2). Be \$509(a)(3). Check the box that describes the type of supporting organization indirectly by one or more displayed by the supported organization in section 509(a)(2). Be \$509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box. I fil	4	$\vdash \uparrow$			_						n 170(b)(1)(A)(iii).	Enter	r the
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f 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 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1) above or IRC section (i) isled in your governing and country (vi) is the organization in col. (i) isled in your governing document? (ii) Name of supported organization (see instructions)) (ii) Name of supported organization (see instructions)) (iii) Link (iii) Type of organization (generalized on lines 1) organization in col. (i) organization in col. (i) organization in col. (i) organization in the U.S.? (iv) A famount of methods on the supported organization (see instructions)) (A) Ves No Yes No Yes No (A) (B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	е	لـــا			_					-	-				
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organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) In the torganization in col. (i) organized in the U.S.? (iii) A 35% No Yes No (ivi) In the torganization in col. (i) organized in the U.S.? (vii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.? (viii) A mount of m support in the U.S.?				` ' ' '		- IDO	151-1			.	-				
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 355% controlled entity of a person described in (i) or (ii) above? (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Clip (vi) Is the organization in col. (i) of your support? (iv) Is the organization in col. (i) of your support? (vi) Is the organization in col. (i) of your support? (vi) Is the organization in col. (i) of your support? (vii) A mount of m support downers? (iii) Clip (viii) A mount of m support organization (see instructions))	T		-		en determination from tr	ie iks	tnat II	is a i	ype ı,	rype II,	or typ	e III s	support	ıng	
following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (particular) above or IRC section (par			-				• • • •								
(i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization in	g		=	-	inization accepted any gi	nt or co	ntribut	ion fron	n any o	t the					
and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) IN (iii) EIN (iii) Type of organization (old scribed on lines 1-9 above or IRC section (see instructions)) (iii) IN (iv) Is the organization in col. (i) organization in col. (i) isted in your support? (iii) IN (iv) Is the organization in col. (i) organization in the U.S.? Yes No Yes No (IV) IS the organization in col. (i) organization in the U.S.? Yes No Yes No (IV) IS the organization in col. (i) organization in col. (ii) organization in col. (iii) organiz			- :												
(iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Fish (iv) Is the organization in col. (i) of your support? (vi) Is the organization in col. (i) of your support? (vii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the organization in the U.S.? (Viii) Amount of m support organization in the organization in the U.S.? (Viii) Amount of m support organization in the U.S.? (Viii) Amount of m support organization in the organiza					-		_	er with	persor	ns desc	ribed in	ı (ii)		Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions) (B) (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions) (iv) Is the organization in col. (i) organizat						nization	?							<u> </u>	<u> </u>
h Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Did you notify the organization in col. (i) organization in col. (ii) organization in the U.S.? (vii) Amount of morganization in col. (ii) organization in the U.S.? (viii) Amount of morganization in col. (i) organization in col. (ii) organization in the U.S.? (viii) Amount of morganization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in the U.S.? (viii) Amount of morganization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiiii) organization in col. (iiiiiii													11g(ii)		
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(described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (D) (D) (D) (D) (described on lines 1-9 above or IRC section (see instructions)) (described on lines 1-9 above or IRC section (oi. (i) organization in col. (i) orga				ing information abo	out the supported organiz	ation(s)	· · · · ·				····			
above or IRC section (see instructions) col. (i) Isted in jour governing document? col. (i) organized in the U.S.? ves No ves		(i) N	ame of supported	(ii) EIN								(vii)			etary
(see instructions)) your support? in the U.S.? Yes No Yes			organization			col. (i)	listed in						suppo	яц	
(A) (B) (C) (D) (E)					(see instructions))			your s	upport?	in the	U.S.?				
(B) (C) (D) (E)						Yes	No	Yes	No	Yes	No				
(B) (C) (D) (E)	(Δ)					}		1	1		1				
(C) (D) (E)						ļ									
(C) (D) (E)	(B)					Ì									
(D) (E)			·					<u> </u>			ļ				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Page 2

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.)

Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(f) Total 8,469,453. 0 8,469,453. 867,820. 7,601,633.
membership fees received. (Do not include any "unusual grants.")	0 8,469,453. 867,820.
organization's benefit and either paid to or expended on its behalf	0 8,469,453. 867,820.
	867,820.
furnished by a governmental unit to the organization without charge	867,820.
4 Total. Add lines 1 through 3	
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	
shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4.	1,001,033.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012	(f) Total
7 Amounts from line 4	8,469,453.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 8,657. 3,326. 57,783. 60,148. 29,036.	158,950.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1 62,042. 35,330. 49,542. 33,993. 55,572.	236,479.
11 Total support. Add lines 7 through 10	8,864,882.
12 Gross receipts from related activities, etc. (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here	
Section C. Computation of Public Support Percentage	85.75%
Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	89.09%
Public support percentage from 2011 Schedule A, Part II, line 14	
this box and stop here. The organization qualifies as a publicly supported organization	
b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3%	
check this box and stop here . The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line	
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. E	
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly su	•
organization	▶ □
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and sto Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a	op here. publicly
supported organization	
instructions	▶

Page 3 Schedule A (Form 990 or 990-EZ) 2012

Part III	Support Schedule	for Organizations	Described in Section	509(a)(2)
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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			}			
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						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the			,			
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
·	line 6.)						
Sec	tion B. Total Support		•	1			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						. ,
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here				.,		▶
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2012 (line 8	s, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2011 Scho	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2012 (li	ine 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2012. If the or					e than 331/3 %,	and line
	17 is not more than 331/3 %, check th						
b	331/3% support tests - 2011. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more than 331/	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see instr	uctions ►

Page 4

Schedule A (Form 990 or 990-EZ) 2012

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	- OTHER INCOM	1E - Sectio	n B, Line 10		ATTACHMENT 1	
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
LIST RENTAL INCOME	25,989.	17,488.				43,477.
HONORARIUM CONTRIBUTIONS	23,210.	15,050.	49,495.	24,170.	46,850.	158,775.
MISCELLANEOUS INCOME	12,843.	2,792.	47.	2,521.	412.	18,615.
REGISTRATIONS				7,302.	8,310.	15,612.
TOTALS	62,042.	35,330.	49,542.	33,993.	55,572.	236,479.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization		Employer identification number
CLARE BOOTHE LUCE PO	DLICY INSTITUTE	54-1672138
Organization type (check one)):	34-10/2130
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	ndation
	501(c)(3) taxable private foundation	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0	100 or more (in money or
	one contributor. Complete Parts I and II.	
Special Rules		
under sections 509((3) organization filing Form 990 or 990-EZ that met the 33 1/3 % supports) a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Fill.	g the year, a contribution of
during the year, tota	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from 1 contributions of more than \$1,000 for use exclusively for religious, chases, or the prevention of cruelty to children or animals. Complete Parts	ritable, scientific, literary,
during the year, cont not total to more tha year for an <i>exclusive</i> applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but in \$1,000. If this box is checked, enter here the total contributions that very religious, charitable, etc., purpose. Do not complete any of the parts upication because it received nonexclusively religious, charitable, etc., co	t these contributions did were received during the inless the General Rule ntributions of \$5,000 or
Caution. An organization that i	s not covered by the General Rule and/or the Special Rules does not fil t answer "No" on Part IV, line 2 of its Form 990; or check the box on lin F, to certify that it does not meet the filing requirements of Schedule B (e Schedule B (Form 990, ne H of its Form 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 54-1672138

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization CLARE BOOTHE LUCE POLICY INSTITUTE

Employer identification number

54-1672138

Part III	Exclusively religious, charitable, etc.	, individual contributions t	o section 501(c)(7), ((8), or (10) organizations
	that total more than \$1,000 for the y			

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$

ŧ	Jse duplicate copies of Part III if additio	nal space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, and	d ZIP + 4	Relationship	of transferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, an	d ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				
	1	(e) Transfer of gift	t	
	Transferee's name, address, an	d ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	<u> </u>	(e) Transfer of gift	t	
	Transferee's name, address, and	d ZIP + 4	Relationship	of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► 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. Inspection

	e of the organization	Employer identification number
	ARE BOOTHE LUCE POLICY INSTITUTE	54-1672138
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A organization answered "Yes" to Form 990, Part IV, line 6.	accounts. Complete if the
	(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 d	onor advised
-	funds are the organization's property, subject to the organization's exclusive legal control?	1 1 1
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	
	conferring impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to For	m 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
		a certified historic structure
	Preservation of open space	a certified matorio structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
-	easement on the last day of the tax year.	ie ferm of a concervation
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		2b
c	1	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	
•	tax year ▶	ou a, and organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	tling of
	violations, and enforcement of the conservation easements it holds?	- + 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	
	>	,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year
	▶ \$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	venue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the footnote to its financial statements.	tion, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
D	works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide the following amounts relating to these items:	tion, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •
1	and a second to the first And Markey and the breakward on the Fault 200	0 1 - 1 1 - 0 (5

Schedule D (Form 990) 2012 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

							1 1
3	Using the organization's acquisition collection items (check all that app	on, accession, and ly):	other records,	check any of	the follow	ving that are a sig	nificant use of its
а	Public exhibition		d \square	Loan or excha	nge progra	ms	
b	Scholarly research		e	Other	.5- 65.		
С	Preservation for future gene	rations					
4	Provide a description of the organ		s and explain	how they furt	her the or	ganization's exemp	t nurnose in Part
•	XIII.		o and explain	non anoy rare		gamzation's exemp	t purpose in rait
5	During the year, did the organization	an solicit or receive	donations of a	rt historical tra	acurae or	other similar	
•	assets to be sold to raise funds rath						Yes No
Pa	rt IV Escrow and Custodial A						
1 (4)	line 9, or reported an am	ount on Form 996) Part X line	ie Organizalik 21	ni answe	ieu ies lo ron	ii 990, Pait IV,
	inic o, or reported arrain	iodiie oii i oiiii oo	o, raith, iiie			<u></u>	
12	Is the organization an agent, truste	e custodian or othe	r intermediary	for contributio	ne or other	r accets not	
ıa							
h	included on Form 990, Part X? If "Yes," explain the arrangement in		ioto the followi	na tabla:	• • • • • •	· · · · · · · · · · · · · · · · · · ·	Yes No
D	ii res, explain the arrangement if	rait Aili and comp	iete the followi	ng table.		A	
•	Poginning holongo			-	_	Amount	
	Beginning balance						
a	Additions during the year						
e	Distributions during the year			<u> </u>			
1	Ending balance				1f		
	Did the organization include an am						Yes No
	If "Yes," explain the arrangement in						
Pai	tV Endowment Funds. Con						
_		(a) Current year	(b) Prior yea		years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	200,000.		326. 1	95,324.	183,579.	183,579
b	Contributions	474,550.				11,745.	
С	Net investment earnings, gains,						
	and losses	24,830.		674.	4,002.		
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	24,830.					
f	Administrative expenses						
g	End of year balance	674,550.			99,326.	195,324.	183,579
2	Provide the estimated percentage	of the current year e	nd balance (lir	ne 1g, column (a)) held as	•	
a	Board designated or quasi-endown	nent >	%				
b	Permanent endowment ► 100.0	0000 %	-				
C	Temporarily restricted endowment	> %					
	The percentages in lines 2a, 2b, an	nd 2c should equal 1	00%.				
3a	Are there endowment funds not in	the possession of t	ne organizatioi	n that are held	and admir	nistered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related org	anizations listed as	required on Sc	hedule R?			3b
4	Describe in Part XIII the intended us	ses of the organizat	ion's endowme	ent funds.			<u> </u>
Par	t VI Land, Buildings, and Equ	ipment. See Forr	n 990, Part X	., line 10.			
	Description of property		other basis (b)	Cost or other basi (other)	1 ,	umulated (d	i) Book value
1a	Land			87,08	5.		87,085.
b	Buildings			709,28		39,094.	470,192.
С	Leasehold improvements				 		,
d	Equipment			117,67	3.	99,872.	17,801.
e	Other			145,19		43,008	2,184.
Tota	I. Add lines 1a through 1e. (Column		1 990. Part X o			▶	577,262.
	and the state of t	(=) made oqual i om		Clarini (D), IIIIC	, 0(0)-/		ule D (Form 990) 2012
						ocned	we & COUN 99012012

Schedule D (Form 990) 2012			Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, li	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		· · · · · · · · · · · · · · · · · · ·	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Serm 000 Port V I	in a 12	
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	alue
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>	Control of the Contro	
Part IX Other Assets. See Form 990, Part	···		
AL OFFICE ACCEPTO	(a) Description		(b) Book value
(1) OTHER ASSETS (2) BENEFICIAL INT TRUSTS			7,400 160,480
			100,400
(3) (4)			
(5)			
(6)			
(7)			·
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		167,880
Part X Other Liabilities. See Form 990, Pa	art X, line 25.		
1. (a) Description of liability	(b) Book va	lue	
(1) Federal income taxes			
(2) GIFT ANNUITY LIABILITY	37	,308.	
(3)			
(4)			*
(5)			
(6)			2.2
(7)			
(8)			
(9)			
(10)		The state of the state of	
(11) Total (Column (h) must equal Form 990, Part V, col. (R) line	251 27	,308.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<i>25.</i>) ► 37.	, <u>500</u> .	

Schedu	le D (Form 990) 2012				Page 4
Part		/ith R	Revenue per Retui	rn	, ago i
1	Total revenue, gains, and other support per audited financial statements			11	2,327,412.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	43,027		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c		1	
ď	Other (Describe in Part XIII.)			1	
e	Add lines 2a through 2d		<u> </u>	2e	43,027.
3	Subtract line 2e from line 1			3	2,284,385.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i · ·			· · · · · · · · · · · · · · · · · · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			1	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,284,385.
Part					
1	Total expenses and losses per audited financial statements		zyponoco po:o.	1	1,471,836.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • •			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1 1	
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d		1	2e	
3	Subtract line 2e from line 1			3	1,471,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i · ·	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1 1	
С	Add lines 4a and 4b		<u> </u>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))			1,471,836.
Part					
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also				
SE	E PAGE 5				
-				· 	
	· · · · · · · · · · · · · · · · · · ·				
				Sched	ule D (Form 990) 2012

Part XIII Supplemental Information (continued)

PURPOSE OF ENDOWMENT

PART V LINE 4

THE ENDOWMENT IS TO PROVIDE FUNDING FOR AN ANNUAL INTERNSHIP.

TEXT OF FIN 48 FOOTNOTE FROM FINANCIAL STATEMENTS

PART X LINE 2

THE INSTITUTE EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2012 AND 2011, THERE WERE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE INSTITUTE RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2009 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Name of the organization Employer identification number CLARE BOOTHE LUCE POLICY INSTITUTE 54-1672138 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants е Х b Internet and email solicitations f Solicitation of government grants c Phone solicitations Special fundraising events g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 HSP DIRECT HERNDON, VA 20170 DIRECT MAIL X 25,649 236,357 210,708. Total 236,357 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

_	^
Page	_

Τ	gross receipts greater than \$5,00	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
1				· · · · · · · · · · · · · · · · · · ·	
1	Gross receipts				
2	Less: Contributions				
1	Gross income (line 1 minus				
_	line 2)				
	Cash prizes				
	Noncash prizes				
6	Rent/facility costs				
7	' Food and beverages				
,	B Entertainment				
`					
1	Other direct expenses				
10	Direct expense summary. Add lines 4	through 9 in column (c	4)	•	
11					,
_		, column (d), and mic	10	<u> </u>	
	III Gaming. Complete if the orga	nization answered "			orted more
art		nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	
art	III Gaming. Complete if the orga	nization answered "			orted more (d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E	nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
art	III Gaming. Complete if the orga	nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E	nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue	nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue	nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue	nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue	nization answered " Z, line 6a.	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue	anization answered "Z, line 6a. (a) Bingo	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue	anization answered "Z, line 6a. (a) Bingo	Yes" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Anization answered "Z, line 6a. (a) Bingo Yes No	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No	t IV, line 19, or report (c) Other gaming Yes%	(d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue	Anization answered "Z, line 6a. (a) Bingo Yes No	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No	t IV, line 19, or report (c) Other gaming Yes%	(d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes No hinzation answered "Z, line 6a. (a) Bingo	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No	t IV, line 19, or reported (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Combin	Yes No through 5 in column d, an	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No No	t IV, line 19, or reported (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
art	### Gaming. Complete if the organization \$15,000 on Form 990-E. ### Gross revenue	Yes	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No Id line 7	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue	Yes	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No No d line 7	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
art	Gaming. Complete if the orgathan \$15,000 on Form 990-E. Gross revenue	Yes	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No d line 7	Yes%	(d) Total gaming (add col. (a) through col. (c))
art	### Gaming. Complete if the orgathan \$15,000 on Form 990-E. ### Gross revenue	Yes	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No No d line 7	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
art a li a l	### Gaming. Complete if the organization is gaming. Complete if the organization is gaming. If the organization is gaming life. ###################################	Yes	Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo Yes% No No d line 7	Yes % No	(d) Total gaming (add col. (a) through col. (c)) (Yes No

Sched	ule G (Form 990 or 990-EZ) 2012
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	Name ►
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other events are printing.
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE J (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer identification number

54-1672138

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:			Х
a L	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
b	Participate in, or receive payment from, a supplemental hondualined retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	40 4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	46		
	The to any of miles to of the persons and provide the approach amounts for each form in that the			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Χ
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Page 2

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation				
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) Netheritation	(U) Nontaxable benefits	(E) (i)-(D) (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
MICHELLE EASTON	€	203,500.				0	203,500.	0
1 PRESIDENT & DIRECTOR	€	 	0		0	0	1	0
	(E)							
2	(ii)		1 1 1 1 1 1 1					! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
	(2)							
3	€	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	€							
4	(ii)		i I	 		 		
	(i)					1		
5	(1)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(i)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					
9	(ii)							1 1 1 1 1 1 1 1
	€							
7	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	€							
8	(ii)			† † † † 	: : : : : : : : : : : : : : : : : : :			
	E						1	
6	€							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					
10	€							
	i							
	(E)							
	<u>. i</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12	(E)							: : : : : : : :
	i	 	1					
13	(E)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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JSA 2E1291 1.000

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2012

PAGE 31

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

20**12**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization
CLARE BOOTHE LUCE POLICY INSTITUTE

Inspection Employer identification number

54-1672138

Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of	(d) f determining tribution amounts
1	Art - Works of art	·				
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods		Military 2 and Landida			
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	5.	38,389.	FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	F					
23	Scientific specimens					
24 25	Archeological artifacts					
26	Other ►() Other ►()					
27	Other ►()			-		
28	Other ►()					
29	Number of Forms 8283 received by	ov the oras	unization during the tay ve	ar for contributions for		
20	which the organization completed F				29	NONE
	which the organization completed i	om 0200,	raitiv, bonce not nowledg	Cinone	(Yes No
30 a	During the year, did the organizati	on receive	by contribution any prope	rty reported in Part I, line	s 1-28 that	
	it must hold for at least three year		- · · ·	•		
	used for exempt purposes for the en					30a X
b	If "Yes," describe the arrangement in					
31	Does the organization have a		ance policy that requires	s the review of any n	on-standard	
	contributions?	-	· · · · · · · · · · · · · · · · · · ·	<u> </u>		31 X
32 a	Does the organization hire or use	third parti	es or related organizations	s to solicit, process, or s	ell noncash	
	contributions?	-		· ·		32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked,	
	describe in Part II.		• • •	•	-	

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

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012)

Part II

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer identification number 54-1672138

PROCESS OF REVIEW FOR 990

FORM 990 PART VI LINE 11B

ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AS WELL AS THE LEGAL COUNSEL REVIEW THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

DETERMINING COMPENSATION

FORM 990 PART VI LINE 15B

THE COMPENSATION COMMITTEE OF THE BOARD WHICH INCLUDES BOARD MEMBERS WHO DO NOT HAVE A FINANCIAL OR CONFLICT OF INTEREST MET TO DISCUSS THE PRESIDENT'S SALARY. THE COMMITTEE REVIEWS COMPARABLE PAY SCALES FOR CEOS OF NUMEROUS OTHER MAJOR CONSERVATIVE NON-PROFIT ORGANIZATIONS. COMMITTEE REFERENCES TO FORM 990S OBTAINED FROM GUIDESTAR AND SALARIES REPORTED ON CHARITY NAVIGATOR'S INTERNET SITE. THE COMMITTEE CONSIDERS THE PRESIDENT'S EXCLUSIVE AND FULLTIME COMMITMENT TO THE ORGANIZATION, SEVENTEEN YEARS EXPERIENCE AS A FOUNDATION EXECUTIVE, TRAINING AS AN ATTORNEY, PRESIDENTIAL APPOINTMENTS CONFIRMED BY THE US SENATE, EXTENSIVE CONTACTS IN THE CONSERVATIVE COMMUNITY, AND THE HOURS WORKED AS FACTORS IN SETTING THE SALARY AND BENEFITS. THE LAST YEAR THIS PROCESS WAS UNDERTAKEN WAS 2010. THERE WAS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED FORM 990 PART VI LINE 17

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS,

Employer identification number 54-1672138

NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

DISCLOSURE OF DOCUMENTS

FORM 990 PART VI LINE 19

OUR FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE. OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS

FORM 990 PART XI LINE 9

CHANGE IN VALUE OF ANNUITIES

(\$1,672)

CHANGE IN VALUE OF TRUSTS

20,545

TOTAL OTHER CHANGES IN NET ASSETS

\$18,873