Instructions for filing American Tax Policy Institute Form 990EZ - Exempt Organization for the year ended December 31, 2009

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 15, 2010 with...

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

Payment of Tax... No tax is required.

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

Form 990-EZ

Department of the Treasury

Internal Revenue Service

# 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 \$500,000 and total assets less than \$1,250,000 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

2009
Open to Public Inspection

A	A For the 2009 calendar year, or tax year beginning , 2009, and ending									
В	Check	if applic	able: Please	C Name of organization		DE	mployer identification number			
		dress ange	use IRS							
		ime char	label or <sup>nge</sup> print or	AMERICAN TAX POLICY INSTITUTE		52	-1660704			
	In	tial retur		Number and street (or P.O. box, if mail is not delivered to street address) Room.	/suite	ET	elephone number			
-	Te	rminatio	n See	529 - 14TH STREET NW 750	С	(202) 637-3243				
		um	Specific Instruc-	City or town, state or country, and ZIP + 4						
	Ap	plication		WASHINGTON, DC 20045			iroup Exemption umber • • • ►			
<u> </u>		nding Soctiv			G Accounti	_	······································			
	•	Jecat	5// 50/(0)(5) 0	a completed Schedule A (Form 990 or 990-EZ).	Other (sp	-				
					H Check	-1	if the organization is <b>not</b>			
	<b>M</b> /~ H		⊾ нттр.	//WWW.AMERICANTAXPOLICYINSTITUTE.ORG/			-			
			· · · · · · · · · · · · · · · · · · ·		•		ach Schedule B (Form 990,			
				ck only one) - X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	990-EZ, c					
		*►[		anization is not a section 509(a)(3) supporting organization and its gross receipt						
				990 return is not required, but if the organization chooses to file a return, be sure		••••••	eturn. 106,755.			
-				to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990						
P	art			xpenses, and Changes in Net Assets or Fund Balances (						
	1			gifts, grants, and similar amounts received		1	106,009.			
	2			ce revenue including government fees and contracts		2				
	3	M	lembership d	ues and assessments	-	3				
	4			xome		4	746.			
	5	<b>a</b> G	Gross amount	from sale of assets other than inventory						
		b L	ess: cost or c	other basis and sales expenses						
		<b>c</b> G	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	· ·	5c				
Revenue	6	S	pecial events an	d activities (complete applicable parts of Schedule G). If any amount is from gaming, check here						
vel		<b>a</b> G	Gross revenue	e (not including \$ of contributions						
Re		re	eported on lir	ne 1)						
		b L	ess: direct ex	kpenses other than fundraising expenses 6b						
		C N	let income or	(loss) from special events and activities (Subtract line 6b from line 6a)	L	6c				
	7	<b>a</b> G	Gross sales o	f inventory, less returns and allowances 7a						
		bι	ess: cost of g	joods sold						
				r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8			(describe )	· · · · · · · · · · · · · · · · · · ·	8				
	9	т	otal revenu	ie. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	106,755.			
	1(			milar amounts paid (attach schedule) ATCH 2		10	159,239.			
	1.			to or for members		11				
ŝ	1:			r compensation, and employee benefits		12	21,342.			
nses				ees and other payments to independent contractors		13	5,106.			
Expen	1			ent, utilities, and maintenance		14	280.			
ŭ	1			cations, postage, and shipping		15	954.			
	1			as (describe ► ATCH 3		16	41,641.			
	1		•	ses. Add lines 10 through 16	· / F	17	228,562.			
	-			ficit) for the year (Subtract line 17 from line 9)		18	-121,807.			
Net Assets	1			fund balances at beginning of year (from line 27, column (A)) (must agree with						
\ss				gure reported on prior year's return)		19	559,647.			
at /	2			s in net assets or fund balances (attach explanation)	1	20				
ž	2			fund balances at end of year. Combine lines 18 through 20	· · · · · -	21	437,840.			
Ē	art			heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Forr						
	an u			(See the instructions for Part II.) (A) Beginnin			(B) End of year			
22	, r	ach a	savince and i	(	33,322.	22	428,713.			
23						23				
24	 	)ther s	na sananys assets (deerri	be ▶ATCH 4)	55,689.		39,052.			
25		otal :	assets	······································	89,011.		467,765.			
26		'otel I	liabilitice (4		29,364.		29,925.			
27	-			d balances (line 27 of column (B) must agree with line 21) 5	59,647.		437,840.			
JS/	_			t and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2009			

Form 99	)-EZ (2009)			52-1	L660704	Page <b>2</b>
Part I	Statement of Program Service Accomplishme	nts (See the instruction	ons for Part III.)			enses
	the organization's primary exempt purpose? ATCH 6				(Required f 501(c)(3) a	or section nd 501(c)(4)
	what was achieved in carrying out the organization's exe	mpt purposes. In a clear	and concise manne	er,	organizatio	ns and section
	the services provided, the number of persons benefited, and				4947(a)(1) for others.)	trusts; optional
<b>28</b> 7	ATTACHMENT 7	······································				
		en and and and and and and and and and an				
(Gr	ants \$ 159,239. ) If this amount include	s foreign grants, check her		28a		164,923.
29		a foreign granta, check her		LUa		
23						
		a faraian aranta, ahaak har				
	ants \$) If this amount include	s foreign grants, check her	e	29a		
30						
		······································				
(Gr	ants \$) If this amount include	s foreign grants, check her	e 🕨 📔	30a		
31 Oth	er program services (attach schedule)			<u></u>		
		es foreign grants, check her		31a		1.6.1. 0.0.0
	al program service expenses (add lines 28a through 31a)			▶ 32		164,923.
Part	V List of Officers, Directors, Trustees, and Key Emplo					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid,		ributions to enefit plans &	(e) Expense account and
		devoted to position	enter -0)		ompensation	other allowances
SEE .	ATTACHMENT 8	-				
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Form 99	52-16607	04	I	age <b>3</b>
Part V	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34	The state	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
_	<b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
а		35a		X
h	6033(e) notice, reporting, and proxy tax requirements?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets		1	
	during the year? If "Yes," complete applicable parts of Schedule N.	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	CONTRACTOR OF TAXABLE		and the second
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9		A AND	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶0.; section 4912 ▶0.; section 4955 ▶0.			
b	Section 4911 Section 4912 Section 4912 Section 4912 Section 4915 Section 4958 Secti	a second		
0	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		
41 42a	List the states with which a copy of this return is filed. ► The organization's books are in care of ►AMERICAN TAX POLICY INSTITUTelephone no. ► 202-63	7-32	243	
7 L a	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			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign county:		in the second	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	;	Х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•••	P	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	- Linkes -		Contra de
• •	Form 990-EZ	44		X
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

Form 990-EZ (2009)

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Form 990-EZ (2009)

52-1660704

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	46		Х
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 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	address of each employee paid more hours per week employee benefit plans &		(e) Expense account and other allowances	
NONE				
f Total number of other employees paid over \$100,0	00 ► NONE	-	·	

Complete this table for the organization's five highest compensated independent contractors who each received more than 51 \$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			
	tal number of other independent contractors receiving over \$100,000	► NONE	

Total number of other independent contractors receiving over \$100,000 d

	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	Signature of officer Date									
	Type or print name	and title								
	Preparer's		Date	Check if		Preparer's identifying number (See instructions)				
Paid	signature	"hilling	self- employed	•	P00369623					
Preparer's Use Only	Firm s name (or	PRICEWATERHOUSECOOPERS,		EIN ▶13-4008324						
Use Only	yours if self-employed), address, and ZIP + 4	1301 K STREET NW, SUITE 800W WASHING		Phone no. ► 202-414-1000						
May the IRS	S discuss this retur	n with the preparer shown above? See in	structions			▶ XYes No				
						- 000 57				

Form **990-EZ** (2009)

## SCHEDULE A

8

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(Form	990	or	990-	·EZ)
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# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section te instructions.

OMB No 1545-0047 9 Open to Public

		-, 3		
Department of the Treasury Internal Revenue Service			Open to Public Inspection	
Name of the organization	he organization Employer iden			
AMERICAN TAX PO	LICY INSTITUTE	52-1	660704	
Part I Reason for	Public Charity Status (All organizations must comp	lete this part.) See instructions.		
The organization is not	a private foundation because it is: (For lines 1 through 11,	, check only one box.)		
1 A church, cor	vention of churches, or association of churches described	in section 170(b)(1)(A)(i).		
2 A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)			
3 A hospital or	a cooperative hospital service organization described in se	ction 170(b)(1)(A)(iii).		
4 A medical re	search organization operated in conjunction with a hos	pital described in section 170(b)(	1)(A)(iii). Enter the	
hospital's nan	ne, city, and state:			
5 An organizat	on operated for the benefit of a college or university ow	ned or operated by a government	al unit described in	
	b)(1)(A)(iv). (Complete Part II.)			
6 A federal, sta	ite, or local government or governmental unit described in s	section 170(b)(1)(A)(v).		
	on that normally receives a substantial part of its suppor		the general public	
		-	- '	

- described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

						C									Type III ·	
e	By ch	ecking th	nis box, l	certify	that the	organizati	on	is not	controlled	directly	or ind	lirectly	by or	ne o	r more	disqualified
																d in section
	509(a	)(1) or se	ction 509(a	a)(2).												
	-															

f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting	
	organization, check this box	

g	Sind	ce Au	gust 1	7, 200	6, has	s the	orgar	nizatior	n ac	cept	ed any	y gift or	· contri	bution	from an	ny of the	)		
	follo	wing	perso	ns?														•	

(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	N
	and (iii) below, the governing body of the supported organization?	11g(i)		Х
(ii)	A family member of a person described in (i) above?	11a(ii)		X

(,		•	•		 •		 •
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		•				

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	e organization vour the organization in col. g document? col. (i) of your support? (i) organization in col. support? U.S.?		the organization in col. (i) of your		ion in col.	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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Part II	Support	Sched
Schedule A	(Form 990 or 990	-EZ) 2009

Par	t II Support Schedule for Or (Complete only if you check	ganizations D ked the box or	escribed in S In line 5, 7, or 8	ections 170( of Part I.)	b)(1)(A)(iv) aı	nd 170(b)(1)(A	A)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	166,565.	160,689.	120,261.	109,389.	106,009.	662,913.
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	166,565.	160,689.	120,261.	109,389.	106,009.	662,913.
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)						395,372.
6	Public support. Subtract line 5 from line 4.						267,541.
	tion B. Total Support	( ) 0005	"	( ) 0007	(	( ) 0000	(0 T / )
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	166,565.	160,689.	120,261.	109,389.	106,009.	662,913.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,683.	22,143.	28,162.	13,049.	746.	77,783.
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						740,696.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					<u> </u>	
	Public support percentage for 2009 (li		<u> </u>	11 column (f))		14	36.12%
14 15	Public support percentage for 2009 (in Public support percentage from 2008						30.56%
	<b>331/3% support test - 2009.</b> If the c						, <del>,</del>
104	this box and <b>stop here</b> . The organizati						
h	331/3% support test - 2008. If the o						
~	check this box and <b>stop here</b> . The org						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t					•	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
2	15 is 10% or more, and if the orga		-				
	Explain in Part IV how the organzation						
	supported organization				-	-	▶ □
18	Private foundation. If the organization						and see
	instructions						

Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form 990 or 990-EZ) 2009	52
Part III	Support Schedule for Organizations Desc	ribed in Section 509(a)(2)

	(Complete only if you checke	d the box on I	ine 9 of Part I.	)			
Sect	ion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
	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						i fat - ppot - contractive - coprate
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3			t			
, .	received from disgualified persons						
b	Amounts included on lines 2 and 3			+			
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
C	Add lines 7a and 7b			a en anticipa de la compañía de la c	our countries and the countries with		
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•	•·····			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b		t				
44	Net income from unrelated business				r		
11	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on · · · · · · · · · · · · · · · ·			+	<u></u>		
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part IV.)			ļ	ļ		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1	L		
14	First five years. If the Form 990 is for	the organization	n's first, second	, third, fourth, or	r fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here				<u></u>	<u> <i>.</i></u>	· · · .►
Sec	tion C. Computation of Public Sup	pport Percent	age				
15	Public support percentage for 2009 (line 8	B, column (f) divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2008 Sch					16	%
	tion D. Computation of Investme					fr	
17	Investment income percentage for 2009 (li			13. column (ft)		17	%
	Investment income percentage for 2009 (in					18	%
18							
198	33 1/3% support tests - 2009. If the o						
	17 is not more than 33 1/3%, check t						
b	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	b, check this be	ox and see instr	uctions 🕨

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

#### 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, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

AMERICAN TAX POLICY INSTITUTE

52-1660704

**Employer identification number** 

Filers of:	Section:
Form 990 or 990-EZ	$\begin{bmatrix} X \end{bmatrix}$ 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 an organization 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 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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# Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	ABA FUND FOR JUSTICE AND EDUCATION 740 15TH STREET, N.W. WASHINGTON, DC 20005	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	AMERICAN COLLEGE OF TAX COUNSEL 1156 15TH STREET NW, SUITE 900 WASHINGTON, DC 20005	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3	OTHER DIRECT PUBLIC SUPPORT	\$6,009.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

## FORM 990EZ, PART I - INVESTMENT INCOME

### DESCRIPTION

# AMOUNT

DIVIDEND INCOME

TOTAL

746.

746.

#### AMERICAN TAX POLICY INSTITUTE

#### FORM 990, PART II- GRANTS AND ALLOCATIONS PAID

<u>Grant/Project Description</u>	Primary Grant Receipient	Amount
Comparative Study of Progressive Taxation	Rutgers School of Law - Camden	2,000
Structuring a Federal Add-On VAT	Various	60,333
Tax Expenditures & Social Policy	The Urban Institute	14,294
Energy Taxes in the US Economy	Various	77,776
Low Income Taxpayers	Various	4,836
Total		159,239

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

# FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	817.
TRAVEL	4,148.
CONFERENCES, CONVENTIONS	1,536.
MGMT FEES	28,817.
INSURANCE	1,619.
WEBSITE	1,041.
BANK AND CREDIT CARD FEES	808.
BAD DEBT EXPENSE	2,800.
MISCELLANEOUS	55.
TOTAL	41,641.

# FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE PLEDGES RECEIVABLE PREPAID EXPENSES OR DEFERRED CHARGES	0. 53,384. 2,305.	70. 38,103. 879.
TOTALS	55,689.	39,052.

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# FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	29,364.	29,925.
TOTALS	29,364.	29,925.

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

PROMOTE AND FACILITATE TAX POLICY RESEARCH

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

ATTACHMENT 7

### PROGRAM SERVICE ACCOMPLISHMENT 1

THE INSTITUTE FUNDS RESEARCH PAPERS, PROJECTS, AND SEMINARS THE PURPOSE OF DISSEMINATING KNOWLEDGE OF TAX POLICY AND PROCEDURES. THE SUBJECT MATTER OF THE RESEARCH PAPERS AND BOOKS FUNDED DURING 2009 INCLUDE PROGRESSIVE TAXATION; STRUCTURING FEDERAL ADD-ON VAT; TAX EXPENDITURES & SOCIAL POLICY; ENERGY TAXES; AND LOW-INCOME TAXPAYERS.

#### AMERICAN TAX POLICY INSTITUTE

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

#### 52-1660704

Name and Address	Title and Average Hours <u>Per Week</u>	<u>Compensation</u>	Contributions to Employee Benefit Plans and Deferred Compensation	Expense Account and Other Allowances
Reuven Avi-Yonah University of Michigan Law School	Trustee < 1 hour	None	None	None
Stanley L. Blend Oppenheimer Blend Harrison + Tate, Inc.	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	Secretary < 1 hour	None	None	None
Phillip L. Mann Milller & Chevalier Chartered	Past President <1 hour	None	None	None
Thomas Ochsenschlager	Assistant Treasurer < 1 hour	None	None	None
Rudolph G. Penner PhD The Urban Institute	Trustee <1 hour	None	None	None
Victoria J. Perry International Monetary Fund	Vice President < 1 hour	None	None	None
George Plesko University of Connecticut School of Business	Trustee < 1 hour	None	None	None
Norman B. Richter Baxter Corporation	Trustee < 1 hour	None	None	None
Michael L. Schler Cravath, Swaine & Moore LLP	President 3 hours	None	None	None
Susan P. Serota Pillsbury Winthrop Shaw Pittman LLP	Treasurer < 1 hour	None	None	None
Roger D. Wheeler KPMG Washington National Tax	Trustee < 1 hour	None	None	None
Dennis Zimmerman	Director of Projects 2 hours	\$21,342	None	None
The Kellen Company 529 - 14th Street NW, #750 Washington, DC 20045	Management Company 8 hours	\$35,317	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