Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

Cheer of organization D Employer Identification number	A	ror the	ZU15 calenda	r year, or tax year beginning , 2015,	and ending		, 20
Number and streat (or PO box, if mail is not delivered to streat accrees) Rocm/suite E Telephone number	В	Check if applicable		C Name of organization		D Employer	identification number
Po Box 1676		Address change		NATIONAL POLICY INSTITUTE INC		52-12	59838
PO BOX 1676 City or town, state or provence, country, and ZIP or foreign postal code F Group Exemption Number Application pending MITTEPTSH, MT 59937 Number Parameter		Name char	nge	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telephone	number
Amended return Ame	Ц	Initial retur	n I				
Application pending		Final returi	n/terminated			(406)	356-6597
S Accounting Method	Ц	Amended i	return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exe	mption
Website:	Ц	Application	pending	WHITEFISH, MT 59937			
Tax-exempt status (check only one) Sorick Sorick Association Defended in the property of the prope	G	Account	ing Method		F	f Check ► 🛚	if the organization is not
Form of organization Corporation Trust Association Other	1	Website	: ►			required to atta	ich Schedule B
Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	J	Tax-exe	mpt status (d	theck only one) - 🗶 501(c)(3) 🔲 501(c)() ◀ (insert no) 🔲 4947(a)(1) or 527	(Form 990, 990	D-EZ, or 990-PF)
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part 1 Contributions, grifs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from fundraising events a Gross income from fundraising events from fundraising events (not including \$ of contributions from fundraising events (not including \$ for funded for funded fundraising events (not including \$ for funded for funded fundraising events (not including \$ for funded for funded fundraising events (not including \$ for funded for funded fundraising events (not including \$ for funded for funded fundraising events (not including \$ for funded for funded fundraising events (not including \$ for fundraising events (not includin	K	Form of	organization		er		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part	L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 c	or more, or if total	assets	
Check if the organization used Schedule O to respond to any question in this part	(Pa	art II, colu					
1 Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 P 9 145, 671 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits baid to or for members			Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	alances (see the	ne instructions	for Part I)
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A investment income Investment	~	2	Program ser	vice revenue including government fees and contracts	o		48,924
5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 13 14 15 15 16 16 17 16 17 17 18 18 18 18 18 18 19 19 10 10 11		3	Membership	dues and assessments	· NAL · · ! .	J. 2 .5 U. 12.	8
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 15b Line 5b from line 5a) 6a 6b 6c 7a 7b 7c 11 11		4	investment i	ncome			ăL
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a Gross income from gaming (attach Schedule G if greater than \$15,000)		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5	C-#
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sum of such gross income and contributions exceeds \$15,000)	_		Gross incom	e from gaming (attach Schedule G if greater than			
sum of such gross income and contributions exceeds \$15,000)	Ę		\$15,000)	· · · · · · · · · · · · · · · · · · ·	6a		
sum of such gross income and contributions exceeds \$15,000)	Š	b	Gross incom	e from fundraising events (not including \$	of contribution	ons 💮	in vi
c Less direct expenses from gaming and fundraising events	æ		from fundras	sing events reported on line 1) (attach Schedule G if the			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			sum of such	gross income and contributions exceeds \$15,000)	6b		
Inne 6c)		C	Less direct	expenses from gaming and fundraising events	6c		
7a Gross sales of inventory, less returns and allowances		d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract		
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 145,671 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11		7a	Gross sales	of inventory, less returns and allowances	7a		14 t
8 Other revenue (describe in Schedule O)		b	Less cost of	goods sold · · · · · · · · · · · · · · · · · · ·	7b		· · · · · · · · · · · · · · · · · · ·
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7.	c
10 Grants and similar amounts paid (list in Schedule O)		8	Other revenu	ie (describe in Schedule O)		8	· · · · · · · · · · · · · · · · · · ·
11 Benefits paid to or for members		9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	▶ 9	145,671
		10	Grants and s	, ,		<u> </u>	0
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances, see the separate instructions.			Benefits paid		. <i>.</i>	· · · · · · <u> 1</u> '	1
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Form Paperwork Reduction Act Notice, see the separate instructions.		12	Salaries, oth	er compensation, and employee benefits		1:	2 13,275
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Total expenses. Add lines 10 through 16 23 Total expenses. Add lines 10 through 16 24 Total expenses. Add lines 10 through 16 25 Total expenses. Add lines 10 through 16 26 Total expenses. Add lines 10 through 16 27 Total expenses. Add lines 10 through 16 28 Total expenses. Add lines 10 through 16 29 Total expenses. Add lines 10 through 16 20 Total expenses. Add lines 10 through 16 20 Total expenses. Add lines 10 through 16 21 Total expenses. Add lines 10 through 16 22 Total expenses. Add lines 10 through 16 23 Total expenses. Add lines 10 through 16 24 Total expenses. Add lines 10 through 16 25 Total expenses. Add lines 10 through 16 26 Total expenses. Add lines 10 through 16 27 Total expenses. Add lines 10 through 16 28 Total expenses. Add lines 10 through 16 29 Total expenses. Add lines 10 through 16 20 Total expenses. Add lines 10 through 16 20 Total expenses. Add lines 10 through 16 20 Total expenses. Add lines 10 through 16 21 Total expenses. Add lines 10 through 16 22 Total expenses. Add lines 10 through 16 22 Total expenses. Add lines 10 through 16 23 Total expenses. Add lines 10 through 16 24 Total expenses. Add lines 10 through 16 25 Total expenses. Add lines 10 through 16 26 Total e	35e	13	Professional	fees and other payments to independent contractors		<u> 1</u> :	3 33,362
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 For Paperwork Reduction Act Notice, see the separate instructions.	<u></u>	14	Occupancy,	rent, utilities, and maintenance		1.	1,844
16 Other expenses (describe in Schedule O)		15	Printing, pub	lications, postage, and shipping	. <i>.</i>	· · · · · <u> 1</u> :	5 9,692
17 Total expenses. Add lines 10 through 16	ക	16	Other expens	ses (describe in Schedule O)		1	6 97,914
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	€_	17	Total expen	ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		▶ 1	7 156,087
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)	, ,	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		1	8 (10,416
end-of-year figure reported on pnor year's return)		19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must ag	ree with		
20 Other changes in net assets or fund balances (explain in Schedule O)	變		end-of-year f	igure reported on prior year's return)		L	9 14,792
21 Net assets or fund balances at end of year Combine lines 18 through 20	7	20	Other change	es in net assets or fund balances (explain in Schedule O)		2	0
Form 990-EZ (2015)	1	21	Net assets o	r fund balances at end of year Combine lines 18 through 20	<u> </u>	▶ 2	1 4,376
	For	Paperv	vork Reduction	on Act Notice, see the separate instructions.			Form 990-EZ (2015)

Balance Sheets (see the instructions for Part II)	IE INC		<u> </u>	2236	1 age 2
Check if the organization used Schedule O to respond to	any question in this Pa	rt II			
			ginning of year		(B) End of year
22 Cash, savings, and investments			8,884	22	90
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			5,908	24	4,286
25 Total assets			14,792	25	4,376
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree w	with line 21)		14,792	27	4,376
Statement of Program Service Accomplis				 - 	
Check if the organization used Schedule O to respond to		•	П		Expenses
What is the organization's primary exempt purpose? SEE SCHEDUI		210111		┤ (Req	uired for section
SEE SCHEDOI	LE 0			501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each				organ	nizations, optional for
as measured by expenses In a clear and concise manner, describe the persons benefited, and other relevant information for each program title		number of		other	z)
				 	T
28 HOSTED TWO INTERNATIONAL CONFERENCES IN WA				1	
THE SUBJECTS OF U.S. AND INTERNATIONAL SOC	CIAL AND CULTUR	(ALL		}	
ISSUES. (Grants \$) If this amount inc	oludos foreiro econte o	hadi bara	▶ □	28a	CE 240
	cludes foreign grants, c		····	20a	65,349
29 PUBLISHED TWO BOOKS ANALYZING HISTORICAL A	AND EDUCATIONAL	<u> </u>		}	
ISSUES.	· -			ļ	
(Constant)				20-	00.505
 	cludes foreign grants, c		· · · · ▶ ∐	29a	23,526
30 MAINTAINED WEBSITE CONTAINING ORIGINAL WRI	ITING ON SOCIAL	·,		1	
CULTURAL AND SCIENTIFIC MATTERS.					
					
	cludes foreign grants, c	heck here · · ·	· · · · ▶ <u></u>	30a	24,584
times program continues (2000in20 in Continue C)				}	
	cludes foreign grants, c			31a	
	<u> </u>			32	113,459
List of Officers, Directors, Trustees, and Key Employ			- see the instruc	tions f	or Part IV)
Check if the organization used Schedule O to respond to	any question in this Pa	art IV · · · ·	· · · · · · · · · · · · · · · · · · ·	···;	<u> </u>
	(b) Average	(c) Reportable	(d) Health benefits	1	(e) Estimated amount of
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to emp benefit plans, an		other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensa		<u> </u>
RICHARD SPENCER			ì	i	
PRESIDENT/DIRECTOR	40.00	13,275		0	0_
WILLIAM H REGNERY					
DIRECTOR	10.00	0	<u> </u>		0_
JOHN GARDNER				1	
SEC/TREAS/DIRECTOR	1.00	0	<u> </u>	0	0
ANTHONY HILTON					
DIRECTOR	1.00]	<u> </u>	o	0_
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FCA	<u></u>		<u></u>		F 688 FF (683-F
EEA					Form 990-EZ (2015)

Form	P990-EZ (2015) NATIONAL POLICY INSTITUTE INC 52-12596 Other Information (Note the Schedule A and personal benefit contract statement requirements in the	338		Page :
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. П
	mandations for Fait V) Check if the organization used Schedule O to respond to any question in this Fait V	 -	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		-	1
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	The state of the s			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	•	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a				
b	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	I Name of Street	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 200		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		7. 75	E.
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			(Fee)
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			d'
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,	49,50	1	بالله ا
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			\$
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► RICHARD SPENCER Telephone no ► 406-3	56-6	597	
	Located at ▶ PO BOX 1676, WHITEFISH, MT ZIP+4 ▶ 59937	<u>' </u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country	Take 1	4 68 6 4	ويذا
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	are by the	10-24-4	1415
	Financial Accounts (FBAR)		X	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		_X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	, [
	and enter the amount of tax-exempt interest received or accrued during the tax year		·	
		Prof. Contra	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
45	explanation in Schedule O	44d	<u> </u>	+
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	b inicial products	X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1	V 4.3	

meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

52-1259838

Page 4

NATIONAL POLICY INSTITUTE INC

Form 990-EZ (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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Name	or the	organization					Employer identific	ation number	
NAT	ION	AL POLICY INSTITUTE INC					52-12598	38	
		Reason for Public Charity	y Status (All o	rganizations must c	omplete	this par	t.) See instruction	าร	
The	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 11, check only	one box)				
1		A church, convention of churches, or a	association of chur	ches described in sectio i	n 170(b)(1))(A)(i).			
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	chedule E (Form 990 or 9	990-EZ))				
3		A hospital or a cooperative hospital se	rvice organization	described in section 170	(b)(1)(A)(ii	ii).			
4		A medical research organization opera	ated in conjunction	with a hospital described	ın section	170(b)(1)	(A)(iii). Enter the		
		hospital's name, city, and state							
5		An organization operated for the bene	fit of a college or u	niversity owned or operat	ed by a go	vernmenta	il unit described in		
		section 170(b)(1)(A)(iv). (Complete F	Part II)						
6		A federal, state, or local government of	or governmental un	it described in section 17	70(b)(1)(A)	(v).			
7	X	An organization that normally receives	s a substantial part	of its support from a gove	emmental	unit or fron	n the general public		
		described in section 170(b)(1)(A)(vi).	(Complete Part II)					
8		A community trust described in section	on 170(b)(1)(A)(vi).	. (Complete Part II)					
9		An organization that normally receives			contributio	ns, membe	ership fees, and gross	3	
		receipts from activities related to its ex	kempt functions - s	ubject to certain exceptio	ns, and (2)	no more t	han 33 1/3% of its		
		support from gross investment income	e and unrelated but	siness taxable income (le	ss section	511 tax) fr	om businesses		
		acquired by the organization after Jun	e 30, 1975 See s e	ection 509(a)(2). (Comple	ete Part III))			
10		An organization organized and operate	ed exclusively to te	st for public safety. See s	ection 50	9(a)(4).			
11		An organization organized and operat	ed exclusively for t	he benefit of, to perform t	he function	ns of, or to	carry out the purpose	s of	
		one or more publicly supported organi	zations described	in section 509(a)(1) or se	ection 509	(a)(2) See	e section 509(a)(3). C	heck	
		the box in lines 11a through 11d that d	lescribes the type of	of supporting organization	and comp	lete lines 1	11e, 11f, and 11g		
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its su	ipported or	ganızatıon	(s), typically by giving		
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dir	ectors or to	rustees of the support	ing	
		organization You must complete	e Part IV, Sections	s A and B.					
	b	Type II. A supporting organization	supervised or cor	trolled in connection with	its suppor	ted organiz	zation(s), by having		
		control or management of the sup	porting organization	on vested in the same per	sons that o	control or n	nanage the supported	I	
		organization(s) You must comp	ete Part IV, Section	ons A and C.					
	C	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	and funct	ionally integrated with	,	
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections.	A, D, and	E.		
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its su	pported organization(s)	
		that is not functionally integrated	The organization g	enerally must satisfy a dis	stribution re	equiremen	t and an attentivenes:	S	
		requirement (see instructions) You	ou must complete	Part IV, Sections A and	D, and Pa	art V.			
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III		
		functionally integrated, or Type III	non-functionally in	tegrated supporting orgar	nization				_
	f	Enter the number of supported organi	zations						
	<u>g</u>	Provide the following information about	t the supported or	ganızatıon(s)					
	(i)	Name of supported organization	(iı) EIN	(uii) Type of organization	(IV) Is the o	_	(v) Amount of monetary	(vi) Amount of	
		l		(described on lines 1-9 above (see instructions))	listed in you	ir governing ent?	support (see instructions)	other support (see instructions)	
						·····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					Yes	No			
(A)						ļ			
					-				
(B)									
						ļ			
(C)						ĺ			
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(D)		,				1			
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(E)						į	ĺ		
				<u> </u>					
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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.)

<u> 5ec</u>	tion A. Public Support						<u></u> -		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	101,541	94,930	62,182	95,856	96,747	451,256		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	101,541	94,930	62,182	95,856	96,747	451,256		
5	The portion of total contributions by	tree sections and and an advent	entransity and a second		reas, kun in unu nya isin isan				
	each person (other than a								
	governmental unit or publicly					and the second			
	supported organization) included on		VI (11 12 12 12 12 12 12 12 12 12 12 12 12 1			Contract de britant de la contract d			
	line 1 that exceeds 2% of the amount	1.025					45.054		
6	shown on line 11, column (f)					100	15,974		
	Public support. Subtract line 5 from line 4 · · · tion B. Total Support			<u> 19. koj pri Grana Piloja.</u>			435,282		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	101,541	94,930	62,182	95,856	96,747	451,256		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18	2				20		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10	A COLUMN NO LIANS	THE SECTION SE	الرائية المرائية الم الموسيقة المرائية ال	og a logger og bytar er Garage	The second secon	451,276		
12	Gross receipts from related activities, etc. (see instructions)				12			
13	First five years. If the Form 990 is for the organization, check this box and stop here	· • • • • • • • • • • • • • • • • • • •		or fifth tax year as	a section 501(c)(3) <u>.</u>	▶ 🗆		
Sec 14	tion C. Computation of Public S								
1 4 15	Public support percentage for 2015 (line 6,	• • • • • • • • • • • • • • • • • • • •	•	, ,			6.46 %		
	Public support percentage from 2014 Sche						5.00 %		
IVa	33 1/3% support test - 2015. If the organize box and stop here. The organization qualif						▶ 🏻		
b		, , ,	. •				🔼		
-	check this box and stop here. The organiza			•	·		▶ □		
17a	10%-facts-and-circumstances test - 2015		• • •	•					
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization · · · · · · · · · · · · · · · · · · ·								
b	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.								
	Explain in Part VI how the organization mee					у			
				= -		-	▶ 🔲		
18	Private foundation. If the organization did	not check a box on	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see				
	instructions	. <u></u>	<u>.</u>			. <u>.</u> . <u></u>	▶ □		
FΔ						Sahadula A /Form 9	90 or 990 EZ) 2015		

990 or 990-EZ) 2015

NATIONAL POLICY INSTITUTE INC

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

SEL	Luon A. Fublic Support						
Cale	ondar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	- (f) Total
1	and a series and a						
2	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			1			
2			 	 	 		
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	İ						
•	Tax revenues levied for the organization's benefit and either paid		ļ				
	to or expended on its behalf		<u></u>				
5	The value of services or facilities						
•	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5			<u> </u>		-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
h	Amounts included on lines 2 and 3						
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000			1		İ	
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b			 	 	 	
_			200000000000000000000000000000000000000		 		100 Table
8	Public support. (Subtract line 7c from line 6)			t konst i serienggen i it		1	
Sec	ction B. Total Support		A COMPANY OF THE PROPERTY OF THE PARTY OF THE	to company of the second			
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	L					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources			 			
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	 -	 	 	 	1	
				 	1		
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on · · ·						
2	Other income Do not include gain or				-		
	loss from the sale of capital assets		1			1	
	(Explain in Part VI)		ļ	ļ			
13	Total support. (Add lines 9, 10c, 11,		1			1	
4	and 12)	<u> </u>	1				
4	First five years. If the Form 990 is for the orgonganization, check this box and stop here				is a section 501(c)(▶ □
Sec	tion C. Computation of Public Su					 	
5	Public support percentage for 2015 (line 8, co	olumn (f) divided by	y line 13, column (f)) - · · · ·		. 15	
	Public support percentage from 2014 Schedu					. 16	
	tion D. Computation of Investme					,	
	Investment income percentage for 2015 (line			olumn (f)) · ·	· · · · · · · · · · · · · · · · · · ·	. 17	
	Investment income percentage from 2014 Sc					. 18	
9a	33 1/3% support tests - 2015. If the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if						
	33 1/3% support tests - 2014. If the organiza	ation did not check	a box on line 14 c	or line 19a, and line	e 16 is more than 3	3 1/3%, and	⊾ □
_	line 18 is not more than 33 1/3%, check this be Private foundation. If the organization did no		_	•			
EA	ato roundation, it the organization did no	A CHECK & DUX UIT	1130, UI 191	, check this box a	ind see manucuons		A (Form 990 or 990-EZ)

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Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	dule A (Form 990 or 990-EZ) 2015 NATIONAL POLICY INSTITUTE INC		52-125	9838 Page
272	Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
7	Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
	other Type III non-functionally integrated supporting organizations must comp	piete	Sections A through E	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1	 	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	T		
CC	ellection of gross income or for management, conservation, or	1		1
m	aintenance of property held for production of income (see instructions)	6	}	
7	Other expenses (see instructions)	7		T
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		T
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		BARTON TO THE STATE OF THE STAT	
ın	structions for short tax year or assets held for part of year).	392. 6 13	enter man el communicación el contrato de las estados el contrato del 1920 de 1990 de 1990 de 1990 de 1990 de Las comos el communicación de contratos de las estados en contratos de 1990 de 1990 de 1990 de 1990 de 1990 de	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI).	***	ng minggapan kan kan kan kan mengan mengan Manan mengangan kan mengan mengan mengan mengan mengan mengan mengan mengan mengan mengan mengan mengan mengan	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		<u> </u>
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			7
se	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

em	ergency tei	nporary reduction (see instructions)	6	فيحرمتها باراته تحجم الهالم		
7	Check	here if the current year is the organization's first as a non-functionally-i	ntegrated	Type III supportin	g organizatio	n (see
	instruct	ions)				

3

4

5

2 Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year							
	Section D - Distributions						
	Amounts paid to supported organizations to accomplish exen						
	Amounts paid to perform activity that directly furthers exempt	1					
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions				
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI) See instructions						
7_	Total annual distributions. Add lines 1 through 6.		<u></u>				
	Distributions to attentive supported organizations to which the	e organization is respons	sive				
	(provide details in Part VI). See instructions						
	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
s 	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
	Distributable amount for 2015 from Section C, line 6						
	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015						
_ a							
_ <u>b</u>							
C							
	From 2013						
	From 2014						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
	Carryover from 2010 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
	Distributions for 2015 from Section	{					
	D, line 7 ⁻ \$						
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
	Remainder Subtract lines 4a and 4b from 4.						
	Remaining underdistributions for years prior to 2015, if						
	any Subtract lines 3g and 4a from line 2 (if amount	i					
	greater than zero, see instructions).						
	Remaining underdistributions for 2015. Subtract lines 3h)					
	and 4b from line 1 (if amount greater than zero, see]					
	instructions)						
	Excess distributions carryover to 2016 Add lines 3j]					
	and 4c.						
8	Breakdown of line 7:						
a							
b							
	Excess from 2013 · · · ·						
	Excess from 2014						
е	Excess from 2015						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015

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Name of the organization Employer identification number NATIONAL POLICY INSTITUTE INC 52-1259838 01. General explanation attachment FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE NATIONAL POLICY INSTITUTE CONDUCTS RESEARCH AND NONPARTISAN ANALYSES AND EDUCATION ON PUBLIC ISSUES, INCLUDING SOCIAL, CULTURAL, AND GOVERNANCE ISSUES AFFECTING THE UNITED STATES AND OTHER NATIONS IN THE WORLD. 02. Description of other expenses (Part I, line 16) TUUOMA DESCRIPTION DEPRECIATION FROM 4562 1,622 533 ADVERTISING BANK CHARGES 2,158 INTERNET 8,545 CREDIT CARD FEES 5,359 TELEPHONE AND COMMUNICATIONS 3,475 OFFICE SUPPLIES 5,355 TRAVEL 7,018 CONFERENCES/MEETINGS 63,849 03. Description of other assets (Part II, line 24) CATEGORY BEGINNING OF YEAR END OF YEAR COMPUTERS AND EQUIPMENT 5,908 4,286