Form

Return of Organization Exempt From Income Tax

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.

2016 Open to Public

OMB No. 1545-0047

Department of the Treasury Inspection ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Internal Revenue Service For the 2016 calendar year, or tax year beginning 10/01/16, and ending 09/30/17 D Employer Identification number C. Name of ocoanization Check if applicable: EMPIRE CENTER FOR PUBLIC POLICY, IN Address change 46-1987418 Doing business as Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) 518-434-3100 100 STATE STREET, SUITE 410 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ 1,079,435 terminated G Gross receipts\$ ALBANY NY 12207 Amended return Name and address of principal officer. H(a) Is this a group return for subordinates? Application pending TIM HOEFER Yes H(b) Are all subordinates included? 100 STATE STREET If "No," attach a list. (see instructions) NY 12207 ALBANY X 501(c)(3)) (insert no.) 4947(a)(1) or 501(c) (Tax-exempt status: WWW.EMPIRECENTER.ORG H(c) Group exemption number Website: Year of formation: 2013 M. State of legal domicile: X Corporation Trust Association Form of organization: Summary Part I 1 Briefly describe the organization's mission or most significant activities: TO MAKE NEW YORK A BETTER PLACE TO LIVE AND WORK BY PROMOTING PUBLIC POLICY Activities & Governance REFORMS GROUNDED IN FREE-MARKET PRINCIPLES, PERSONAL RESPONSIBILITY, AND THE IDEALS OF THE EFFECTIVE AND ACCOUNTABLE GOVERNMENT 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, line 34 Current Year 1,078,267 645,569 8 Contributions and grants (Part VIII, line 1h) 0 Revenue 9 Program service revenue (Part VIII, line 2g) 168 120 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,100 .000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 647,789 1,079,435 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 734,460 569,180 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 39,700 35,000 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,000 299,477 298,606 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,068,937 907,486 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,498 -259,697 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 460,548 448,141 20 Total assets (Part X, line 16) 41,610 39,700 21 Total liabilities (Part X, line 26) 418,938 408,441 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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 belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign EXECUTIVE DIRECTOR TIM HOEFER Here

Type or print name and title if PTIN Check PrintType preparer's name self-employed Paid DAVID M. STACKROW 14-1637151 STACKRÓW & COMPANY, PC Firm's EIN Preparer SCOTT, 314 HOOSICK ST Use Only 518-274-9081 TROY, NY 12180-2073 Firm's address Yes No

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

_	990 (2016) EMPIRE CENTER			46-198741	8
Pa	ort III Statement of Program S Check if Schedule O con			in this Part III	
1	Briefly describe the organization's mission				
T	O MAKE NEW YORK A BE EFORMS GROUNDED IN F	TTER PLAC! REE-MARKE!	T PRINCIPLES	, PERSONAL	RESPONSIBILITY, AND
1	HE IDEALS OF THE EFF	ECTIVE AND	D ACCOUNTABL	E GOVERNMEN	(T
2	Did the organization undertake any signif	icant program serv	loes during the year which	ch were not listed on ti	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on	Schedule O.			Yes [2
3	Did the organization cease conducting, o		changes in how it conduc	cts, any program	
	services?				Yes 2
	If "Yes," describe these changes on Scho				
4	Describe the organization's program servex expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	4) organizations are	e required to report the a		
4a	(Code:) (Expenses \$	722,425	including grants of \$) (Revenue \$
P	ROMOTING PUBLIC POLI	CY REFORMS	S FOR NEW YO	RK STATE.	
	*				
	(Code:) (Expenses \$		including grants of \$		
			,		
_	10.1		is absolute a south of C) (Revenue \$
4¢	(Code:) (Expenses \$		including grants of \$) (Mevenue \$
	*				
	• • • • • • • • • • • • • • • • • • • •				
2000	•				
4d	Other program services (Describe in Sch				
_	Other program services (Describe in Sch (Expenses \$ Total program service expenses >	nedule O.) including grants of 722,	of \$) (Revenue \$)

1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		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			1
	"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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	l		
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.	10	334525	X
"	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1999	SERVICE SERVIC	2000
a	complete Schedule D. Part VI	1		
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	111	X	-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	144		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	-	X
•	of its total assets reported in Part X, line 167 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	110		
_	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	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		٠	
	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	1		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	X
19	If "Yes," complete Schedule G, Part III	19		х
-	n 198, William Galedare G, Felt III	1 10		

		_	Yes	N
)a	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		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2
:	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
	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		2
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," enswer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		2
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Г
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			-
1	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		:
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		F.
,				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ach		:
	if "Yes," complete Schedule L, Part I	25b	_	H
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١.
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
	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			١.
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			20123
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	阿里斯	100000	33
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		
	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		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Г
	conservation contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Г
		31		
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
		32		
	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
		33		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		-	-
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	34		
	or IV, and Part V, line 1		-	
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		-	H
•	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	-
	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	-	L
	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,	1		
	Part VI	37	-	L
	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	I

in or a part of the	Check if Schedule O contains a response or note to any line in this					П
		1	1		Yes	No
	nter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	nter the number of Forms W-2G Included in line 1a. Enter -0- if not applicable	1b	0			
	id the organization comply with backup withholding rules for reportable payments to vendo	rs and				
	portable gaming (gambling) winnings to prize winners?			1c		-
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_			
	latements, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	7		10,500	188
	at least one is reported on line 2a, did the organization file all required federal employment			2b	X	
	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in			HEAR.	16980	500
	id the organization have unrelated business gross income of \$1,000 or more during the year			3a	\vdash	X
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S			3b		-
	any time during the calendar year, did the organization have an interest in, or a signature or, a financial account in a foreign country (such as a bank account, securities account, or		•			
	count)?	other imancial		1.		
	"Yes," enter the name of the foreign country:			4a	500153	X
	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and F	inancial Accoun	ite	· ##		
	BAR).	irianciai Accour	its			
•	as the organization a party to a prohibited tax shelter transaction at any time during the tax	Stean's		F0	95-49154	х
	d any taxable party notify the organization that it was or is a party to a prohibited tax shelte			5a		X
	Yes" to line 5a or 5b, did the organization file Form 8886-T?	i transactions		5c		-
	pos the organization have annual gross receipts that are normally greater than \$100,000, a	and did the		. 00		
	ganization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
	Yes," did the organization include with every solicitation an express statement that such c		• • • • • • • • • • • • • • • • • • • •	· · · ·		-
	its were not tax deductible?	Onthousions of		6b		1
-	rganizations that may receive deductible contributions under section 170(c).			00	5555	285
	d the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods				E
	d services provided to the payor?	, 8		7a	Spins	Se sove
	Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	d the organization sell, exchange, or otherwise dispose of tangible personal property for wi					
	quired to file Form 8282?			7c		
d If	Yes," indicate the number of Forms 8282 filed during the year	7d			200	
e Did	d the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract	?	7e		
f Did	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?		7f		
g Ift	the organization received a contribution of qualified intellectual property, did the organization	on file Form 889	99 as required?	7g		
h Ift	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file	e a Form 1098-C?	7h		
8 Sp	consoring organizations maintaining donor advised funds. Did a donor advised fund in	naintained by th	18	1		STATE OF
sp	onsoring organization have excess business holdings at any time during the year?			. 8		
9 Sp	consoring organizations maintaining donor advised funds.					
a Did	d the sponsoring organization make any taxable distributions under section 4966?			9a		_
b Did	d the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?		9b		
	ection 501(c)(7) organizations. Enter:			100000		
	tiation fees and capital contributions included on Part VIII, line 12					
	ross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	ection 501(c)(12) organizations. Enter:	11				議
	oss income from members or shareholders	11a				
	ross income from other sources (Do not net amounts due or paid to other sources				藤野	
	ainst amounts due or received from them.)			10	22125	4500
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lies			12a	STAR	5250
	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				是是
	ection 501(c)(29) qualified nonprofit health insurance issuers.			42-	62522	4465
	the organization licensed to issue qualified health plans in more than one state? oto. See the instructions for additional information the organization must report on Schedul	la O		. 13a	50,58	\$193
		io O.				
	nter the amount of reserves the organization is required to maintain by the states in which	13b				1000
	e organization is licensed to issue qualified health plans	130		- Free 1		
	nter the amount of reserves on hand d the organization receive any payments for indoor tanning services during the tax year?			14a	(SEE)(\$5)	х
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	Schedule O				-
DAA	100, 1100 A 1100 G 1 Other 120 to report these payments: If 110, provide an explanation in	Concodio C			m 990	1,000

Form 990 (2016) EMPIRE CENTER FOR PUBLIC POLICY, IN 46-1987418 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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. Enter the number of voting members included in line 1a, above, who are independent 5 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 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? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? х 8a X 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 malling 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.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If *No," go to line 13 12a х Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 Did the organization have a written whistleblower policy? 13 13 х Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 with a taxable entity during the year? 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 16b 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 ▶ NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

TIM HOEFER

financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: >

100 STATE STREET

(10)

(11)

DAA

0001 10/14/2020 8:52 AM							200			
Part VII Compensation								CY, IN 46-198 Key Employees, Hig		Fmployees and
Independent C	ontractors									Employees, and
								to any line in this Part t Compensated Employe		Ц
1a Complete this table for all perso organization's tax year.										
 List all of the organization's contraction 	urrent officers, o	irect	ors,	trust	ees	(whel	her	individuals or organization	s), regardless of amount o	f
 compensation. Enter -0- in columns List all of the organization's compensation. 									anlavae "	
 List the organization's five cur who received reportable compensation organization and any related organization 	rrent highest contion (Box 5 of Fo	mper	nsate	ed er	olan	vees	(oth	er than an officer, director,	trustee, or key employee)	
 List all of the organization's fo \$100,000 of reportable compensati 	rmer officers, ke	ey er eniza	nplo tion	yees and	, an	d high relate	nest d or	compensated employees	who received more than	
 List all of the organization's for 	rmer directors	or to	uste	es ti	hat r	eceiv	ed.	in the capacity as a former	director or trustee of the	
organization, more than \$10,000 of List persons in the following order: i	ndividual trustee	sor	ation direc	fron tors;	the ins	orga	niza nal t	ition and any related organ trustees; officers; key empl	izations. loyees; highest	
compensated employees; and forme					-1					
Check this box if neither the org		y rela	ated			ition c	om	1		
(A) Name and Title	(B) Average				C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week					than or		compensation from	compensation from related	amount of other
	(list any hours for	officer and a director/trustee)						the organization	organizations (W-2/1099-MISC)	compensation
	related	or on	Inst	Officer	Xoy.	er G	Former	(W-2/1099-MISC)	(W-21035-NI3C)	from the organization
	organizations below dotted	director	Institutional	18	employee	oyee oyee	Ř			and related organizations
	line)	individual trustee or director	al trustee		yoo	aban				
		*	stoo			Highest compensated employee				
(1) ANITA MACDOUGAL									10-10-10-10-10-10-10-10-10-10-10-10-10-1	
	1.00									
TREASURER	0.00	Х	-	Х	_	-		0	0	0
(2) CARL SCHRAMM	1.00									
BOARD MEMBER	0.00	x						0	0	0
(3) FRANK H. SUITS,	JR	-								
.,	1.00								150	
CHAIRMAN	0.00	X						0	0	0
(4) RICHARD IMPRESC										
DOZDE AMICENE	1.00									
BOARD MEMBER (5) KENNETH BOND	0.00	Х	-	-	-	\vdash	-	0	0	0
(5) NEWWEIT BOND	1.00									
BOARD MEMBER	0.00	x						0	0	0
(6) TIM HOEFER										
	40.00									
EXECUTIVE DIRECTOR	0.00	_		X				104,986	0	0
(7) EDMUND J. MCMAHO										
EMPLOYEE	0.00	1				x		145,385	0	0
(8) WILLIAM F. HAMM		-	-	-	-	1	_	145,365		
(O) HELIMATINA E 1 ILEMAN	40.00									
EMPLOYEE	0.00	1				x		103,000	0	0
(9)										
		1	1							

Form 990 (2016)

orm 990 (2016) EMPIRE	CENTER	FOR	PUBLIC	POLICY,	IN	46-1987418

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mp!	oyee	s, a	and Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week ((ist any	(C) Position (do not check more than o box, unless person is both officer and a director/truste						(D) Reportable compensation from the compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted fine)	or director	Institutional trustee	Officer	Kay amployee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
С	Sub-total Total from continuation she	ets to Part VII, S						>	353,371		
	Total (add lines 1b and 1c) . Total number of individuals (in reportable compensation from	cluding but not 1	mite	d to				bov	353,371 re) who received more than		
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual Did any person listed on line 1 for services rendered to the or	"complete Schede 1a, Is the sum nizations greater a receive or acc ganization? If "Y	dule of re than	J for port \$15	able 60,00	com com com	divide pens f "Ye	sations,"	on and other compensation complete Schedule J for sur	from the ch	Yes No 3 X 4 X 5 X
Sect 1	ion B. Independent Contractor Complete this table for your fire compensation from the organi	ve highest comp	ensa	ited i	inde	pend for t	ient o	cont	ractors that received more dar year ending with or with	than \$100,000 of nin the organization's tax ye	ear.
_		(A) business address							Descrip	(8) 6on of services	(C) Compensation
							_				
			_	_	_						
2	Total number of independent received more than \$100,000								ose listed above) who	0	
											Form 990 (2016)

Form 990 (2016) EMPIRE CENTER FOR PUBLIC POLICY, IN 46-1987418

	Check if Schedule			(A)		(C)	(D)
				Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
월 1a	Federated campaigns	1a					
g p	Membership dues	1b					
e c	Fundraising events	1c					
b d	Related organizations	1d					
E e	Government grants (contributions)	1e					
S f	All other contributions, gifts, grants,						
£	and similar amounts not included above	1f 1	1,078,267				
g g	Noncash contributions included in lines 1a-	-1£ \$					
h h	Total. Add lines 1a-1f			1,078,267			
			Busn. Gode				
2a							
6 b							
c							
d							
9							
3 1	All other program service reve			- 20			
- 8	Total. Add lines 2a-2f			120	ASSESSMENT OF LETTER AND		
1 3	Investment income (Including			168	168		
١.	and other similar amounts) Income from investment of tax			100	100		
1 4							
5	Royalties(i) Real		i) Personal				
1 60	Gross rents		ryretsonal				
1	Less: rental exps.						
1	Rental Inc. or (loss)	_					
1				2003,615c 1027-603511070311 710			Alles de compres de presidentes
	Gross amount from (i) Securities		(ii) Other				
	sales of assels other than inventory						
h	Less: cost or other						
"	basis & sales exps.						
	Gain or (loss)						
	Net gain or (loss)		>	on the property country from the same	100000000000000000000000000000000000000		
80	Gross income from fundraising eve						
3	Instinctudies \$	1					
2	of contributions reported on line 1c						
b	See Part IV, line 18						
5 b	Less: direct expenses	b					
5 6	Net income or (loss) from fund		s Þ				
	Gross income from gaming activities		100				
	See Part IV, line 19		3				
b	Less: direct expenses		18				
	Net income or (loss) from gan						
10a	Gross sales of inventory, less		1				
	returns and allowances	a					
	Less: cost of goods sold						
_ c	Net income or (loss) from sale	es of inventory			25 AND 1875 A COMMON TO LEGIS 2		
-	Miscellaneous Revenue		Busn. Code		4 000		
11a	HONORARIUM		813410	1,000	1,000		
b			1				
C							
	All other revenue			1,000			DESTRUCTION OF THE PARTY OF THE
	1111			1,079,435	1,168	(
12	Total revenue. See instruction	ns		1,019,433	1,100		1

Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22		75		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		- 8		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	105,000		105,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	479,852	447,259	32,593	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	55,688	55,688		
9	Other employee benefits	51,734	51,734	0.000	
10	Payroll taxes	42,186	32,260	9,926	
11	Fees for services (non-employees):		1		
	Management	37,245		37,245	
	Legal	8,561		8,561	
	Accounting	8,361		0,301	
	Lobbying	35,000			35,000
	Professional fundraising services. See Part IV, line 17	33,000		(1,000 pp (10 pp 1964	55,000
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	23,022		23,022	
12		5,043	5,043	20,702	
13	Office expenses	13,056		13,056	
14	Information technology	8,320		8,320	
15	Royalties				
16	Occupancy	23,160		23,160	
17	Travel	40,097	40,097		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,269	24,269		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,071		19,071	
23	Insurance	13,206	1,959	11,247	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a		64,718	64,116	602	
b	FIXED EXPENSES: CELL PHON	8,454		8,454	
c	FIXED EXPENSES: PARKING	6,242		6,242	
d	CONSULTANT: WEBSITE DEVEL	4,888		4,888	
	All other expenses	1 060 027	700 405	125 311,512	35,000
25	Total functional expenses. Add lines 1 through 24e	1,068,937	722,425	311,312	35,000
26	Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or r	ote to any line in	this Part X			П		
				(A) Beginning of year		(B) End of year		
1	Cash—non-interest bearing		374,969	1	395,020			
2	Savings and temporary cash investments				2			
3	Pledges and grants receivable, net				3			
4	Accounts receivable, net			4				
5	Loans and other receivables from current and forme	r officers, directo	rs.					
1	trustees, key employees, and highest compensated							
	Complete Part II of Schedule L							
6	Loans and other receivables from other disqualified	persons (as defir	ed under section		5			
1	4958(f)(1)), persons described in section 4958(c)(3)(10					
1	sponsoring organizations of section 501(c)(9) volunt				新聞			
	organizations (see instructions). Complete Part II of		6	The state of the s				
7			·····		7			
8					8			
9	Drangid avenuese and deferred charges			10,105		18,707		
1	Land, buildings, and equipment: cost or			10/200	HARRY TO	10,707		
1.00	other basis. Complete Part VI of Schedule D	102	94,055					
h			49,755	61,588	100	44,300		
11	Less: accumulated depreciation Investments—publicly traded securities			01,500	11	44,300		
12	Investments—other securities. See Part IV, line 11		·····					
13	Investments—pregram related See Part IV, line 11	·····		12				
14	Investments—program-related. See Part IV, line 11 Intangible assets				13			
1			1 470	14	0 501			
15	Other assets. See Part IV, line 11			1,479		2,521		
16	Total assets. Add lines 1 through 15 (must equal lin		448,141		460,548			
17	Accounts payable and accrued expenses			21,124		5,290		
18	Grants payable				18			
19	Deferred revenue				19			
20	Tax-exempt bond liabilities				20			
21	Escrow or custodial account liability. Complete Part				21	The second secon		
22	Loans and other payables to current and former office		128					
	trustees, key employees, highest compensated emp		2					
1	disqualified persons. Complete Part II of Schedule L				22			
23	Secured mortgages and notes payable to unrelated to	hird parties			23			
24	Unsecured notes and loans payable to unrelated thir	d parties			24			
25	Other liabilities (including federal income tax, payable				-			
	parties, and other liabilities not included on lines 17-2		1					
i	of Schedule D			18,576		36,320		
26	Total liabilities. Add lines 17 through 25			39,700	26	41,610		
	Organizations that follow SFAS 117 (ASC 958), cl	neck here 🕨 🛚	K and					
1	complete lines 27 through 29, and lines 33 and 34	4.	1					
27	Unrestricted net assets			393,441	27	398,938		
28	Temporarily restricted net assets			28				
29	Permanently restricted net assets		L	15,000	29	20,000		
	Organizations that do not follow SFAS 117 (ASC	958), check here	and					
	complete lines 30 through 34.							
30	Capital stock or trust principal, or current funds				30			
31	Paid-in or capital surplus, or land, building, or equipm	nent fund			31			
32	Retained earnings, endowment, accumulated income	e, or other funds			32			
33	Total net assets or fund balances			408,441	33	418,938		
34	Total liabilities and net assets/fund balances			448,141		460,548		

TER FOR PUBLIC POLICY, IN 46-1987418 Pa	ge 1:
contains a response or note to equilibrium.	
contains a response or note to any line in this Part XI III, column (A), line 12) IX, column (A), line 25)	X
IX, column (A), line (2) 1	
line 2 from line 1	
ginning of year (must organ) Dest V. Fig. 99	
	441
nvestments 5 6	
6	
6 7	
nd balances (explain in Schedule O)	
nd balances (explain in Schedule O) d of year. Combine lines 3 through 9 (must equal Part X, line	
o or year. Combine lines 3 through 9 (must equal Part X, line	
nts and Reporting	939
contains a response or note to any line in this Part XII	
a responde of note to any line in this Part XII	Ш
re the Form 990: Cash X Accrual Other	No
re the Form 990:	
of assessming from a prior year of checked. Other, explain in	
tatements compiled or reviewed by an independent accountant?	
cate whether the financial statements for the year were compiled or	Х
solidated basis, or both:	
[12022133533]	
lidated basis Both consolidated and separate basis	
latements audited by an independent accountant?	
ate whether the financial statements for the year were audited on a , or both:	
TRISTED CONTRACTOR	
lidated basis	
rganization have a committee that assumes responsibility for oversight	
of its financial statements and selection of an independent accountant?	Х
s oversight process or selection process during the tax year, explain in	
the experient to a series of the series of t	
the organization required to undergo an audit or audits as set forth in	
nar A-133?	X
to the required audit or audits? If the organization did not underso the	
y in Schedule O and describe any steps taken to undergo such audits	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2016

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer Identification number EMPIRE CENTER FOR PUBLIC POLICY, IN 46-1987418

Pa	rt l	Reas	son for Public Charity	Status (All organization	ns must o	complete	this part \ See instruction	07410					
The o	orga	nization is no	t a private foundation because	ise it is: (For lines 1 through 12	chock or	du one ho	this part. J dee manuch	JIIS.					
- 1	Ň	A church, o	onvention of churches, or as	sociation of churches describe	ed in each	ny 0116 50/	4)/4)/!\						
2	П	A school de	scribed in section 170(b)(1)	(A)(ii) (Attach Schedule E (E)	orm 000 or	000 5277	1)(A)(1)-						
3	П	A hospital o	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	H	A medical research emerization energial in equivation with a heartiful in											
	ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5	П		***************************************										
•	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
6	П	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Н	An organiza	tion that normally receives a	substantial part of its support	from a sec	70(D)(T)(A	()(V).						
	_	described in	nization that normally receives a substantial part of its support from a governmental unit or from the general public d in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	П			170(b)(1)(A)(vi). (Complete Pa	art II.)								
9	П	An agricultu	ral research organization de	scribed in section 170(b)(1)(A	Mix) oners	ted in con	junction with a land areat calls						
	_	or university	or a non-land grant college	of agriculture (see instructions). Enter th	e name, ci	tv. and state of the college or	ge					
		university:		, , , , , , , , , , , , , , , , , , , ,	,, =11to: til	0 1101110, 01	ty, and state of the conege of						
10	Х	An organizat	tion that normally receives: (1) more than 33 1/3% of its su	pport from	contributi	ons, membership fees, and or	nes					
		receipts from	n activities related to its exer	npt functions—subject to certa	ain excepti	ons, and (2	 no more than 33 1/3% of its 						
		support from	gross investment income a	nd unrelated business taxable	income (le	ess section	1511 tax) from businesses						
11		An arganizat	the organization after June 3	30, 1975. See section 509(a)(2). (Compl	ete Part III	.)						
12	\dashv	An organizat	ion organized and operated	exclusively to test for public sa	afely. See	section 50	09(a)(4).						
12		of one or mo	ton organized and operated	exclusively for the benefit of, t	o perform	the functio	ns of, or to carry out the purpo	oses					
		Check the bo	ox in lines 12a through 12d to	zations described in section 5	orting oros	section t	509(a)(2). See section 509(a)	(3).					
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the												
		supportin	ng organization. You must o	omplete Part IV, Sections A	and B.	y or are on	ectors or trustees of the						
	b			pervised or controlled in conn		its sunna	ted organization(e), by boying						
		control o	r management of the suppor	ting organization vested in the	same per	sons that	control or manage the support	l orl					
		organiza	tion(s). You must complete	Part IV, Sections A and C.	outile per	00110 (110)	out of manage the support	cu					
	c	Type III	functionally integrated. A s	supporting organization operate	ed in conn	ection with	, and functionally integrated w	/ith					
		its suppo	rted organization(s) (see Ins	tructions). You must complet	te Part IV,	Sections	A, D, and E.						
,	d	Type III i	non-functionally integrated	 A supporting organization or 	perated in	connection	with its supported organization	on(s)					
		that is no	ot functionally integrated. The	organization generally must	satisfy a di	stribution r	requirement and an attentiven	ess					
	. !	Chack th	is her if the essentiation see	nust complete Part IV, Section	ons A and	D, and Pa	art V.						
	e į	functiona	is nox ii the organization red Ilv integrated, or Type III no	eived a written determination i n-functionally integrated suppo	from the IF	S that it is	a Type I, Type II, Type III						
1	f	Enter the nur	mber of supported organizati	ons	nung organ	neation.							
				e supported organization(s).									
(i) N		of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of					
	orga	inization		(described on lines 1-10	tisted in yo	ur governing	support (see	other support (see					
				above (see instructions))		iment?	instructions)	instructions)					
,,,					Yes	No							
(A)			-				13						
(B)													
(C)													
(D)													
(F)	_												
(E)													
					E 4070000000	100000000000000000000000000000000000000							
otal													
Otdi			PRINCIPLE THE STATE OF THE STAT			programme and the control of the con		ı					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3			207710000000000000000000000000000000000					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4.								
_	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4						-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly 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								
12	Gross receipts from related activities, etc.	(see instructions)				12			
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	orth, or fifth tax yes	ar as a section 501	(c)(3)			
	organization, check this box and stop her						▶ ☐		
Sec	tion C. Computation of Public St	ipport Percent	tage						
14	Public support percentage for 2016 (line 6	, column (f) divided	by line 11, colum	n (f))		14	%		
15	Public support percentage from 2015 Scho	edule A, Part II, lin	e 14			15	%		
16a		ization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this			
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶ 🗆		
b	33 1/3% support test-2015. If the organ	ization did not che	ck a box on line 13						
	this box and stop here. The organization	qualifies as a publi	cly supported orga	nization			▶ 🗌		
17a	10%-facts-and-circumstances test-201								
	10% or more, and if the organization meet	s the "facts-and-cl	rcumstances" test	check this box ar	nd stop here. Expl	ain in			
	Part VI how the organization meets the "fa	cts-and-circumsta	nces" test. The or	ganization qualifies	s as a publicly sup	ported			
	organization								
b	10%-facts-and-circumstances test—201	5. If the organizati	on did not check a	box on line 13, 16	8a, 16b, or 17a, an	d line			
	15 is 10% or more, and if the organization								
	Explain in Part VI how the organization me								
	supported organization						▶ ∐		
18	Private foundation. If the organization die	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	80			
	Instructions						▶ ⊔		
_						Schodule A (Form 9)			

Schedule A (Form 990 or 990-EZ) 2016
Part III Support Schedu

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

(Complete only if you checked the box on line 10 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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	472,472	780,552	1,060,794	645,569	1,078,267	4,037,654
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	1,050	2,975	750	2,100	1,000	7,875
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	473,522	783,527	1,061,544	647,669	1,079,267	4,045,529
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			PROPERTY CONTRACTOR			
8	Public support. (Subtract line 7c from line 6.)						4,045,529
	tion B. Total Support				111 0045	/-> 00/0	/D T-1-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	473,522	783,527	1,061,544	647,669	1,079,267	4,045,529
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1	23	120	168	312
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		1	23	120	168	312
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 VI.)	495	2,774	2,500			5,769
13	Total support. (Add lines 9, 10c, 11, and 12.)	474,017	786,302	1,064,067	647,789	1,079,435	4,051,610
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	rth, or fifth tax year	r as a section 501((c)(3)	. (97
	organization, check this box and stop her						> [X
Sec	tion C. Computation of Public S	upport Percent	age			11	
15	Public support percentage for 2016 (line 8						%
16	Public support percentage from 2015 Sch						%
Sec	tion D. Computation of Investme					17	%
17	Investment income percentage for 2016 (18	%
18	Investment income percentage from 2015	Schedule A, Part I	II, line 1/	14 and line 15 le	more than 33 1/30/		70
19a	33 1/3% support tests—2016. If the organization is not more than 33 1/3%, check this b	inization did not che	The organization of	14, and the 10 is i	liv supponed organ	o, and mis	▶ □
t.	33 1/3% support tests—2015. If the orga	on and stop nere.	ock a box on line 14	4 or line 19a, and I	ine 16 is more that	n 33 1/3%. and	
b	line 18 is not more than 33 1/3%, check to	his box and stop he	ere. The organization	on qualifies as a ne	ublicly supported o	rganization	▶□
20	Private foundation. If the organization di	d not check a box of	n line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ [
	tere i a						_

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	Α.	All	Supporting	Organi	zations
			- HONOI CITIES	VI Guil	Lucionio

- 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.
- 2 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 12a or 12b 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.
- 5a 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 I! 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?
- 6 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
\$3.00 kg		
1	951585	PASSIBLE S
2	00000000000	lessters.
3a	A SECTION	
Ja		
3b	Salakanena	NAME OF THE PARTY.
	SERVICE SERVIC	
3c	SECTION	
4a	4/40/4797	SERVENCE
4b	9,545,616.51	2000000
4c	23,549,518	-settiniold
5a	psignal	SERVE SALE
5b		
5c	ROSSESSES.	605523554
6		ministrace)
7		(2000)
8	7256723F087	319/0/204
9a	8000000000	2-94000001
AL.	NEW	REES!
9b	1855	
9с	and 200 persy.	Gentlessent
10a	195659550	525333
10b	Segregarit.	ALCOHOL:
	0 or 990-	E 71 0040

- of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - 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.

	Yes	No
1000		
2a	2000000	£55550
2d	7235325	SHOW
1999	Establish.	10000000
2b	360000000	E2900000
		ESE.
	(Hilli	
3a		
3b		

Schedule A (Form 990 or 990-EZ) 2016 EMPIRE CENTER FOR PUBLI	C POLICY	, IN 46-198	7418 Page 6
Type in Non-Functionally integrated 509(a)(3) Supporting	g Organizati	one	
1 Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization.	st on Nov. 20, 10	070 (evoluin in Part VII) 6	See
Section A - Adjusted Net Income	una muse compr	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
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			
collection of gross income or for management, conservation, or			
maintenance of property held for production of Income (see Instructions)			
7 Other expenses (see Instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	7		
	- 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	100000		
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		- Annual Control of the Control of t
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		
e Discount claimed for blockage or other	1000000		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	despitation and the second	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see 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		
Section C - Distributable Amount	1 0		Current Vaca
A Affect to the second	33		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4 unless subject to	98		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions).

Breakdown of line 7:

d Excess from 2015 .
e Excess from 2016 .

b Excess from 2013

Schedule A (For	rm 990 or 990-EZ) 2016 EMPIRE CENTER FOR PUBLIC POLICY, IN 46-1987418 Page	. 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
равт т	II, LINE 12 - OTHER INCOME DETAIL	
	11, DINE 12 - OTHER INCOME DETAIL	
	\$ 5,769	
		•
	*	
		. 1
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizations: Complete Part III				
Nam	e of organization				tification number
D	EMPIRE CENTER FOR PI			46-19874	
	rt I-A Complete if the organization is exem				on.
1	The state of the s	ect political campaign activities	in Part IV. (see ins	tructions for	
2	definition of "political campaign activities") Political campaign activity expenditures (see instructions)				
3				> \$	
- N. T. W. L.	Volunteer hours for political campaign activities (see instru rt 1-B Complete if the organization is exem	ont under section 501/c	1/31		
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4055)(0).	.	
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955			
3	If the organization incurred a section 4955 tax, did it file Fo	in managers under section 495 are 4720 for this year?			∏Yes ∏ No
_					
	Was a correction made? If "Yes," describe in Part IV.	***************************************			Tes No
1.0	rt I-C Complete if the organization is exem	opt under section 501(c), except secti	on 501(c)(3).	
1				011 001(0)(0)	
	activities			≥ s	
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection	, , , , , , , , , , , , , , , ,	
	527 exempt function activities	•		▶ s	
3	Total exempt function expenditures. Add lines 1 and 2. Ent	er here and on Form 1120-PO	L,		
	line 17b			▶ \$	□v _{••} □v _•
4	Did the filling organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu	mber (EIN) of all section 527	political organizatio	ns to which the filing	
	organization made payments. For each organization listed,	enter the amount paid from th	e filing organization	n's funds. Also enter	
	the amount of political contributions received that were pro-	mptly and directly delivered to	a separate political	organization, such	
	as a separate segregated fund or a political action committee	ee (PAC). If additional space i	s needed, provide i	nformation in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
				- 1	political organization. If
					none, enter -0-,
(1)	· ·				
(0)					
(2)					
(3)					
(4)					
(5)					
(6)					
For P	aperwork Reduction Act Notice, see the Instructions for Form	990 or 990-EZ.		Schadula C /Fo	rm 990 or 990 E71 2016

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the	EMPIRE CENTER FOR PUBLIC POL	ICY, IN 46-1987418	Page 2	
section 501(h)).	organization is exempt under section 501(c))(3) and filed Form 5768 (elec	tion under	
	ganization belongs to an affiliated group (and lis	t in Part IV each affiliated group	n manuhari-	
name, addres	ss, EIN, expenses, and share of excess lobbying	n expenditures)	pinembers	
B Check ▶ ☐ if the filing org	ganization checked box A and "limited control" p	provisions apply		
Limits	on Lobbying Expenditures	(a) Filling	(b) Affiliated	
(The term "expendi	itures" means amounts paid or incurred.)	organization's totals	group totals	
1a Total lobbying expenditures to infi	luence public opinion (grass roots lobbying)	0		
b Total lobbying expenditures to Infl	luence a legislative body (direct lobbylng)	13,416	-	
 Total lobbying expenditures (add 	lines 1a and 1b)	13,416		
 Other exempt purpose expenditure 	d Other exempt purpose expenditures			
 Total exempt purpose expenditure 	e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Ent	er the amount from the following table in both	1,068,937		
columns.				
If the amount on line 1e, column (a	or (b) is: The lobbying nontaxable amount is:	181,894		
Not over \$500,000	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,00	\$100,000 plus 15% of the excess over \$500,000.			
Over \$1,000,000 but not over \$1,500,	000 \$175,000 plus 10% of the excess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000	0,000 \$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000,000.			
g Grassroots nontaxable amount (ea		45,474		
h Subtract line 1g from line 1a. If ze		0		
i Subtract line 1f from line 1c. If zer	o or less, enter -0-	0		
j If there is an amount other than ze	ero on either line 1h or line 1l, did the organization file Form	1 4720		
reporting section 4911 tax for this	year?		Yes No	
	4-Year Averaging Period Under section at made a section 501(h) election do not have to See the separate instructions for lines 2a to	501(h) complete all of the five column	s below.	

	Lobbying Expendit	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount				181,894	181,894
b Lobbying ceiling amount (150% of line 2a, column(e))					272,841
c Total lobbying expenditures		, man		13,416	13,416
d Grassroots nontaxable amount				45,474	45,474
e Grassroots ceiling amount (150% of line 2d, column (e))					68,211
f Grassroots lobbying expenditures				0	

Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	EMPIRE CENTER FOR PUBLIC POLICY, IN		46-1987418
P	art I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or A	ccounts.
_	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Р	art II Conservation Easements.		
	Complete if the organization answered "Yes" on Fo		
1	- The constitution of the organization forecast	ll that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	rtant land area
	Protection of natural habitat	Preservation of a certified historic	
	Preservation of open space		
2	The state of the s	ation contribution in the form of a conserv	vation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	· · · · · · · · · · · · · · · · · · ·		2a
b	Total acreage restricted by conservation easements		2h
С	Number of conservation easements on a certified historic structure include	ed in (a)	20
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		guished, or terminated by the organization	on during the
	tax year ▶		
4	Number of states where property subject to conservation easement is loc	ated >	
5	Does the organization have a written policy regarding the periodic monitor		
	violations and enforcement of the concernition and the transfer		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	iolations, and enforcing conservation eas	sements during the year
	>		***************************************
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ons, and enforcing conservation easeme	nts during the year
	> \$		3000000 * 000 * 000
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Fart Ain, describe flow the organization reports conservation easement	is in its revenue and expense statement,	and
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that des	scribes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art, H	storical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and ba	lance sheet
	works of art, historical treasures, or other similar assets held for public ex		ance of
	public service, provide, in Part XIII, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 118 (ASC 958), to re-		
	works of art, historical treasures, or other similar assets held for public exi	hibition, education, or research in further	ance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on 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 off	ner similar assets for financial gain, provi	de the
	following amounts required to be reported under SFAS 116 (ASC 958) rela		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
_D	Assets included in Form 990, Part X		> \$
or F	Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2016

OCI	leadlie D (Form 990) 2016 EMPIRE	CENTER FOR	PUBLIC POI	ICY. T	N 46-	1987418	-
P	art iii Organizations Maintain	ing Collections of	of Art. Historical	Treasure	s or Oth	or Similar Asset	Page Page
3	ooning the organization's accounting the	ession, and other recor	ds, check any of the	following that	t are a sinn	ificant use of its	s (continuea)
	(enterin an that appry).			renorming that	t are a sign	incant use of its	
8	Public exhibition	d 🗌	Loan or exchange p	rograms			
ł	Scholarly research	e l					
(Preservation for future generations		Other				
4	Provide a description of the organization's	collections and evola	in how they fuelbar th		t.		
	XIII.	onociono una expra	in now they further to	ie organizații;	n's exemp	t purpose in Part	
5	During the year, did the organization sollo	it or receive donations	of ort biotograph to a				
	assets to be sold to raise funds rather tha	n to he maintained as	not of the essential	sures, or othe	er similar		
P	art IV Escrow and Custodial A	rrangements	part of the organizati	on a collectio	n?		Yes No
	Complete if the organizati	on answered "Vec	" on Form 000 I	Ood IV line			_
	990, Part X, line 21.	on answered res	011111111111111111111111111111111111111	ait iv, iine	9, or rep	ported an amount	on Form
1a	Is the organization an agent, trustee, cust	odian or other interme	diana for annual to the				
	included on Form 990. Part X2	outain or outer interme	ulary for contributions	s or other ass	ets not		
b	included on Form 990, Part X? If "Yes," explain the arrangement in Part X	Ill and complete the fe	Monday Lables				Yes No
	100, explain the allangement in Part X	an and complete the to	pilowing table;				
C	Beginning balance						Amount
						1c	
0	Additions during the year					1d	
0	Distributions during the year					1e	
	Lifturing datastice					16	
20	Did the diganization include an amount on	Form 990, Part X, line	e 21, for escrow or cu	istodial accor	unt liability?		Yes No
D	it res, explain the arrangement in Part X	III. Check here if the e	xplanation has been	provided on i	Part XIII		
Pa	ent V Endowment Funds.		_				
_	Complete if the organization		" on Form 990, P	art IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
ď	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cu	irrent year end balance	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment >	%					
b	Permanent endowment ▶ %						
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c st	nould equal 100%.					
3a	Are there endowment funds not in the poss	ession of the organiza	tion that are held and	d administere	d for the		
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related ergonizations						120/1111
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requir	red on Schedule R?				3b
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds.				. [30]
Pa	rt VI Land, Buildings, and Equ	ipment.					
	Complete if the organization		on Form 990 Pa	art IV line	11a See	Form 990 Part	V line 10
	Description of property	(a) Cost or other b		other basis		coumulated	(d) 8ook value
		(investment)		ner)		preciation	(d) cook varue
1a	Land				W-10/259		
b	Buildings				4204-55205-50		
C	Leasehold improvements						
d	Equipment			7,742		4,136	2 (0)
е	Other			86,313			3,606
otal	Add lines 1a through 1e. (Column (d) must	equal Form 900 Dod	X column (D) line 4	00,313		45,619	40,694
	to (Column (a) must	equal Form 990, Part	A, COMMIN (B), INTO 1	UU.J			44,300

Schedule D (Form 990) 2016	EMPIRE	CENTER	FOR	PUBLIC	POLTCY	TN	46-1007410
Contract to the second				T ODDITE	FOULCI,	T 7.4	40-198/418

Part VII Investments—Other Securities.	- Farm 000 D-4 B/ B	
Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value	: 11b. See Form 990, Part X, line 12 (c) Method of valuation:
(including name of socurity)		Cost or end-of-year market value
) Financial derivatives		The state of the s
Closely-held equity interests		
Other		
.(A)		
(B)		
(C)		
(D)		
(E)		
<u>(F)</u>		
(G)		
(H)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments—Program Related.		
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	100	
art IX Other Assets.		200000000000000000000000000000000000000
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(a) Description		(b) Book val
II. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.) art X Other Liabilities.	ALALLA CALANA CALLA CALANA CANA C	>
art X Other Liabilities.	Form 990, Part IV, line 1	
art X Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on	Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Nability Federal income taxes	(b) Book value	11e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Neblity Federal income taxes ACCRUED PAYROLL	(b) Book value	
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Nability Federal income taxes	(b) Book value 31,707	I1e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Neblity Federal income taxes ACCRUED PAYROLL	(b) Book value	I1e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Neblity Federal income taxes ACCRUED PAYROLL	(b) Book value 31,707	11e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Neblity Federal income taxes ACCRUED PAYROLL	(b) Book value 31,707	11e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Neblity Federal income taxes ACCRUED PAYROLL	(b) Book value 31,707	I1e or 11f. See Form 990, Part X,
Art X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability Federal income taxes ACCRUED PAYROLL	(b) Book value 31,707	I1e or 11f. See Form 990, Part X,
Art X Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability Federal income taxes ACCRUED PAYROLL S125	(b) Book value 31,707	I1e or 11f. See Form 990, Part X,
Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of Neblity Federal income taxes ACCRUED PAYROLL	(b) Book value 31,707 4,613	

Schedule D (Form 990) 2016 EMPIRE CENTER FOR PUBLIFIED Part XI Reconciliation of Revenue per Audited Finance	IC POLICY, IN 46-	1987418	Page 4
Complete if the organization answered "Yes" on F	orm 990. Part IV. line 12a		
1 Total revenue, gains, and other support per audited financial statements	\$	1	1,079,435
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1000	
a Net unrealized gains (losses) on investments	2a		
D Donated services and use of facilities	2b		
C Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1			1,079,435
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	100	
C Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5	1,079,435
Part XII Reconciliation of Expenses per Audited Finance Complete if the organization answered "Yes" on F	cial Statements With Expen	ses per Return	
1 Total expenses and losses per sudited figurated at temperate			1 060 007
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,068,937
a Donated services and use of facilities	2a		
b Prior year adjustments	28		
b Prior year adjustments c. Other losses	2b		
C Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d Subtract line 2e from line 1		20	1 000 000
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	тт	3	1,068,937
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part VIII.)	4a		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		1220	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ing 191	4c	1 000 000
Part XIII Supplemental Information.	10.1		1,068,937
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provide any additional Informati	on.	

Schedule D (F	orm 990) 2016	EMPIRE	CENTER FOR	PUBLIC	POLICY,	IN	46-1987418	Page 5
Part XIII	Supplemen	ntal Informa	CENTER FOR ation (continued)					
V-10-paragrams and								

Department of the Treasury Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 999-EZ.

▶ Information about Schodule G (Form 990 or 990-EZ) and its instructions is at www.irs.gow/form990.

2016

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2016

Name of the organization EMPIRE CENTER FOR	PUBLIC DO	סדיבכ	v	TN	Employer Identificati 46-19874	
Part I Fundraising Activities. Complete if				The same of the sa	the state of the s	
Form 990-EZ filers are not required					000,1 0,117, 1110	
1 Indicate whether the organization raised funds through	any of the following	ng activi	ties.	Check all that apply.		
a Mail solicitations	e Solicitation	n of non	-gov	ernment grants		
b Internet and email solicitations	f Solicitation	n of gov	ernn	nent grants		
c Phone solicitations	g Special fu	ndraisin	g ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	in connection with	profes	siona	ol fundraising services?		X Yes No
b If "Yes," list the 10 highest paid individuals or entities (fi compensated at least \$5,000 by the organization.	undraisers) pursua	ant to a	greer	nents under which the	fundraiser is to be	
(i) Name and address of individue! or entity (fundraiser)	(ii) Activity	(ill) Did raiser custos contribu	have dy or ol of	(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
CASE CONSULTING SERVICES		Yes	No			
1	GOMOTIV MG		.,	13 750	12 750	
2 AMERICAN PHILANTHROPIC	CONSULTS		Х	13,750	13,750	
	CONSULTS		х	9,000	9,000	
3 THE OSBORNE GROUP, INC						
	CONSULTS		x	8,000	8,000	
4						
5						
6						
7						
8						
9					-	
10						
Total				30,750	30,750	
List all states in which the organization is registered or registration or licensing. NEW YORK	licensed to solicit	contrib	ution			

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

Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event#1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) _____ 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2016	EMPIRE	CENTER	FOR P	UBLIC	POLICY,	IN 4	6-1987418	Page 3
11	Does the organization conduct gaming	activities with no	nmembers?						Yes No
12	Is the organization a grantor, beneficiar formed to administer charitable gaming	y or trustee of a	trust, or a me	mber of a p	artnership o	or other entity			Yes No
13	Indicate the percentage of gaming action								
а	The organization's facility							13a	%_
b	An outside facility							13b	%
14	Enter the name and address of the per	son who prepare	s the organiza	ation's gami	ing/special	events books ar	nd		
	records:		7						
	Name ►								
	Address ▶								
15a	Does the organization have a contract revenue?	with a third party	from whom th	ne organizal	tion receive	es gaming			Yes No
b	If "Yes," enter the amount of gaming re	venue received t	y the organiz	ation ▶ \$			and the)	100
	amount of gaming revenue retained by								
C	If "Yes," enter name and address of the								
	Name >								
	No. of the contract of the con								
	Address >								
16	Gaming manager information:								
	Name >								
	Name P								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Director/officer Em	ployee	Indeper	ndent contra	actor				
17	Mandatory distributions:								
a	Is the organization required under state	e law to make ch	aritable distrit	outions from	the gamin	g proceeds to		Г	I van I Na
	retain the state gaming license?			hutad to off	or everant	oronnizations o		L	1 162 [140
b	Enter the amount of distributions requi				iei exempt	organizations o	'		
Dai	spent in the organization's own exemp t IV Supplemental Informa	tion Provide	the explan	ations rec	uired by	Part I. line 2	b. colum	ns (iii) and (v); a	nd
ra	Part III, lines 9, 9b, 10b,	15b. 15c. 16	and 17b. a	as applica	able. Also	provide any	addition	al information.	
	See instructions	100, 100, 10							
_	CCC mondeners								
_							Sche	dule G (Form 990 o	r 990-EZ) 2016

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.

2016

Department of the Treasury Internal Revenue Service Name of the organization ➤ 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.

Open to Public Inspection

Employer identification number

EMPIRE CENTER FOR PUBLIC POLICY, IN	46-1987418
FORM 990, PART VI - ADDITIONAL INFORMATION	
THE ORGANIZATION DOES NOT HAVE COMMITTEES ACTING ON B	BEHLAF OF THE GOVERNING
BODY	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
THE TAX RETURN WILL BE REVIEWED BY THE OFFICERS	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	CLOSURE EXPLANATION
THE PUBLIC CAN REQUEST INFORMATION REGARDING THE NFP	
FORM 990, PART XI - ADDITIONAL INFORMATION	
THE BOARD REVIEWS THE AUDITED FINANCIAL STATEMENTS	
THE BOARD REVIEWS THE RODITED TITLE	
• • • • • • • • • • • • • • • • • • • •	

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2016

chment 17

Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

EMPIRE CENTER FOR PUBLIC POLICY, IN

Identifying number 46-1987418

Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,010,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 13 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 1,452 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Part III 0 17 MACRS deductions for assets placed in service in tax years beginning before 2016 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (g) Depreciation deduction (e) Convention usinessinvestment use placed in (a) Classification of property period only-see instructions) service 3-year property 357 19a 200DB 5.0 HY 1,785 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 vrs. g 25-year property S/L MM 27.5 yrs. h Residential rental SIL MM 27.5 yrs. property MM S/L 39 yrs. Nonresidential real S/L MM property Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L MM c 40-year Summary (See instructions. Part IV 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,809 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form 4562 (2011

Form 4562 (2016

Form 45	00.10	vares.

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property
used for entertainment, recreation, or amusement.)
used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,
24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.
24D. COUNTIES (a) INICUGAL (c) OF GEORGIA A, an of Georgia C, and

Comparison Com			24b. columns (a	h) through (c) of Se	ction A, all	of Section	on B, an	d Sectio	n Cifa	pplicable.					ohilos \		
48 Deychare effective to regard the business and the section of the process of th						nformati	on (Cau		-						oblies.)	Tv	The
Section Benefits Desposation Desposati	4a_	Do you hav	e evidence to support t	he business/investment u	se claimed?		\perp	Yes	No		1		dence v			-	No
the tax year and used more than 60% in a qualified business use: Property used more than 60% in a qualified business use: Property used more than 60% in a qualified business use: St. Property used 50% or less in a qualified business use: St. St. Add amounts in column (P), lines 28 through 27. Enter here and on line 21, page 1 Section B—Information on Use of Vehicles To your employees, first answer the questions in Section C to see if you meet an exception to complete this section for those vehicles. Year of the Use of Vehicles 2 Vehicles 2 Vehicles 3 Vehicles 4 Vehicles 6 Vehicles 5 Vehicles 2 Vehicles 6 Vehicles	Type o	pe of property Date placed investment use Cost or other			Basis for depreciation (business/investment		Recovery	Method/		Depreciation			Elected sec				
Property used more than 50% or less in a qualified business use: 156	5	Special	depreciation allow	vance for qualified I	isted prope	erty place	ed in ser	rvice duri	ing ns)			25					
95							0 (000)	House					•				
Property used 50% or less in a qualified business use: Sil	.6	Property	used more than	3076 III a quanneu i	Justinuss u												
96 Section For Property used 50% or less in a qualified business use: 97 Property used 50% or less in a qualified business use: 98 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 99 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 90 Section B—Information on Use of Vehicles 90 Section F—Information on Use of Vehicles 90 Total business/investment miles driven during 10 Year in the section for vehicles used by a sole proprietor, partner, or other 'more than 5% cowner,' or related person. If you provided wehicles 90 Total business/investment miles driven during 10 Year in the section of				96													
Add amounts in column (ti), lines 26 through 27. Enter here and on line 21, page 1 28 Add amounts in column (ti), lines 26 through 27. Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or reliated person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 29 Total businessifinvestment miles driven during the year (don't include commuting miles) 30 Total commuting miles driven during the year. 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) 33 Total miles driven during the year. 34 Was the vehicle available for personal use of vehicles for Use by Their Employees 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle sudded for personal use? 37 Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Sections B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions). 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by comployees? See the instructions for vehicles used by comployees? 40 Do you develote than five vehicles to your employees, obtain information from your employees about the use of the vehicles of vehicles is early on your employees. 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) 42 Amortization of costs that begins during your 2016 tax year (see instructions): 43 Amortization of costs that begins during your 2016 tax year (see instructions): 44 Amortization of costs that begins during your 2016 tax year (see instructions):							T										
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Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1	-	ropert											1				
Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Section B—Information on Use of Vehicles Section B—Information use of Vehicles used by employees who aren't who is a section by the Information information use of Vehicles used by employees who aren't who is a section because of Vehicles used by employees who aren't who is a section use of Vehicles used by employees who aren't who is a section use of Vehicles used by employees who aren't who is a section use of Vehicles used by employees who aren't who is a section use of Vehicles used by employees who aren't who is a section use of Vehicles used by employees who aren't who is a section use of Vehicles used by employees who				%							S/L						
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29 Add amounts in column (f), line 26. Enter here and on line 7, page 1 29 Add amounts in column (f), line 26. Enter here and on line 7, page 1 29 Add amounts in column (f), line 26. Enter here and on line 7, page 1 29 Add amounts in column (f), line 26. Enter here and on line 7, page 1 29 Add amounts in column (f), line 28. Enter here and on line 7, page 1 29 Add amounts in column (f), line 28. Enter here and on line 7, page 1 29 Add amounts in column (f), line 28. Enter here and on line 7, page 1 29 Add amounts in column (f), line 28. Enter here and on line 7, page 1 29 Add amounts in column (f), line 28. Enter here and on line 7, page 1 29 Add amounts in column (f), line 28. Enter here and on line 7, page 1 29 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Add amounts in column (f), line 28. Enter here and on line 7, page 1 20 Petrols 1 20 Add amounts in column (f), line 28. Enter here and on line 7 20 Petrols 29 Add amounts in Section C to see if you meet an exception to completing the section for twickles used by employees who aren't more than 5% owners or related person (see instructions). 20 Another bicle available for personal use? 21 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 22 Do you renaintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 23 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuti				%													
Section 6—Questions for Employers Who Provided Vehicles for Use by Their Employees Who Provided Personal use of Vehicles, including commuting, by your employees? See the Instructions for vehicles used by corporate officors, directors, or 1% or more owners. Answer these questions to determine if you meet an exception to completing this section for those vehicles. Yes No	28	Add am	ounts in column (h), lines 25 through	27. Enter	here and	on line	21, pag	e 1				1		T 20	160000000	21390543
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles. o your employees, first answer the questions in Section C to see if you meet an exception to completing this section. For those vehicles. 1	29_	Add am	ounts in column (i), line 26. Enter he	re and on	line 7, pa	ge 1								29		
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