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-om **990**

Department of the Treasury Internal Revenue Service

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)

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

2008
Open to Public Inspection

Form **990** (2008)

A F	or the	2008 ca	lendar year, or tax year beginning $$ OCT 1 , $$ $$ 2008 $$ and e	ending S	EP 30, 2009	<u> </u>
B	heck if	e. Please	C Name of organization		D Employer identific	ation number
	Addre	ss label or	CENTRAL ASIA INSTITUTE			
	Name change	type	Doing Business As			376237
F]Initial return Termir	See Specific	,	Room/suite	E Telephone number	585-7841
	ation Amend	Instruc-	PO BOX 7209			14,299,078.
┝	return Applic	1	City or town, state or country, and ZIP + 4 BOZEMAN, MT 59771		G Gross receipts \$	
	⊥tion pendir		ne and address of principal officer:GREG MORTENSON		H(a) Is this a group re for affiliates?	Yes X No
		PO	BOX 7209, BOZEMAN, MT 59771		H(b) Are all affiliates incl	
			us: X 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		1 ' '	list. (see instructions)
1 \	Meheit	te ► IK	XAT.ORG	-	H(c) Group exemption	
			n X Corporation	L Year		State of legal domicile DE
	art I	Summ				
	1	Bnefly de	scribe the organization's mission or most significant activities: PRESE	ERVATI	ON OF THE C	ENTRAL ASIA
Activities & Governance		LUOM	AIN REGION AND ITS PEOPLE THROUGH ED	DUCATI	ON, HEALTHC	ARE AND
rus	2	Check the	s box Fig. 1 state organization discontinued its operations or dispos	sed of more	than 25% of its assets	
8	3	Number o	of voting members of the governing body (Part VI, line 1a)		3	4
ص ح	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	
ies			nber of employees (Part V, line 2a)		5	11
Σį			nber of volunteers (estimate if necessary)		6	0
Act			ss unrelated business revenue from Part VIII line 12, column (C) V E		7a	0.
	Ь	Net unrel	ated business taxable income from Form 99b.T. line 34	8	7b	
			ions and grants (Part VIII, line 1h)	Ö -	Prior Year 13, 101, 295.	Current Year 13,686,792.
e n	1		ти — то	IRS-O	13,101,233.	13,000,732.
Revenue	9	Program	service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d GDEN UT	- جواسم	22,884.	609,488.
æ	10 11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		
	1		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,124,179.	14,296,280.
			nd similar amounts paid (Part IX, column (A), lines 1-3)			54,433.
	1		paid to or for members (Part IX, column (A), line 4)			
ý	1	-	other compensation, employee benefits (Part IX, column (A), lines 5-10)		513,856.	686,207.
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			······································
xpe	b	Total fund	draising expenses (Part IX, column (D), line 25)	<u> 10. </u>		
Ш	1		penses (Part iX, column (A), lines 11a-11d, 11f-24f)	ļ	4,578,640.	8,979,190.
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	5,092,496.	9,719,830.
- "	19	Revenue	less expenses. Subtract line 18 from line 12		8,031,683.	4,576,450.
Net Assets or Fund Balances				-	Beginning of Year	End of Year 15, 166, 369.
Sse	20		ets (Part X, line 16)	-	10,297,437. 45,734.	361,501.
let A	21		littles (Part X, line 26)	-	10,251,703.	14,804,868.
	22 art 11		ts or fund balances. Subtract line 21 from line 20		10,231,703.	14/004/000.
1.5	21 6 14	Under pena	alties of penury, I declare that I have examined this return, including accompanying schedules and	d statements,	and to the best of my knowledg	je and belief, it is true, correct,
		and comple	ete Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge	a /a /	
Sig	n		W 7 NO		1 7/20/	10
Hei		Sigi	naty/e of officer		Date	
	_	JE	ENNIFER SIPES, OPERATIONS DIRECTOR			
		Тур	e or print name and title			
Da:		Preparer'			/ / / /	r's identifying number tructions)
Paid		signature		D em	nployed 🕨 📖	
	parer's Only	Firm's nam yours if	ANDERBON BOILDER & CO. 1C		EIN ►	·
036	omy	self-emplo				100) 555 5555
		ZIP + 4	BOZEMAN, MT 59/15		Phone no P (
Ma	y the I	RS discus	s this return with the preparer shown above? (see instructions)			X Yes No

SCANNED AUG 1 3 2010

Form	990 (2008) CENTRAL ASIA INSTITUTE 51-037	<u>6237</u>	<u> </u>	age 3
Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<u> </u>	
•	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	<u> </u>		
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	<u> </u>	 	
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	 	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
••	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	x	İ
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	<u> </u>	 -	
12	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	ļ
13	Is the organization a school as 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 U.S.?	14a	Х	
b			 -	
•	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entit		 	
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1	t —	<u> </u>
	located outside the United States? If "Yes," complete Schedule F, Part III	16	x	ľ
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	├~~
		_=-	T	1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K	:		
	If "No", go to question 25	24a	1	Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
c	Did the organization mivest any proceeds of tax-exempt sorius beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		 	T
ŭ	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		 	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
.	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a		1	T
	phor year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	The state of the s	1		1

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person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	_X	
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b	_	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	:		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Х
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		_ X_
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			į
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			į
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," Indicate the number of Forms 8282 filed during the year			į
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			ĺ
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			ĺ
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			İ
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter: N/A			ĺ
a	Gross income from members or shareholders			İ
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			É
40-	amounts due or received from them.)	10-		ĺ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a		-
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		000	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management		1	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	١_ ا		v
	governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		Х	
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Λ_	X
9a	Does the organization have local chapters, branches, or affiliates?	9a		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	۵.		
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	10	Х	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion B. Policies		V	N _a
40	D	12a	Yes X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	128		
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	406	Х	
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	Х	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	45-	Х	
	The organization's CEO, Executive Director, or top management official?	15a		Х
b	Other officers or key employees of the organization?	15b		
40	Describe the process in Schedule O. (see instructions)			
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		х
	taxable entity during the year?	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b		
<u></u>	exempt status with respect to such arrangements?	TIOD	L	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	Est the states with time to be a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	101		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request	nd fina	noist	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	1111 11112	uicidi	
00	statements available to the public.	ation:	•	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza JENNIFER SIPES - 406-585-7841	ation.		
	MONTANA, BOZEMAN, MT 59715			
83200		Form	990	(2008)

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)					dv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ABDUL JABBAR										
BOARD CHAIR				_	_	┡		0.	0.	0
KAREN MCCOWN FREASURER								0.	0.	0
CHRISTINE SLAUGHTER				 	-	\vdash		0.		
SECRETARY					L			0.	0.	C
GREG MORTENSON EXECUTIVE DIRECTOR	40.00	x						141,075.	0.	39,672
		_								
			_	_			_			
							<u> </u>			_
				_			_			

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average				tion			Reportable	Reportable			ımate	
		hours	(C	heck	all	that	арр	ly)	compensation from	compensation from related	י		ount	of
		per week	ector						the	organizations	,	comp	other oensa	tion
		,,,,,,	Individual trustee or director	88			Highest compensated employee		organization	(W-2/1099-MIS			om the	
			Tustee	institutional trustee		8	mpens		(W-2/1099-MISC)			_	ınızatı	
			dualt	utona	<u></u>	Key employee	St Co.	a 5					relate	
			Indiv	Instit	Officer	Ke.	High	Form				orga	nizatio	ons
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				-		<u> </u>	-	_						
16	Total			<u>. </u>	1	<u> </u>	_		141,075.		0.	39	9.6	72.
2	Total number of individuals (including those	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00.	•					
	compensation from the organization							,			\blacktriangleright			1
													Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	plo	yee,	or I	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch ındıvidual									ļ	3	.	X
4	For any individual listed on line 1a, is the su	•								the organization				
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J 1	for such individual		-	4	X	
5	Did any person listed on line 1a receive or a				rom	any	unr/	elat	ted organization for serv	ices rendered to			-	17
_	the organization? If "Yes," complete Sched	ule J for such	oers	on					 		1	5		<u>X</u>
	tion B. Independent Contractors									#400 000 - f				
1	Complete this table for your five highest co the organization. NONE	mpensated inc	nebe	∍na∈	ent C	onti	acto	rs t	mat received more than	a indution of com	pensa	ation ir	OIII	
	(A)								(B)			(C)		
	Name and business	address							Description of s	ervices	C	ompen		า
										ì				
								_						
								4						
								\dashv						
2	Total number of independent contractors (i	ncluding those	e in :	1) w	ho re	ecen	ved i	mor	re than \$100,000 in com	pensation	********			
	from the organization	0												

Form **990** (2008)

Pa	t VI	H	Statement of Reven	ue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	,	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ŧ		Membership dues	1b					
S,E	(;	Fundraising events	1c					
ig ig			Related organizations	1d					
S, E			Government grants (contributi	ons) 1e					
isi	f		All other contributions, gifts, grant						
Per le	•		similar amounts not included abov	1 1 2	686792.				
들의			Noncash contributions included in lines						
a S			Total. Add lines 1a-1f			13686792.			
-		•	TOTAL TITLE		Business Code				
	2 8]
울									
Sel						-			
E S		H							
Program Service Revenue		2							
٦ <u>- ۲</u>	•		All other program service reve	nue					
ŀ			Total. Add lines 2a-2f		>				
		_	Investment income (including	dividends, intere	est, and			_	
			other similar amounts)		•	612,286.			612,286.
	4		Income from investment of tax	k-exempt bond p	roceeds				
ŀ	5		Royalties	,	>				
	•		Tioyanio	(i) Real	(ii) Personal				
	6 :	a	Gross Rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		•		1		
			Gross amount from sales of	(i) Securities	(ii) Other				
	•		assets other than inventory	1/2000	(v) = v.v.				
	1		Less: cost or other basis	_					
		_	and sales expenses		2,798.				
		c	Gain or (loss)	_	2,798. <2,798.	>			
			Net gain or (loss)			<2,798.	> <2,798.	>	
			Gross income from fundraisin	a events (not		.,,			
Other Revenue	_		including \$	_					
S S			contributions reported on line						
ά			Part IV, line 18	a					
the			Less: direct expenses	b					
0			Net income or (loss) from fund	draising events					
			Gross income from gaming ad						
	-	_	Part IV, line 19	а					
		ь	Less: direct expenses	b					
			Net income or (loss) from gam	ning activities				_	
			Gross sales of inventory, less	-					
			and allowances	а					
		ь	Less: cost of goods sold	b					
			Net income or (loss) from sale	s of inventory	•				
			Miscellaneous Revenu		Business Code				
	11	a							
		b							
		С							
		d	All other revenue						
		e	Total. Add lines 11a-11d		•				
	12		Total Revenue Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	Oc, and 11e	14296280.	<2,798.	> 0.	612,286.
8320 02-02	09 2-09					_			Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	-			·····
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	14,445.	14,445.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	39,988.	39,988.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 545		0 - 110	
	trustees, and key employees .	180,747.	90,374.	27,112.	63,261
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 555	0.40 500	70 706	
7	Other salaries and wages	402,757.	240,728.	79,786.	82,243
8	Pension plan contributions (include section 401(k)		15 504	1 5 4 5	2 242
	and section 403(b) employer contributions)	21,484.	17,594.	1,547.	2,343 10,888
9	Other employee benefits	81,219.	37,640.	32,691.	10,888
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	65.106		65.106	
þ	Legal	67,196.		67,196.	
C	Accounting _	12,945.		12,945.	
d	Lobbying .	•			-
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other _	1 505 061	1 505 061		
12	Advertising and promotion	1,527,061.	1,527,061.	05.040	· · · · · ·
13	Office expenses .	25,672.	629.	25,043.	
14	Information technology				
15	Royalties				
16	Occupancy	60,109.	7,123.	52,986.	00.000
17	Travel	1,398,833.	1,290,874.	24,739.	83,220
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5 140	2 600		
19	Conferences, conventions, and meetings	5,143.	3,630.	1,513.	·
20	Interest	2,452.		2,452.	
21	Payments to affiliates	10.000		10.000	
22	Depreciation, depletion, and amortization	12,990.		12,990.	
23	Insurance				······································
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
•	OTHER OVERSEAS BUILDING	3,004,669.	3,004,669.		
	PUBLICATIONS	723,757.	716,661.	7,096.	
C	COHOOT OPERATING EXPENC	431,683.	431,683.	.,050.	
d	CONCUE MINO	306,367.	191,944.	78,168.	36,255
e	DOTAMINA AND DEDDODUCET	301,480.	247,288.	1,246.	52,946
_		1,098,833.	699,613.	253,336.	145,884
f 25	Total functional expenses Add lines 1 through 24f	9,719,830.	8,561,944.	680,846.	477,040
<u>25</u> 26	Joint Costs. Check here X if following	2,.25,000	0,002,011	550,0101	
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation]	

Par	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		334,698.	1	267,507.
	2	Savings and temporary cash investments		8,217,850.	2	8,340,943.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		·	4	
	5	Receivables from current and former officers, of	lirectors, trustees, key			
		employees, or other related parties. Complete			5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 49				
		Part II of Schedule L			6	
s	7	Notes and loans receivable, net	·	· · -	7	
Assets	8	inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges	·		9	21,409.
	1	Land, buildings, and equipment: cost basis	10a 1,225,779.			······································
		Less: accumulated depreciation. Complete				
		Part VI of Schedule D	10b 29,549.	890,739.	10c	1,196,230.
	11	Investments - publicly traded securities		854,150.	11	1,196,230. 5,274,378.
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		-	14	
	15	Other assets. See Part IV, line 11		0.	+ +	65,902.
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	10,297,437.		15,166,369.
	17	Accounts payable and accrued expenses	27,010.		122,509.	
	18	Grants payable			18	* · · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	•		19	···
	20	Tax-exempt bond liabilities		-	20	
<i>,</i>	21	Escrow account liability Complete Part IV of S	rhedule D		21	
Liabilities	22	Payables to current and former officers, director	t e e e e e e e e e e e e e e e e e e e			
Ē		highest compensated employees, and disqual				
Ë		of Schedule L	ned personer complete i dit ii		22	
	23	Secured mortgages and notes payable to unre	lated third parties		23	209,864.
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule I	18,724.	-	29,128.	
	26	Total liabilities. Add lines 17 through 25	45,734.		361,501.	
		Organizations that follow SFAS 117, check I	nere X and complete			
s		lines 27 through 29, and lines 33 and 34.				
၁င	27	Unrestricted net assets		7,969,314.	27	11,832,605.
alaı	28	Temporarily restricted net assets	•	2,282,389.		2,972,263.
Net Assets or Fund Balance	29	Permanently restricted net assets			29	
Ě		Organizations that do not follow SFAS 117,	check here ▶ ☐ and			
ř		complete lines 30 through 34.				
ţş	30	Capital stock or trust principal, or current fund	s		30	
SSe	31	Paid-in or capital surplus, or land, building, or e			31	
¥ A	32	Retained earnings, endowment, accumulated	• •		32	
ž	33	Total net assets or fund balances	ŕ	10,251,703.	33	14,804,868.
	34	Total liabilities and net assets/fund balances		10,297,437.	34	15,166,369.
Pa	rt XI	Financial Statements and Reportin	9			
				_		Yes No
1		ounting method used to prepare the Form 990:		」 Other		<u></u>
2a		e the organization's financial statements compile		accountant?		2a X
b	Were	e the organization's financial statements audited	by an independent accountant?			2b X
C	If "Y	es" to lines 2a or 2b, does the organization have	a committee that assumes respon	nsibility for oversight of the	e audıt,	
		w, or compilation of its financial statements and				2c X
3a		result of a federal award, was the organization i	dits as set forth in the Sing	gle Audi		
		and OMB Circular A-133?				3a X
<u>b</u>	If "Y	es," did the organization undergo the required a	udit or audits?			3b
83201	1 12-18	3-08				Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

51-0376237 CENTRAL ASIA INSTITUTE Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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 - Functionally integrated **b** Type II a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the iRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) la	organization sted in your document?	organizati	i notify the ion in col support?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
			<u> </u>							
	.=.=									
						-				
otal										

LHA 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 CENTRAL ASIA INSTITUTE 51-0376237 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	ction A. Public Support									
Cale	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									
	ınclude any "unusual grants.")	867,148.	1541711.	3660538.	13101295.	13686792.	32857484.			
2	Tax revenues levied for the organ-									
	ızatıon'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	867,148.	1541711.	3660538.	13101295.	13686792.	32857484.			
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						32857484.			
	ction B. Total Support					1				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
	Amounts from line 4	867,148.	1541711.	3660538.	13101295.	13686792.	32857484.			
8	Gross income from interest.	•								
Ŭ	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	131,440.	75,383.	135,534.	22,884.	609,488.	974,729.			
9	Net income from unrelated business				,					
•	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain						· · · · · · · · · · · · · · · · · · ·			
10	or loss from the sale of capital									
	assets (Explain in Part IV.)									
44	Total support. Add lines 7 through 10						33832213.			
	Gross receipts from related activities,	oto (coo instructi			1	12	1000011111			
12	First five years. If the Form 990 is for			d fourth or fifth to	av vear as a sectio					
13	organization, check this box and stor		s mat, second, tim	a, loaitii, or ilitii t	ax year as a sectio	11 30 1 (0)(0)				
Sec	ction C. Computation of Publ		rcentage							
	Public support percentage for 2008 (column (f))		14	97.12 %			
	Public support percentage from 2007		•	Oldifili (i))		15	93.56 %			
	33 1/3% support test - 2008. If the c	•		n line 13, and line	14 is 33 1/3% or n					
100	stop here. The organization qualifies	_			1413 33 17070 31 11	nord, driedit triid b	► X			
	33 1/3% support test - 2007. If the c		-		l line 15 ie 33 1/3%	or more checkt				
•	and stop here. The organization qual				1 III 13 13 33 173 71	or more, encor t	▶ □			
17-	, ,				a 13 16a or 16b :	and line 14 is 1004	or more			
1/8	7a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
						it is now the orga	▶ □			
	meets the "facts-and-circumstances"	_	•		_	17a and less 15 :=	10% or			
Ę	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the						▶ ┌┐			
40	organization meets the 'facts-and-circ		=							
18	Private foundation. If the organization	HI GIO HOL CHECK A	DOX OII III 13, 16	a, 100, 1/a, 0/ 1/			0 or 990-EZ) 2008			
					- Cili		 ,			

Pε	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	ıf you checked th	ne box on line 9 of Part I)
Se	ction A. Public Support				-	-	
Cal	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.")			-			
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 bus-					}	
	iness under section 513						
4	Tax revenues levied for the organ- ization'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 · 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Armounts 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)	<u> </u>					
Se	ction B. Total Support	r 				· · · · ·	
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006_	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income			}			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			<u> </u>			
11	Add lines 10a and 10b 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 fo	r the organization's	s first, second, the	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) org	anızatıon,
_	check this box and stop here						<u>▶</u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (line 8, column (f) d	livided by line 13,	column (f))		15	%
_	Public support percentage from 2007					16	%
	ction D. Computation of Inve					T I	
17	Investment income percentage for 20		-			17	%
18	'					18	<u>%</u>
19a	33 1/3% support tests - 2008. If the	-					. —
	more than 33 1/3%, check this box a		•	• •			. ▶⊔
t	33 1/3% support tests - 2007. If the	-					. —
	line 18 is not more than 33 1/3%, che		•	-		_	tion P
20	Private foundation. If the organization	on ald not check a	box on line 14, 19	a, or 195, check t			990 or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

CENTRAL ASTA INSTITUTE

Employer identification number 51-0376237

Par	11 Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	rriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ac		e used only
_	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or pl		storically important land area
	Protection of natural habitat		fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a cor	nservation easement on the last day
_	of the tax year.		ios. valion cascinom en alle last cay
	of the tax year.		Held at the End of the Year
_	Total number of conservation easements		2a
- a	Total acreage restricted by conservation easements	•	2b
b	Number of conservation easements on a certified historic stru	Inture included in (a)	2c
C	Number of conservation easements included in (c) acquired a		2d
d	Number of conservation easements included in (c) acquired a Number of conservation easements modified, transferred, rele		
3		eased, extinguished, or terminated by tr	le organization during the taxable
	year >	amont is located	
4	Number of states where property subject to conservation eas		and
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, violations, a	Yes No
_	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	∪(⊓)(4)(B)(I)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
D	conservation easements. rt ## Organizations Maintaining Collections of	Art Historical Transuras or (Other Similar Assets
Pa	Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		Julier Sillillai Assets.
	Complete if the organization answered Tes to Forms	990, Fait IV, lille 0.	
			to the state of and brokeness.
ıa	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ed		ublic service, provide, in Part AIV, the text of
	the footnote to its financial statements that describes these it		to the standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard stand
ь	If the organization elected, as permitted under SFAS 116, to r		
	or other similar assets held for public exhibition, education, or	r research in furtherance of public service	ce, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		. \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	6 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$
	For Privacy Act and Pananyork Poduction Act Notice see	the Instructions for Form 000	Schedule D (Form 990) 2008

08500716 792194 140709

Schedule D (Form 990) 2008

,196,230.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2008

832053 12-23-08

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Z	UU8
	n ta Public ection

nternal Revenue Service	FOIIII	990, Part IV, line 140, line 13	, or line 10.	1 131	spection
Name of the organization	· · · · · ·			Employer identifi	cation number
CENTRAL ASIA INSTI	TUTE			51-037623	7
Part I General Informat	ion on Activities	Outside the United St	ates. Complete if the organ	nization answered "\	'es"
to Form 990, Part IV, lii	ne 14b.				
1 For grantmakers. Does the o	-		-	 -	
grantees' eligibility for the grain	nts or assistance, and	the selection criteria used to	award the grants or assistar	nce? X	Yes No
2 For grantmakers. Describe in	n Part IV the organizati	on's procedures for monitorin	g the use of grant funds out	side the United Stat	es.
3 Activities per Region. (Use Sc	hedule F-1 (Form 990)	if additional space is needed)		
	Jumber of c) Number offices employees agents in region	s or (by type) (i.e., fund	raising, is a pro- rants to describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures in region
AFGANISTAN	11	0 PROGRAM SERVICES	THE ORGANIZ PROMOTES EI YOUNG CHILI PROVIDING S	OUCATION FOR OREN BY	2,589,445.
N GANTO TAN		V PROGRAM BERVICES	THE ORGANIZ	ATION DUCATION FOR	2,309,443.
PARISTAN	1	0 PROGRAM SERVICES A	ł		1,365,198.

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

Schedule F (Form 990) 2008

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

832071 12-18-08

3,954,643.

Page 2				(i) Method of Juation (book, FMV, appraisal, other)
	0, Part IV, line 15, for any			(h) Description (i) of non-cash valuat assistance app
76237	"Yes" to Form 99			(g) Amount of non-cash assistance
51-0376237	ganization answered			(e) Amount (f) Manner of of cash grant cash disbursement
	omplete if the org	han \$5,000		(e) Amount of cash grant
TUTE	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	one recipient received more than \$5,000		(d) Purpose of grant
CENTRAL ASIA INSTITU	anizations or Entities C	recipient who received more than \$5,000. Check this box if no one	Use Schedule F-1 (Form 990) if additional space is needed.	(c) Region
•	r Assistance to Org	eived more than \$5,0	(Form 990) if addition	(b) IRS code section and EIN (if applicable)
Schedule F (Form 990) 2008	Part II Grants and Other	recipient who rece	Use Schedule F-1	(a) Name of organization

	and Env (n applicable)		glan	ol casil glain	or cash gram cash dispursement	assistance	assistance	appraisal, other)
2 Enter total number of organizations section 501(c)(3) equivalency letter	organizations that ar	e recognized as charities	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	which the grante	e or counsel has pro			
3 Enter total number of other organizations or entitles	other organizations	or entities				•		

20

Schedule F (Form 990) 2008

51-0376237

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2008

CENTRAL ASIA INSTITUTE

Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance (b) Region (c) N	(b) Region	lumber of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of valuation
201 83313181 20		recipients	cash grant	cash disbursement	non-casri assistance	IIOII-casii assistance	(book, FMV, appraisal, other)
				PAYMENTS ARE MADE	•		
STUDENTS TO ATTEND SCHOOL	PAKISTAN	17	39,988.	39,988, DIRECTLY TO SCHOOLS	0.		
_							
						Schedu	Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 CENTRAL ASIA INSTITUTE	51-0376237 Page 4
Part IV Supplemental Information	
Complete this part to provide the information required by Part I, line 2, and any other additional info	rmation.
SCHEDULE F, PART I, LINE 2: THE ORGANIZATION USES FIELD	AGENTS WHO
MONITOR AND REPORT GRANT FUNDS USED OUTSIDE OF THE UNITE	D STATES.
PART I, LINE 3, COLUMN (E):	
REGION: AFGANISTAN	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATI	ON PROMOTES
EDUCATION FOR YOUNG CHILDREN BY PROVIDING SUPPLIES, EQUI	PMENT, AND
OPERATING EXPENSES FOR EDUCATION TO ALLOW THE CHILDREN T	O AMMEND CCHOOL
OPERATING EXPENSES FOR EDUCATION TO ALLOW THE CHILDREN T	O ATTEND SCHOOL.
REGION: PAKISTAN	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATI	ON PROMOTES
EDUCATION FOR YOUNG CHILDREN BY PROVIDING SUPPLIES, EQUI	PMENT, EDUCATION
OPERATING EXPENSES AND SCHOLORSHIPS TO ALLOW THE CHILDRE	N TO ATTEND
SCHOOL.	
<u> </u>	
	•

CHEDULE			ļ	,	,			OMB No 1545-0047
Form 990)			Grants and Governm	ants and Other Assistance to Organizatio Governments, and Individuals in the U.S.	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.			2008
Pepartment of the Treasury Itemal Revenue Service		► Comple	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	n answered "Yes," on F. ▶ Attach to Form 990.	" on Form 990, Pe n 990.	art IV, lines 21 or 22.		Open to Public Inspection
lame of the organization	CENTRAL ASIA	A INSTITUTE	UTE				Ш	Employer identification number 51-0376237
Part i General Inform	122	ssistance					-	
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	bstantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selection	
criteria used to award	criteria used to award the grants or assistance?	se?						X Yes No
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use	ures for monito	ring the use of grant f	of grant funds in the United States.	d States.			
Part # Grants and Ot	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	ernments and	Organizations in the	United States. C	omplete if the orga	Inization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that n	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	00. Check this b	ox if no one recipien	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-	(Form 990) if additiona	space is needed
1 (a) Name and address of organization or government	ss of organization ment	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations	overnment orga	anizations					
Enter total number of	Enter total number of other organizations							•
HA For Privacy Act and	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	n Act Notice, s	ee the Instructions f	or Form 990.				Schedule 1 (Form 990) 2008

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 14,445. 24 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance EDUCATION SCHOLARSHIPS 832102 12-18-08

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Page 2

51-0376237

CENTRAL ASIA INSTITUTE

Schedule I (Form 990) 2008
Part III Grants and Oth

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTRAL ASIA INSTITUTE

Employer identification number 51-0376237

<u>Pa</u>	A I Questions Regarding Compensation			
	-		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			ĺ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			É
	X First-class or charter travel			į.
	Travel for companions Payments for business use of personal residence			İ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			Ė
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			İ
				ĺ
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision		.,	ĺ
	of all of the expenses described above? If "No," complete Part III to explain	1b	X	-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		•	İ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	ļ
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			х
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		X
-	Any related organization?	5b		X
-	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b	<u> </u>	X
-	If "Yes" to line 6a or 6b, describe in Part III.			
7				
-		7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-		8_		Х
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III			

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	<u>O</u>	(Q)	(E)	(F)
(i) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (ii	(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or
(i) (ii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0. (iii) 0.				compensation					Form 990-EZ
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Schedule J (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

2008

OMB No 1545-0047

ZUUÖOpen To Public Inspection

Employer identification number Name of the organization 51-0376237 CENTRAL ASIA INSTITUTE Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (a) Name of interested (b) Loan to or from (e) In (c) Original principal (d) Balance due by board or agreement? the organization? default? person and purpose amount committee? Yes Yes To From \$ Total Grants or Assistance Benefiting Interested Persons. Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount of grant or type the organization of assistance **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (e) Sharing of (c) Amount of (d) Description of (a) Name of interested person (b) Relationship between interested organization's person and the organization transaction transaction revenues? Yes No EXECUTIVE DIRECTOR 0.THE ORGANIZ GREG MORTENSON X Schedule L (Form 990 or 990-EZ) 2008 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Internal Revenue Service		WISPCOLON.
Name of the organization CENTRAL	ASIA INSTITUTE	Employer identification number 51-0376237
FORM 990, PART I, LINE	l, DESCRIPTION OF ORGANIZATION MIS	SION:
PUBLIC HEALTH PROJECTS.		
FORM 990, PART VI, SECT	ION A, LINE 10: A COPY OF THE COMP	LETED FORM 990 IS
PRESENTED TO THE BOARD O	OF DIRECTORS TO REVIEW BEFORE IT I	S FILED.
FORM 990, PART VI, SECT	ION B, LINE 12C: THE OPERATIONS MA	NAGER PUTS
CONFLICT OF INTEREST COM	MPLIANCE ON THE BOARD AGENDA FOR D	ISCUSSSION AT
BOARD MEETINGS AND THE C	ORGANIZATION'S LAWYER ISSUES CONTR	ACTS AND REVIEWS
CONFLICT OF INTEREST MAT	TTERS.	
		<u> </u>
FORM 990, PART VI, SECT	ION B, LINE 15: THE ORGANIZATION H	AS A COMPENSATION
COMMITTEE, WHICH DETERMI	INES THE DIRECTOR'S COMPENSATION.	DURING THE PROCESS
OF DETERMINING THE DIREC	CTOR'S COMPENSATION, A SURVEY/STUD	Y WAS CONDUCTED,
WHICH INCLUDED USING OTH	HER ORGANIZATION'S FORM 990. THE	ORGANIZATION HAS A
WRITTEN EMPLOYMENT CONTE	RACT WITH THE DIRECTOR WHICH WAS A	PPROVED BY THE
BOARD OF DIRECTORS AND	THE COMPENSATION COMMITTEE.	
FORM 990, PART VI, SECT	ION C, LINE 19: THE GOVERNING DOCU	MENTS, CONFLICT
OF INTEREST POLICY AND H	FINANCIAL STATEMENTS ARE AVAILABLE	BY REQUEST TO THE
PUBLIC. THE FORM 990 IS	S AVAILABLE ON THEIR WEBSITE.	

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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

Schedule O (Form 990) 2008

832211 12-18-08

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization CENTRAL ASIA INSTITUTE	Employer identification number 51-0376237
(A) NAME OF PERSON: GREG MORTENSON	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
EXECUTIVE DIRECTOR AND BOARD MEMBER	
(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION HAS AN E	CONOMIC
INTEREST IN A BOOK WRITTEN BY THE EXECUTIVE DIRECTOR, GRE	G MORTENSON,
WHICH IS WRITTEN IN REGARDS TO HIS JOURNEYS IN AFGHANISTA	N AND PAKISTAN
WHILE PURSUING THE ORGANIZATION'S MISSION. DURING THE FIS	CAL YEAR ENDED
SEPTEMBER 30, 2009, THE ORGANIZATION PAID \$1,729,542 FOR	BOOK-RELATED
EXPENSES ASSOCIATED WITH OUTREACH AND EDUCATION.	
	
	

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return. Business or activity to which this form relates

990

OMB No 1545-0172

Identifying number

CEN	TRAL ASIA INSTITUT	E		FOR	M 990 1	PAGE 10		51-0376237
Par			79 Note: If you ha				V before v	
	faximum amount. See the instruction					<u> </u>	1	250,000.
	otal cost of section 179 property place	_					2	
	hreshold cost of section 179 property	•	-			•	3	800,000.
	Reduction in limitation Subtract line 3				•		4	
	ollar limitation for tax year Subtract line 4 from lin			ees vietanan	instructions		5	
6	(a) Description of p				ess use only)	(c) Electe	d cost	
						-		
								
								
7 1	isted property. Enter the amount from	n line 29			7			
	otal elected cost of section 179 prop		s in column (c) lin	ee A and			8	
	entative deduction. Enter the smalle	-	• • • •	cs o and	•		9	
	Carryover of disallowed deduction from						10	
	Jusiness income limitation. Enter the s			than zer	o) or line 5		11	
	ection 179 expense deduction. Add		- •	_	,		12	
	Carryover of disallowed deduction to 2	•			▶ 13			
	Do not use Part II or Part III below to							
Par					te listed pror	nerty)		
1 200	e 11 opecial pepreciation Allowe	ance and Other B	repreciation (Do	ilot iliciae	e iisted brot	Jerry.j	7	
44.0			Al \l			h - h		
	pecial depreciation for qualified prop	• •	ted property) plac	cea in ser	vice auring ti	ne tax year	14	
	roperty subject to section 168(f)(1) el	ection .		•		• •	15	2,951.
$\overline{}$	ther depreciation (including ACRS) MACRS Depreciation (Do no	et in aliudo lieto di ei	ronomy \ (Coo inst				16	2,931.
FOR	* 111 MACAS Depreciation (Do no	ot include listed p	Section					
	14.000							7 602
	ACRS deductions for assets placed	•	•		•		_ <u>17</u>	7,692.
18_lf	you are electing to group any assets placed in se							
	Section B - Assets	(b) Month and	1		Ising the Ge	neral Depreci	ation Syste	em
	(a) Classification of property	year placed in service	(c) Basis for depri (business/investm only - see instru	nent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property	_						
<u>b</u>	5-year property	_						
c	7-year property							
<u>d</u>	10-year property	_						
е_	15-year property							
f	20-year property	_						
<u>g</u>	25-year property				25 yrs.		S/L	
	Provide Andrew Andrews	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		06/09	313,	792.	39 yrs.	MM	S/L	2,347.
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets I	Placed in Service	During 2008 Tax	Year Us	ing the Alte	rnative Depre		tem
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ь	12-year	7			12 yrs.		S/L	
	40-year	,			40 yrs.	MM	S/L	
Par		 -				******	·	
	isted property. Enter amount from line	e 28					21	
	otal. Add amounts from line 12, lines		see 10 and 20 in a	oluma (a)	and line 21			
	otal. Add amounts from line 12, lines nter here and on the appropriate lines						22	12,990.
	or assets shown above and placed in		•			ы.	- 1 22	
	or assets shown above and placed in ortion of the basis attributable to sec		e currem year, em	tei tile	23			
816251	LUA E-D LD L		congrete instruc	tions.	23			Form 4562 (2008)
11-08-0	A CHAIR COLOR PER POR MEDICE (10)		scharate metrac	AIV113.				1 01111 700E (2000)

30

Listed Property (include automobiles, certain other vehicles, cellular telephones, cortain computers, and property used for entertainment wholes. Per any vehicle for why from the property used for entertainment whose is provided to the property used for entertainment. Note: For any vehicle for why from the property used for entertainment. Note: For any vehicle for why from the property used for entertainment. Note: For any vehicle for why from the property used for entertainment. Per any vehicles from the property used for entertainment. Per any vehicles from the property used for entertainment of the property used for entertainment. Per any vehicles from the property placed in september of the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per any vehicles from the property placed in several entertainment. Per an	Form	n 4562 (2008)	CEN	TRAL AS	I AI	NSTI	TUTE	3					51-	0376	237	Page 2
Note: For any vehicle for which you are using the standard mileage and or deducting lease expense, complete only 24a, 24b, columns (a) Exection A - Depreciation and Other Information (Cautions See the instructions for limits for passenger automobiles). Section A - Depreciation and Other Information (Cautions See the instructions for limits for passenger automobiles). The section of the property (a) (b) (c) (d) (d) (d) (d) (d) (e) (f) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Pa	rt V Listed Propert	y (Include a	utomobiles, ce	ertain ot	her vehic	cles, cel	ular tele	phone	s, certain	comput	ers, and	property	used fo	r entert	ainment
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24a Do you have endonce to support the business/investment use claimed? Yes No 24b if Yes, 's the endonce written? Ves No 10 Page 1 (pg) 1 (pg) 1 (pg) 2 (pg) 2 (pg) 3 (pg) 3 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg) 4 (pg		through (c) of S	Section A, all	of Section B,	and Sec	ction C ii	f applica	ble								77775 (4)
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25 Special depreciation allowance for qualified better property placed in service during the tax year and used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used more than 50% in a qualified business use: 28 Property used 50% or less in a qualified business use: 29 Section 1 St.		Type of property	Date placed in	Business/ investment		Cost or	l (bu	sis for depri siness/inve	stment	Recovery	Me	thod/	Depre	ciation	Ele sectio	cted on 179
Property used more than 50% in a qualified business use: 96		•			property	y placed	In servi	ce durin	g the t	ax year an	d	25		-		
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Property used 50% or less in a qualified business use:					_	·	-			-			 			
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28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 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 propinetor, partner, or other "more than 5% owner," or related 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. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during the vehicle use of vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? 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 Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles of your employees, obtain information from your employees about the use of the vehicles of your employees, obtain information from your employees about the use of the vehicles of penings, by our employee or penings, except of penings, by the byte byte. 4 Do you provide more than five vehicles to your employees, obtain information											S/L·		1			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole propinetor, partner, or other "more than 5% owner," or related 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. (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehi														· · · · · · · · · · · · · · · · · · ·		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 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 related 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. (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Section B for the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle				(%											
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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. (a) (b) (c) (d) (e) (f)				5	Section	B - Infor	rmation	on Use	of Vel	nicles						
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Form **4562** (2008)

43 Amortization of costs that began before your 2008 tax year

43 44

Central Asia Institute Pakistan Projects

Pakistan Projects	Location	Support Started	School /Center Complete	Female Enrollment	Male Enrollment	Total Enrollment
Al Abid Primary School	Indus Valley	2002	2004	34	109	143
Al Mustafa Primary School	Indus Valley	2003	2003	23	43	66
Babu Alam Academy	Indus Valley	1997	1999	32	54	86
Balsari Girls' Primary School	Neelam Valley	2006	2007	120	0	120
Batangi Primary School	Neelam Valley	2007	2007	130	0	130
Bhdee Girls' Primary School	Neelam Valley	2007	2007	100	0	100
Biafoo Girls' Primary School	Indus Valley	2004	2005	66	38	104
Bien Primary School	Indus Valley	2008	2008	50	50	100
Cambridge Model School	Indus Valley	2003	Support Only	0	45	45
Chunda School	Indus Valley	2004	2007	205	0	205
Daltri Thally Primary School (LOC)	Shegar Valley	2009	2009	150	150	300
Darkot High School	Ghizer Valley	2009	2009	80	20	100
Daughoni Village Primary School	Hushe Valley	2008	2008	50	50	100
Dinna Girls' Primary School	Neelam Valley	2008	2008	130	0	130
Doq Luna Boys' High School	Punjab - Jhelum Valley	2002	2002	0	620	620
Doq Luna Boys' Primary School	Punjab - Jhelum Valley	2002	2006	0	650	650
Doq Luna Girls' High School	Punjab - Jhelum Valley	2007	2008	150	0	150
Doq Luna Girls' Primary School	Punjab - Jhelum Valley	2002	2006	160	0	160
Goma Pari Primary School (LOC)	Shegar Valley	2009	2009	150	150	300
Gulapor Girls' Upper High School	Shegar Valley	2006	2007	44	0	44
Gulapor Lower Primary School	Shegar Valley	2006	2008	45	138	183
Gulatori Refugee Girls' Primary School	Gultori Valley	1999	` 1999	230	0	230
Gunyal Girls' Primary School	Gultori Valley	1999	2000	157	0	157
Halde Primary School	Hushe Valley	1999	1999	58	102	160
Hemesil Primary School	Shegar Valley	2000	2005	25	32	57
Hoerni Computer Center	Indus Valley	1997	2000	0	140	140
Hushe Primary School	Hushe Valley	1997	1998	66	162	228
Hushe SAP Girls' Primary School	Hushe Valley	1999	2003	65	0	65
Husseinabad Student Hostel	Indus Valley	2004	2005	8	35	43
Hyderabad Primary School	Shegar Valley	2002	2002	47	72	119
Imith Higher Secondary School	Ghizer Valley	2009	2009	60	60	120
Jafarabad Primary School	Shegar Valley	2000	2006	167	0	167
Jinna Primary School	Indus Valley	1997	1997	335	420	755
Kachigari Afghan Regugee Primary School	NWFP	1999	Support Only	800	400	1200
Karmang-Pari Primary School	Gultori Valley	1998	Support Only	28	60	88
Karrimabad Boys' High School	Hunza Valley	2000	Support Only	0	315	315
Karrimabad Girls' High School	Hunza Valley	2000	Support Only	211	0	211

Central Asia Institute Pakistan Projects

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Katischo Dapa Deosai Girls Primary School	Indus Valley	2009	2009	125	0	125
Keehl Primary School	Charpusan Valley	2007	Support Only	50	50	100
Kermin Middle School	Charpusan Valley	2008	Support Only	75	100	175
Khanday Girls' High School	Hushe Valley	2000	2000	63	0	63
Khanday Middle School	Hushe Valley	1999	2001	62	165	227
Khanday Primary School	Hushe Valley	2005	2007	60	42	102
Khane School	Hushe Valley	1996	Support Only	27	35	62
Kindus Girls Primary School	Hushe Valley	1999	2001	81	0	81
Koodabad Middle School	Charpusan Valley	2007	Support Only	90	85	175
Koodabad Primary School	Charpusan Valley	2009	Support Only	35	30	65
Korphe Primary School	Braldu Valley	1993	1996	38	42	80
Kuardo Girls' Primary School	Indus Valley	1998	1998	158	0	158
Kuardo Primary School	Indus Valley	1998	1998	28	45	73
Kulda Girls' Primary School	Neelam Valley	2008	2009	130	0	130
Kyabad Primary School	Charpusan Valley	2006	Support Only	5	50	55
Majaweer Primary School	Ghizer Valley	2009	2009	65	65	130
Mauourdo Primary School	Indus Valley	2008	2008	50	50	100
Mehdiabad Primary School	Gultori Valley	2000	2000	68	90	158
Mian Channu Primary School	Punjab - Chak Valley	2005	2006	95	135	230
Mingran Girls' High School	Neelam Valley	2008	2008	150	0	150
Mirkalise Girls' Primary School	Neelam Valley	2008	2008	80	0	80
Nar Girls' Primary School	Indus Valley	2000	2000	89	0	89
Noora Seri Girls' High School	Neelam Valley	2007	2007	200	0	200
Noorabad Pre-School	Charpusan Valley	2008	2008	10	10	20
Nowseri Girls' Primary School	Neelam Valley	2005	2006	200	0	200
Olding-Toq Primary School	Indus Valley	1999	1999	118	160	278
Pakhora Primary School	Braldu Valley	1997	1997	18	42	60
Pakrat Girls' Primary School	Neelam Valley	2005	2006	100	0	100
Pangkot Girls' Middle School	Neelam Valley	2008	2008	230	0	230
Pari Goma Primary School	Indus Valley	2009	2009	0	0	0
Patika (Gundi Piran) Girls' Primary School	Neelam Valley	2005	2006	400	0	400
Ranga Primary School	Indus Valley	1998	1998	38	65	103
Ratra Girls' Primary School	Neelam Valley	2008	2008	100	0	100
Reminji Primary School	Charpusan Valley	2003	Support Only	41	55	96
Reshi t Middle School	Charpusan Valley	2009	Support Only	5	6	11
Sheresubz Primary School	Charpusan Valley	2008	Support Only	30	30	60
Shilla Deosai War Refugee Primary School	Indus Valley	2009	2009	0	0	0
Shitmerg Primary School	Charpusan Valley	2008	Support Only	25	20	45

Central Asia Institute Pakistan Projects

Skardu Girls' Honor School	Indus Valley	2004	Support Only	260	0	260
Tatrial Girls' Primary School	Neelam Valley	2008	2009	130	0	130
Thalle Daltri Girls' Primary School	Indus Valley	2002	2009	0	0	0
Tisar Primary School	Shegar Valley	2000	2000	27	41	68
Tishnaloot Primary School	Ghizer Valley	2009	2009	70	15	85
Torghu Balla Primary School	Indus Valley	1997	1999	168	0	168
Tormik Sekinderabad Primary School	Indus Valley	2000	2001	27	42	69
Yarzich Pre-School	Charpusan Valley	2009	Support Only	20	25	45
Zcharbar Primary School	Indus Valley	2000	2000	31	85	116
Zeshan Primary School	Indus Valley	2004	2004	60	58	118
Zil Primary School	Indus Valley	2004	2005	39	78	117
Zuudkhaan Primary School	Charpusan Valley	2002	Support Only	112	83	195

Total Pakistan Enrollment 8025 5605 13630

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	T	Support	School / Center	Female	Male	Total
Afghanistan Projects	Location	Started	Complete	Enrollment	Enrollment	Enrollment
Abdul Wakil Boys' High School	Wardak Province	2009	2009	0	2200	2200
AL Fateh Primary Girls School	Kabul Province	2002	Support Only	1400	0	1400
Ancha Gal Primary School	Konar Province	2009	2009	100	70	170
Babu Tengi Primary School	Wakhan Corridor	2004	2006	350	350	700
Baharak Primary School	Badakshan Province	2002	2005	370	300	670
Barok Primary School	Takhar Province	2003	2005	370	300	670
Bozoi Gumbad Primary School	Wakhan Corridor	2006	2009	21	45	66
Chokoron Primary School	Badakshan Province	2009	2009	500	500	1000
Daow Girls' Primary School	Panjshir Province	2009	2009	100	0	100
Dih Moslim Girls' Primary School	Wardak Province	2009	2009	150	0	150
Durkhanı Primary School	Kabul Province	2001	Support Only	750	680	1430
English School / Computer Center	Kabul Province	2006	Support Only	200	200	400
English School, Famila Village	Kabul Province	2009	2009	300	0	300
Eskan Girls' Primary School	Badakshan Province	2009	2009	80	0	80
Faisabad Girls' High School	Badakshan Province	2003	Support Only	1600	0	1600
Faisabad Girls' Primary School	Badakshan Province	2003	2006	700	0	700
Faisabad Medical College	Badakshan Province	2004	Support Only	29	5	34_
Farhar High School	Takhar Province	2009	2009	1000	1000	2000
Gozkhon Primary School	Wakhan Corridor	2006	2007	150	50	200
Hazart Khidre Girls' Primary School	Wardak Province	2009	2009	300	0	300
Ishkashim High School	Wakhan Corridor	2008	2008	900	0	900
Jaba Primary School	Konar Province	2009	2009	280	200	480
Jangalak Primary School	Panjshir Province	2002	Support Only	130	165	295
Jherum Girls' Primary School	Badakshan Province	2009	2009	500	0	500
Kali-Panj Primary School	Wakhan Corridor	2003	2005	330	200	530
Kamiri Girls' High School	Kabul Province	2009	2009	400	0	400
Karat Primary School	Badakshan Province	2009	2009	150	150	300
Khunkot Girls' High School	Wakhan Corridor	2009	2009	1000	0	1000
Khushpak Middle School	Wakhan Corridor	2009	2009	150	150	300
Korkut Primary School	Wakhan Corridor	2006	2007	50	50	100
Lalander Primary School	Char Asiab Valley	2003	2004	60	60	120
Morkan High School	Badakshan Province	2009	2009	500	500	1000
Naray Girls' High School	Konar Province	2009	2009	1200	0	1200
Nishagam High School	Konar Province	2008	2008	400	400	800
Paryan Primary School	Panjshir Province	2009	2009	100	100	200
Pigish High School	Wakhan Corridor	2008	2008	375	375	750
Pikui Primary School	Wakhan Corridor	2004	2006	130	50	180
Potokh Primary School	Wakhan Corridor	2006	2007	100	60	160
Pushgar Girls' Primary School	Panjshir Province	2008	2008	300	0	300
		1			†	280
Samarak Primary School	Konar Province	2008	2008	280	0	280

Central Asia Institute Afghanistan Projects

Saw Village Girls' High School	Konar Province	2008	2008	1000	0	1000
Sarhad "Sitara" Primary School	Wakhan Corridor	2002	2005	100	150	250
Shahadeen Primary School	Panjshir Province	2009	2009	400	50	450
Shesht High School	Wakhan Corridor	2008	2008	500	400	900
Shir Gal Primary School	Konar Province	2009	2009	130	100	230
Shodah Girls' High School	Badakshan Province	2009	2009	1800	0	1800
Sufion Primary School (Vardug Valley)	Badakshan Province	2009	2009	100	100	200
Ster Kaly Girls' School	Paktia Province	2009	Support Only	200	0	200
Suna Gal Primary School	Konar Province	2009	2009	200	150	350
Tahan Girls' Primary school	Paktia Province	2009	Support Only	50	0	50
Wardugh Girls' Middle School	Badakshan Province	2009	2009	200	0	200
Wargeant Primary School	Wakhan Corridor	2003	2006	250	150	400
Yardar High School	Wakhan Corridor	2009	2009	250	250	500
Zıabakh Girls' Middle School	Badakshan Province	2009	2009	180	0	180

Total Afghanistan Enrollment

21165

7310

28475

Form 8868 (Rev 4-2009)	D •						
	Page 2						
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	I Form 8868.						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c							
Name of Exempt Organization							
Type or Name of Exempt Organization	Employer identification number						
print CENTRAL ASIA INSTITUTE	51-0376237						
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions. due date for ANDERSON ZURMUEHLEN 1007 E MAIN ST. STE 300	For IRS use only						
filing the return See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOZEMAN, MT 59715							
Check type of return to be filed (File a separate application for each return):							
X Form 990							
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly filed Form 8868.						
JENNIFER SIPES • The books are in the care of ▶ MONTANA - BOZEMAN, MT 59715 Telephone No. ▶ 406-585-7841 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all							
4 I request an additional 3-month extension of time until AUGUST 15, 2010							
	SEP 30, 2009						
6 If this tax year is for less than 12 months, check reason: Initial return Final return 7 State in detail why you need the extension	Change in accounting period						
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO ASSEMBLE INFORMATION NECE	SSARV TO COMPLETE						
AN ACCURATE RETURN of for the audit to be completed.	BBIACT TO COMPLETE						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
nonrefundable credits. See instructions.	8a \$						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
previously with Form 8868.	8b \$						
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ N/A							
Signature and Verification							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that Lam authorized to prepare this form							
Signature Delege Title CPA	Date ► 5/17/10						
	Form 8868 (Rev 4-2009)						

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