Instructions for filing
American Tax Policy Institute
Form 990EZ - Exempt Organization
for the period ended December 31, 2008

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 16, 2009 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

The return should be sent certified mail, return receipt requested.

Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total

assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

		rvice		ion may have to use a copy	or triis return t	o dationy diato rop	· · · · · · · · · · · · · · · · · ·	٥.	Inspection
Ch	or the 2008	3 calendar y	ear, or tax year	beginning		, 2008	B, and ending		
	eck if applicable		Name of organization					D	Employer identification number
х	Address change	use IRS							
	Name change	label or print or AI	ИЕРТСАМ ТАУ	POLICY INSTITU	TE:			5	2-1660704
	Initial return			r P.O. box, if mail is not delive		ddress)	Room/suite		Telephone number
_		See	,			,	750		
-	Termination Amended		29 - 14TH S City or town, state or o				750	—	202)637-3243
	return Application	instruc-	only of town, state of t	Country, and ZIF +4					Group Exemption
	pending	_	ASHINGTON, 1						Number
	 Section 5 	501(c)(3) orga	nizations and 4947	(a)(1) nonexempt charitab	le trusts mu	st attach	G Accour	iting m	ethod: Cash 🗶 Accrua
		а	completed Schedu	le A (Form 990 or 990-EZ).		Other (specify	▶
							H Check	▶	if the organization is not
W	ebsite: ▶	HTTP://	WWW.AMERICA	ANTAXPOLICYINST	ITUTE.O	RG/	require	d to att	ach Schedule B (Form 990,
				(c) (3) ◄ (insert no.)		a)(1) or	527 990-EZ		,
					•				ot more than \$25,000. A retu
		,		(/ (/) 11	Ü	ū	receipts are norn	ially no	n more than \$25,000. A fett
	· ·		•	es to file a return, be sure					
				oss receipts; if \$1,000,000 or					122,438
ar				hanges in Net Ass				ınstru	ictions for Part I.)
				lar amounts received				1	109,389
	2 Prog	ram service r	evenue including (government fees and contr	acts			2	
	3 Mem	bership dues	and assessments					3	
								4	13,049
				ner than inventory					•
				penses				1	
				her than inventory (Subtra		m line Fe) (ett	ach achadula)	5c	
ש		` ,		, ,		, ,		30	
enileve				e parts of Schedule G). If any amo			▶ ⊔		
5						tions			
2	repoi	ted on line 1)			6a				
	b Less	: direct expen	ses other than fund	draising expenses	6b				
	c Net i	ncome or (los	ss) from special ev	ents and activities (Subtra	act line 6b fro	om line 6a)		6c	
	7 a Gros	s sales of inv	entory, less returns	and allowances	7a				
	b Less	cost of good	s sold		7b				
					• •	ı			
	C Gros	s profit or (lo	ss) from sales of in		rom line 7a)			7c	
			ss) from sales of ir	iventory (Subtract line 7b i	rom line 7a)			7c	
	8 Othe	r revenue (de	scribe)	8	100 420
	8 Othe9 Tota	r revenue (de I l revenue. A	scribe Add lines 1, 2, 3, 4	, 5c, 6c, 7c, and 8) >	8 9	
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Pa	art III Statement of Program Serv	vice Accomplishme	nts (See the instructi	ions for Part III.)			Exp	penses	
W h	at is the organization's primary exempt purpo	ose? STMT 5					(Required	for 501(c)(3) organizations	
Des	scribe what was achieved in carrying out	the organization's exer					and 4947	7(a)(1) trusts;	
des	cribe the services provided, the number of	persons benefited, or o	ther relevant information	for each program titl	e.		optional f	or others.)	
28	SEE STATEMENT 6								
	(Grants \$ 93,565.) If this amount include:	s foreign grants, check her	e		28a		116,6	543
29									
	(Grants \$) If this amount include:	s foreign grants, check her	e		29a			
30									
	(Grants \$) If this amount include:	s foreign grants, check her	e		30a			
31	Other program services (attach schedule)								
			s foreign grants, check her			31a			
32	Total program service expenses (add	lines 28a through 31a)			▶	32		116,6	543
	art IV List of Officers, Directors, True					the in	structions f	or Part IV.)	
			(b) Title and average hours per week	(c) Compensation			ibutions to	(e) Expens	e
	(a) Name and address		devoted to position	`´(If not paid, enter -0)			enefit plans & ompensation	àccount an other allowan	
SE	EE STATEMENT 7		•						

Form **990-EZ** (2008)

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Pai	t V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	33		
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	34		٠,,
٥.	attach a conformed copy of the changes	04		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not			
•	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, report-			
а	Company of a many of the company of	35a		•
h	If "Voc " has it filed a tay return on Form 000 T for this year?	35b		Х
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
•	complete applicable parts of Schedule N	36		х
272	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a NONE			
	Did the organization file Form 1120-POL for this year?	37b	N/	7
	Did the organization her Form 1720-FOL for this year? Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were		14/	_
30 a	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a			
	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transac-			
	tion during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete			
	Schedule L, Part I	40b		х
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization NONE			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ▶			
42 a	The books are in care of ► AMERICAN TAX POLICY INSTITUTE Telephone no. ► 202-637	-324	13	
	Located at ▶529 - 14TH STREET NW, #750 WASHINGTON, DC ZIP+4 ▶ 20045			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		W	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign county: Coa the instructions for executions and filling requirements for Foreign Route.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		37
C	If "Yes," enter the name of the foreign country:	420		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
75	and enter the amount of tax-exempt interest received or accrued during the tax year		. –	· Ш
	43			
			Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
••	F 000 F7	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		х

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candidates for public office? If "Yes," complete Schedule C, Part I	Part	VI	Section 501(c)(3) organizations only. A and complete the tables for lines 50 and s	II section 50 51.	01(c)(3) orga	anizations m	nust answer que	stions	s 46-4	9
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	Did the	e organization engage in direct or indirect politi	ical campaigr	n activities on I	behalf of or ir	n opposition to		Yes	No
the complete state of the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' Total number of other employees paid over \$100,000 ▶ NONE Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' Total number of other employees paid over \$100,000 ▶ NONE	C	candid	lates for public office? If "Yes," complete Sched	ule C, Part I				. 4	6	<u> </u>
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a									7	<u> </u>
b If Yas," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 leads that \$100,000 leads the \$100,000 leads than \$100,000 leads than \$100,000 leads the \$100,000 leads than \$100,000 leads the selection of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 leads that \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 leads that \$100,000 of compensation from the organization. If there is none, enter "None." (b) Type of service (c) Compensation from the organization of the best of my knowledge and belief, it is flust, correct, and complete. Beclaration of prepare (where then officer) is based on all information of which preparer has any knowledge. Paid Pripagarer's light to study, correct, and complete. Beclaration of prepare (where then officer) is based on all information of which preparer has any knowledge of the study of									8	X
So Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 ▶ NONE (b) Title and everage devoted to position (c) Compensation (C) C) C										x
each received more than \$100,000 of compensation from the organization. If there is none, enter *None.* (a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 NONE (a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 NONE (b) Title and everage the employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 NONE Total number of other employees paid over \$100,000 NONE Total number of other independent contractor paid more than \$100,000 (c) Compensation from the organization. If there is none, enter *None.* Total number of other independent contractor paid more than \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Total number of other independent contractors receiving over \$100,000 NONE Tota										
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Total number of other employees paid over \$100,000 NONE 10 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 NONE 10 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. Sign Here Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Preparer's Signature of officer Type or print name and side. Type of service of other than \$100,000 or preparer shown above Side instructions. Type of the property of the statements and to the best of my knowledge. Type of service of other than \$100,000 or preparer shown above Side instructions. Type of service		(a)		` hours p	er week	(c) Compensation	employee benefit plan	ns &	account	and
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Total number of other employees paid over \$100,000 ▶ NONE 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000										
Total number of other employees paid over \$100,000 ▶ NONE 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors receiving over \$100,000 ▶ NONE Under penalties of perjuny, 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. Sign Here Preparer's Use Only ### Preparer's Use Only ### Preparer's ### Preparer's Date ### Prepa										
Total number of other independent contractors receiving over \$100,000 ► NONE Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign Here Preparer's signature of officer Date Type or print name and title. Preparer's signature of officer Date Preparer's signature of officer Date Preparer's signature of officer Date PRICEWATERHOUSECOOPERS, LLP if self-employed, address, and 219+4 addr										
Total number of other independent contractors receiving over \$100,000 ► NONE Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign Here Preparer's signature of officer Date Type or print name and title. Preparer's signature of officer Date Preparer's signature of officer Date Preparer's signature of officer Date PRICEWATERHOUSECOOPERS, LLP if self-employed, address, and 219+4 addr	Total ı	numbe	er of other employees paid over \$100,000	NONE						
NONE Total number of other independent contractors receiving over \$100,000 ▶ NONE 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. Preparer's Signature of officer				•		vho each rec	eived more than \$	100,0	00 of	
Total number of other independent contractors receiving over \$100,000 NONE 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. Sign Here Preparer's Use Only Preparer's Use Only PRICEWATERHOUSECOOPERS, LLP Firm's name (or yours if self-employed), address, and 2/P + 4 1301 K STREET NW, SUITE 800W WASSINGTON, DC 20005 Phone no. > 202-414-1000 May the IRS discuss this return with the preparer shown above? See instructions × X Yes No		((a) Name and address of each independent contractor paid	more than \$100,0	000	(b) Ty	pe of service	(c)	Compens	ation
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. Sign	<u>NONE</u>									
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. Sign			or of other independent contractors receiving a			NOME				
Here Signature of officer Date Type or print name and title. Paid Preparer's signature Prim's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? See instructions. Date 10/30/2009 Self-employed Preparer's Identifying Number (See instructions) self-employed Proparer's Identifying Number (See instructions) Preparer's Identifying Number (See instructions) Proparer's Identify	Total	IIdiiib	Under penalties of perjury, I declare that I have examined	I this return, incl	uding accompanyi	ing schedules an				
Preparer's signature	Sign Here		Signature of officer				Date			
Preparer's signature Preparer's Signature Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? See instructions			Type or print name and title.							
Use Only PRICEWATERHOUSECOOPERS, LLP EIN ▶13-4008324 Pricewater NW, SUITE 800W WASHINGTON, DC 20005 Phone no. ▶202-414-1000 May the IRS discuss this return with the preparer shown above? See instructions		ror's				self-		•	,	tructions)
address, and ZIP + 4 1301 K STREET NW, SUITE 800W WASHINGTON, DC 20005 Phone no. ▶ 202-414-1000				OPERS, LI	ıP		EIN ►13-40	0083	24	
·			address, and ZIP + 4 1301 K STREET NW, SUITE 800				Phone no. ▶ 202- 4			
	May th	ne IRS	discuss this return with the preparer shown al	bove? See ins	structions					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

Name of the organization Employer identification number

			OLICY INSTI						L		60704
Pa				ty Status (All organ				. , ,	e instru	ctions)	
The	orga	nization is no	ot a private found	dation because it is: (P	lease check	conly one c	organizati	on.)			
1		A church, c	onvention of chu	rches, or association of	of churches	s described	in sectio	n 170(b)((1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)									
4		A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
		hospital's name, city, and state:									
5		An organiza	ation operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in
		-	(b)(1)(A)(iv). (C		J	•		•	, ,		
6				vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7	x		_	lly receives a substan						or from t	he general public
	_21	=		(1)(A)(vi). (Complete F	=			9 - 1 - 1 1 1 1 1			and general parent
8				d in section 170(b)(1)	•	molete Par	t II)				
9	\Box		-	lly receives: (1) more		-	-	m contrib	outions n	nemhersh	in fees, and gross
J		_		ted to its exempt fun							
				nent income and un		-		-			
			_	after June 30, 1975.				-		JII lax	Hom businesses
10		-	=	nd operated exclusive					-	(coo instr	uctions)
11	\vdash	_	-	and operated exclusive	-	-	-			•	•
• •		_	_	ublicly supported orga	-		-				-
				at describes the type of					-		
						ig Organiza ie III - Func					rpe III - Other
_			_	Type II			-	•			•
е		-	-	-				-			•
		-		ion managers and oth	iei than on	e or more	publicly s	supported	a organiz	ations de	scribed in Section
			r section 509(a)(4: f	4h - IDO 4h	_4 :4 :	Time 1	T		
f		_		I a written determina	ition from	the IRS tha	at it is a	rype i,	rype ii o	r rype iii	supporting
		_	n, check this box								
g		_		the organization acce	epted any g	ift or contri	bution fro	om any of	the		
		following pe									[14] N
			=	or indirectly controls		_	ether wit	h persor	is describ	ped in (ii)	Yes No
			_	erning body of the sup	-	anization?					11g(i) X
				erson described in (i) a							11g(ii) X
			=	of a person described		-					11g(iii) X
h				ation about the organi	1		on suppo	rts.			
(i) l		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the	(vii) Amount of
	orga	anization		above or IRC section		document?		of your		tion in col. zed in the	support
				(see instructions))			sup	port?	U.	S.?	
					Yes	No	Yes	No	Yes	No	
		<u> </u>									
T											
Tota	a l										

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

Schedule A (Form 990 or 990-EZ) 2008

 Schedule A (Form 990 or 990-EZ) 2008
 52-1660704
 Page 2

Par	(Complete only if you ched	ganizations D cked the box o	escribed in S n line 5, 7, or 8	ections 170(b) 3 of Part I.))(1)(A)(iv) and	170(b)(1)(A)(v	i)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	120,066.	166,565.	160,689.	120,261.	109,389.	676,970.
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 1-3	120,066.	166,565.	160,689.	120,261.	109,389.	676,970.
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)						544,578.
6	Public support. Subtract line 5 from line 4.						132,392.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4	120,066. 6,535.	166,565. 13,683.	160,689. 22,143.	120,261. 28,162.	109,389. 13,049.	676,970. 83,572.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						760,542.
12	Gross receipts from related activities, etc. (S	See instructions.)				12	
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ear as a 501(c)(3)		
	organization, check this box and stop here						<u> ▶ </u>
Sec	tion C. Computation of Public Sup	•	•				
14	Public support percentage for 2008 (li	ne 6, column (f)) divided by line	11, column (f))		14	17.41 %
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			15	38.69 %
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif						
b	33 1/3% support test - 2007. If the o						
	box and stop here. The organization of						
17a	10%-facts-and-circumstances test - 2						
	is 10% or more, and if the organizatio					•	
	in Part IV how the organization meets			•	•	. , .,	
	organization						
b	10%-facts-and-circumstances test - 2	•					line
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization				•	•	7 1 1
	supported organization						
18	Private foundation. If the organization						
	instructions		<u> </u>				<u> Z</u>

 Schedule A (Form 990 or 990-EZ) 2008
 52-1660704
 Page 3

Section A Public Support Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support				1	1	
Ca	alendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6							
6	Total. Add lines 1-5						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the						
	year or \$5,000						
	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0004	#1.0005	() 0000	(1) 0007	() 0000	(O.T.)
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here.	<u> </u>					▶
Sec	tion C. Computation of Public Supp	port Percenta	age				
15	Public support percentage for 2008 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2007 Scheo	Jule A, Part IV-A,	line 27g			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2008 (lin			3, column (f))		17	%
18	Investment income percentage from 2007 S					18	%
19a	33 1/3% support tests - 2008. If the orga						
	17 is not more than 33 1/3 %, check this box						
b	33 1/3% support tests - 2007. If the organ						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did n						

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization **Employer identification number** AMERICAN TAX POLICY INSTITUTE 52-1660704 Organization type (check one): Filers of: Section: 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

AMERICAN TAX POLICY INSTITUTE Name of organization

Employer identification number

52-	166	くりつ	α
24-	TO	JU /	UI

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	AMERICAN BAR ASSOCIATION 740 15TH STREET, N.W. WASHINGTON, DC 20005	50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	AMERICAN COLLEGE OF TAX COUNSEL 1156 15TH STREET NW, SUITE 900 WASHINGTON, DC 20005	50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	OTHER DIRECT PUBLIC SUPPORT	- \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
(a)	Name, address, and ZIP + 4 (b)	Aggregate contributions \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	Name, address, and ZIP + 4 (b)	Aggregate contributions \$	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

AMERICAN TAX POLICY INSTITUTE 52-1660704

FORM 990, PART II- GRANTS AND ALLOCATIONS PAID

Grant/Project Description	Primary Grant Receipient	<u>Amount</u>
Technology, Privacy, and Future of Taxation Taxes, Health Insurance and Access to Health Care Structuring Federal Add-On VAT	Office of Tax Policy Research The Urban Institute	25,010 60,000 8,555
Total	<u>-</u>	93,565

Grant receipients can be contacted through ATPI, 529 - 14th Street NW, #750 Washington, DC 20045

FORM 990EZ, PART I - OTHER EXPENSES _____

SUPPLIES	12.
TRAVEL	7,254.
MGMT FEES	26,197.
INSURANCE	1,600.
WEBSITE	208.
BANK AND CREDIT CARD FEES	654.
MISCELLANEOUS	4,407.
TOTAL	40,332.
	=========

FORM 990EZ, PART II - OTHER ASSETS _____

	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
ACCOUNTS RECEIVABLE	2,302.	NONE
PLEDGES RECEIVABLE	53,771.	53,384.
PREPAID EXPENSES OR DEFERRED CHARGES	660.	2,305.
TOTALS	56,733.	55,689.

FORM 990EZ, PART II - TOTAL LIABILITIES

	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
ACCOUNTS PAYABLE	700.	29,364.
TOTALS	700.	29,364.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE ______

PROMOTE AND FACILITATE TAX POLICY RESEARCH

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS ______

PROGRAM SERVICE ACCOMPLISHMENT 1

THE INSTITUTE FUNDS RESEARCH PAPERS, PROJECTS, AND SEMINARS FOR THE PURPOSE OF DISSEMINATING KNOWLEDGE OF TAX POLICY AND PROCEDURES. THE SUBJECT MATTER OF THE RESEARCH PAPERS AND BOOKS FUNDED DURING 2008 INCLUDE TECHNOLOGY, PRIVACY AND THE FUTURE OF TAXATION; TAXES, HEALTH INSURANCE AND ACCESS TO HEALTHCARE; AND STRUCTURING FEDERAL ADD-ON VAT.

AMERICAN TAX POLICY INSTITUTE 52-1660704

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

	Title and Average Hours		Contributions to Employee Benefit Plans and Deferred	Expense Account and Other
Name and Address	<u>Per Week</u>	Compensation	Compensation	Allowances
David L. Bernard Kimberly-Clark Corporation	Trustee < 1 hour	None	None	None
N. Jerold Cohen Sutherland, Asbill & Brennan, LLP	Trustee < 1 hour	None	None	None
Dennis B. Drapkin Jones Day	Trustee < 1 hour	None	None	None
Kenneth W. Gideon Skadden, Arps, Slate, Meagher & Flom, LLP	Trustee < 1 hour	None	None	None
Walter Hellerstein University of Georgia School of Law	Trustee < 1 hour	None	None	None
Michael Hirschfeld Dechert LLP	Trustee < 1 hour	None	None	None
Phillip L. Mann Milller & Chevalier Chartered	President 3 hours	None	None	None
Timothy J. McCormally Tax Executives Institute	Secretary < 1 hour	None	None	None
Charles E. McLure, Jr. Hoover Institution, Stanford University	Trustee < 1 hour	None	None	None
Thomas Ochsenschlager American Institute of Certified Public Accountants	Trustee < 1 hour	None	None	None
Rudolph G. Penner PhD The Urban Institute	Past President <1 hour	None	None	None
Victoria J. Perry International Monetary Fund	Trustee < 1 hour	None	None	None
George Plesko University of Connecticut School of Business	Trustee < 1 hour	None	None	None
Michael L. Schler Cravath, Swaine & Moore	Vice President <1 hour	None	None	None
Susan P. Serota Pillsbury Winthrop Shaw Pittman LLP	Treasurer < 1 hour	None	None	None
Stephen Shay Ropes and Gray LLP	Trustee < 1 hour	None	None	None
Douglas P. Stives The Churchin Group	Asst. Treasurer < 1 hour	None	None	None
Richard P. Weber Broad College of Business, Michigan State Univ	Trustee < 1 hour	None	None	None
David A. Weisbach University of Chicago Law School	Trustee < 1 hour	None	None	None

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

Name and Address	Title and Average Hours <u>Per Week</u>	Compensation	Contributions to Employee Benefit Plans and Deferred Compensation	Expense Account and Other Allowances
Roger D. Wheeler	Trustee < 1 hour	None	None	None
Dennis Zimmerman	Director of Projects 2 hours	\$19,600	None	None
The Kellen Company 529 - 14th Street NW, #750 Washington, DC 20045	Management Company 8 hours	\$29,447	None	None

^{1.} Director of Projects is an independent contractor.

All individuals can be contacted c/o ATPI at 14th Street NW, #750, Washington, DC 20045