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Form **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.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning DEC 1, 2008 and ending NOV 30, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL INSTITUTE FOR PUBLIC POLICY INC
Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9302 LEE HIGHWAY 750

City or town, state or country, and ZIP + 4
FAIRFAX, VA 22031

D Employer identification number
54-1192424

E Telephone number
703-293-9181

G Gross receipts $ 6,415,383.

F Name and address of principal officer: KEITH PAYNE
9302 LEE HIGHWAY STE 750, FAIRFAX, VA 22031

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1981 M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: EDUCATIONAL RESEARCH STUDIES TO CLARIFY PUBLIC POLICY ISSUES.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	23
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,311,337.	4,094,051.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-97,528.	205,764.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249.	2,272.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,214,058.	4,302,087.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000.	250.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,742,810.	2,917,538.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 74,768.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,153,757.	838,884.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,901,567.	3,756,672.
19	Revenue less expenses Subtract line 18 from line 12	312,491.	545,415.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	9,167,212.	9,599,002.
21	Total liabilities (Part X, line 26)	2,331,055.	2,217,430.
22	Net assets or fund balances. Subtract line 21 from line 20	6,836,157.	7,381,572.

SCANNED SEP 27 2010

RECEIVED
SEP 07 2010
E1-73 IRS-OSC
OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 8-30-2010

KEITH PAYNE, PRESIDENT/DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	META J MORTENSEN	Date 08/19/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	M J MORTENSEN ASSOCIATES LTD 3040 WILLIAMS DRIVE SUITE 405 FAIRFAX, VA 22031		EIN ▶	
			Phone no. ▶ 703-560-3040	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

915-17 5

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
EDUCATIONAL RESEARCH STUDIES TO CLARIFY PUBLIC POLICY ISSUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,512,963. including grants of $) (Revenue $)
THE INSTITUTE PROVIDES ORAL AND WRITTEN REPORTS TO FEDERAL AGENCIES, NEWSPAPERS, AND SCHOLARLY JOURNALS AND INSTITUTE PERSONNEL SERVE ON SENIOR ADVISORY BOARDS FOR FEDERAL OFFICES. AN INFORMATION SERIES HAS BEEN MADE AVAILABLE TO GOVERNMENT OFFICIALS, UNIVERSITIES, AND ACADEMICS IN THE FIELD. THE INSTITUTE ALSO MAKES SCHOLARLY ARTICLES ON PUBLIC POLICY ISSUES AVAILABLE TO THE PUBLIC WITHOUT CHARGE ON ITS WEBSITE. OFFICERS AND SENIOR STAFF MEMBERS OF THE INSTITUTE VOLUNTEER PRESENTATIONS DISCUSSING ISSUES OF NATIONAL DEFENSE FOR CIVIC GROUPS, NEWSPAPERS, TELEVISION AND RADIO. TWENTY-FIVE PROGRAMS ARE IN PROGRESS OR COMPLETED FOR GOVERNMENTAL AND PRIVATE CLIENTS.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code.) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,512,963. *(Must equal Part IX, Line 25, column (B).)*

Part 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	X	
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, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	*Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business,* 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 entity 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 located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
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		X
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a *prior year? If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
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*	27		X

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			
a	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		X
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		X
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		X
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		X
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		X
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		X
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		X
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		X

Part 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	1a	18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X
2a	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	23		
b	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)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	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 Financial Accounts.	4b			
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
c	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
b	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).**				
a	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			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	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?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter. N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

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

Section A. Governing Body and Management

			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	1a 4		
b	Enter the number of voting members that are independent	1b 2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision 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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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		X
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.			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	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 exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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 for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KEITH PAYNE - 703-293-9181
9302 LEE HIGHWAY #750, FAIRFAX, VA 22031

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.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
COLIN GRAY DIRECTOR	1.00	X						2,019.	0.	87.
META JANE MORTENSEN DIRECTOR	1.00	X						0.	0.	0.
CHARLES KUPPERMAN DIRECTOR	1.00	X						0.	0.	0.
KEITH PAYNE PRESIDENT/DIRECTOR	40.00			X				385,733.	0.	29,868.
AMY JOSEPH CHIEF OPERATING OFFICER/	40.00			X				225,655.	0.	27,221.
THOMAS SCHEBER VICE PRESIDENT	40.00			X				167,274.	0.	21,724.
STEVEN LAMBAKIS NONE	40.00					X		163,545.	0.	8,177.
THOMAS J BLUME NONE	40.00					X		132,678.	0.	6,634.
MARK SCHNEIDER NONE	40.00					X		152,779.	0.	7,639.
ROBERT JOSEPH NONE	40.00					X		384,950.	0.	11,500.
MIQUEL LAFFOSSE NONE	40.00					X		121,611.	0.	6,081.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								1,736,244.	0.	118,931.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 8

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2941319.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1152732.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	4,094,051.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	304,446.	304,446.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶	4,476.	4,476.		
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2014614.				
	b Less cost or other basis and sales expenses	2113271.	25.			
	c Gain or (loss)	-98,657.	-25.			
	d Net gain or (loss)	▶	-98,682.	-98,682.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a OTHER INVESTMENT LOSS	900099	-2,204.	-2,204.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	-2,204.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	4,302,087.	208,036.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	250.	250.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,736,244.	1,661,815.	43,744.	30,685.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	768,239.	763,814.	200.	4,225.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	149,994.	149,994.		
9 Other employee benefits	131,904.	131,904.		
10 Payroll taxes	131,157.	131,157.		
11 Fees for services (non-employees)				
a Management				
b Legal	2,587.		2,587.	
c Accounting	61,605.	38,200.	23,405.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	13,703.	13,703.		
14 Information technology				
15 Royalties				
16 Occupancy	84,072.	84,072.		
17 Travel	123,139.	121,795.	1,309.	35.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,038.	2,038.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,525.	81,525.		
23 Insurance	17,918.	17,918.		
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.)				
a CONSULTANTS	302,261.	302,261.		
b INVESTMENT EXPENSES	39,109.		39,109.	
c ENTERTAINMENT & MEALS	23,879.	5,440.	18,439.	
d LICENSES	14,046.	14,046.		
e DUES, SUBSCRIPTIONS, AN	13,406.	13,406.		
f All other expenses	59,596.	-20,375.	40,148.	39,823.
25 **Total functional expenses.** Add lines 1 through 24f	3,756,672.	3,512,963.	168,941.	74,768.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		337,927.	1	484,435.
	2	Savings and temporary cash investments		7,901,217.	2	8,317,279.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		647,259.	4	547,602.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,738.	9	1,111.
	10a	Land, buildings, and equipment: cost basis	10a 775,990.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 565,543.	258,648.	10c	210,447.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,423.	15	38,128.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,167,212.	16	9,599,002.
Liabilities	17	Accounts payable and accrued expenses		63,749.	17	35,782.
	18	Grants payable			18	
	19	Deferred revenue		1,841,976.	19	1,774,092.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		425,330.	25	407,556.
	26	**Total liabilities.** Add lines 17 through 25		2,331,055.	26	2,217,430.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		6,836,157.	30	7,381,572.
	31	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds		0.	32	0.
	33	Total net assets or fund balances		6,836,157.	33	7,381,572.
	34	Total liabilities and net assets/fund balances		9,167,212.	34	9,599,002.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL INSTITUTE FOR PUBLIC POLICY INC

Employer identification number

54-1192424

Part I 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)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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)

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	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)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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.)

Section A. Public Support

Calendar 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.")	2903332.	3466014.	4010276.	5065650.		15445272.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	2903332.	3466014.	4010276.	5065650.		15445272.
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)						1221862.
6 **Public Support.** Subtract line 5 from line 4						14223410.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2903332.	3466014.	4010276.	5065650.		15445272.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	353,041.	361,185.	807,441.	304,707.		1826374.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						17271646.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	82.35 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	83.76 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **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 meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: NATIONAL INSTITUTE FOR PUBLIC POLICY INC

Employer identification number: 54-1192424

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	614,207.		468,268.	145,939.
d Equipment	161,783.		97,275.	64,508.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				210,447.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED SALARIES PAYABLE	201,194.
ACCRUED PENSION PAYABLE	149,994.
DEFERRED RENT PAYABLE	56,368.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	407,556.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,302,087.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,756,672.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	545,415.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	545,415.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization NATIONAL INSTITUTE FOR PUBLIC POLICY INC

Employer identification number 54-1192424

Part 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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	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
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
a	The organization?	5a		X
b	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:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	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	7		X
8	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	8		X

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KEITH PAYNE	(i)	385,733.	0.	0.	29,868.	0.	415,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
AMY JOSEPH	(i)	225,655.	0.	0.	27,221.	0.	252,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS SCHEBER	(i)	167,274.	0.	0.	21,724.	0.	188,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN LAMBAKIS	(i)	163,545.	0.	0.	8,177.	0.	171,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARK SCHNEIDER	(i)	152,779.	0.	0.	7,639.	0.	160,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT JOSEPH	(i)	384,950.	0.	0.	11,500.	0.	396,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

OMB No 1545-0047

2008
Open To Public Inspection

Name of the organization: NATIONAL INSTITUTE FOR PUBLIC POLICY INC

Employer identification number: 54-1192424

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? 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 ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

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 the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
ELIZABETH T SEEGER PAYNE	WIFE OF PRESIDENT	2,415.	EDITING SER		X
META JANE MORTENSEN/ M J M	ACCOUNTANT	24,200.	ACCOUNTING		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

NATIONAL INSTITUTE FOR PUBLIC POLICY INC

Employer identification number

54-1192424

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD OF DIRECTORS REVIEWS THE TAX RETURN PRIOR TO ITS FILING AND THE FINANCIAL STATEMENTS ARE INDEPENDENTLY AUDITED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH REGULARLY SCHEDULED BOARD MEETINGS.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 AND RELATED DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

(A) NAME OF PERSON: ELIZABETH T SEEGER PAYNE

(D) DESCRIPTION OF TRANSACTION: EDITING SERVICES

(A) NAME OF INTERESTED PERSON:

META JANE MORTENSEN/ M J MORTENSEN ASSOCIATES LTD

(D) DESCRIPTION OF TRANSACTION: ACCOUNTING SERVICES AND TAX PREPARATION SERVICES

SHARES	DESCRIPTION	DATE PURCHASED	DATE SOLD	COST	SALES PRICE	GAIN (LOSS) ON SALE
0.9614	FT 1949 INCOME ALLOCTN	05/26/09	06/22/09	11.84	12.42	0.58
21.3570	BLACKROCK GLOBAL ALLOC FD INC A	VARIOUS	10/01/09	401.51	374.60	(26.91)
91.0000	FG1615 INCM ALLOC CLSD	FY 11/30/09	04/01/09	523.63	526.36	2.73
119.0000	FT 1775 INCOME ALLOCATION	FY 11/30/09	4/1/2009	701.99	693.04	(8.95)
120 5909	FT 1949 INCOME ALLOCTN		05/18/09	1,355.08	1,430.03	74.95
146	DWS CAPITAL GROWTH FUND	10/02/09	11/05/09	6,287.70	6,626.75	339.05
167	BLACKROCK GLOBAL ALLOC FD INC A	01/12/09	10/01/09	2,505.00	2,958.01	453.01
295	JENNISON MID CAP	10/02/09	11/05/09	6,356.58	6,621.63	265.05
316.6028	FT1591 INCOME ALLOC	FY 11/30/09	03/20/09	1,846.98	1,692 71	(154.27)
345.8825	FG1615 INCM ALLOC CLSD	FY 11/30/09	03/20/09	1,990.27	1,890.32	(99.95)
548.1071	FT 1775 INCOME ALLOCATION	FY 11/30/09	3/20/2009	2,531.35	2,348 96	(182.39)
1176	AMERICAN CENTURY NEW	10/02/09	11/05/09	6,786.31	6,603.89	(182 42)
1,513	BLACKROCK GLOBAL ALLOC FD INC A	12/17/08	10/01/09	22,697.27	26,538.10	3,840.83
1,798	FT 1929 INCOME ALLOCTN	02/13/09	3/20/2009	18,008.95	14,917.83	(3,091 12)
2293	MAINSTAY LARGE CAP	10/02/09	11/05/09	12,612.33	13,189.83	577.50
2,455	FT 1929 INCOME ALLOCTN	02/12/09	3/20/2009	24,997 30	20,368 89	(4,628.41)
9,058	FT 1775 INCOME ALLOCATION	08/07/08	3/20/2009	90,000.29	49,581.68	(40,418 61)
9,784	FT 1949 INCOME ALLOCTN	03/20/09	04/17/09	99,992 48	107,381 36	7,388.88
27,210	BLACKROCK GLOBAL ALLOC FD INC A	11/28/08	10/01/09	399,999.99	477,264.88	77,264.89
40,000	CD GE CAPITAL FINCL INC APR 23 2009	07/23/08	4/23/2009	40,000 00	40,000.00	0.00
45,000	CD METLIFE BANK JAN 08 2009	10/08/08	1/8/2009	45,000.00	45,000.00	0.00
50,000	CD BANCO POP PUERTO RICO	07/23/08	4/23/2009	50,000 00	50,000.00	0.00
50,000	CD BANK OF THE SIERRA MAR 10 2009	10/08/08	3/10/2009	50,000.00	50,000.00	0.00
50,000	CD CAPMARK BANK	07/23/08	7/23/2009	50,000.00	50,000 00	0.00
50,000	CD COASTAL BANK	07/25/08	1/26/2009	50,000.00	50,000 00	0.00
50,000	CD COMPASS BANK JUN 10 2009	10/10/08	6/10/2009	50,000.00	50,000 00	0 00
50,000	CD FIFTH THIRD BK JUL 08 2009	10/08/08	7/8/2009	50,000.00	50,000.00	0.00
50,000	CD GOLDMAN SACHS BK JAN 08 2009	10/08/08	1/8/2009	50,000 00	50,000 00	0 00
50,000	CD GREENBANK	08/11/08	1/12/2009	50,000.00	50,000.00	0.00
50,000	CD NATIONAL CITY BANK	08/08/08	3/9/2009	50,000 00	50,000 00	0.00
50,000	THE ENDOWMENT TEI FUND	01/29/09	03/02/09	50,000.00	50,000.00	0.00
80,000	THE ENDOWMENT TEI FUND	03/30/09	4/29/2009	80,000.00	80,000.00	0 00
	TOTAL SHORT TERM			1,364,606.85	1,406,021.29	41,414.44
263	WISDOMTREE JPN H/Y EQY F	01/28/08	10/14/09	12,284.73	12,471.80	187 07
327	WISDOMTREE JPN H/Y EQY F	11/26/07	10/14/09	17,622.03	15,506 76	(2,115 27)
348 8653	FT 1775 INCOME ALLOCATION	FY 11/30/08	3/20/2009	2,250.71	1,909.62	(341.09)
422	WISDOMTREE JPN H/Y EQY F	01/18/08	10/14/09	21,002.94	20,011 77	(991 17)
528	WISDOMTREE JPN H/Y EQY F	11/15/07	10/14/09	28,094.88	25,038.44	(3,056.44)
687.2364	FT1591 INCOME ALLOC	FY 11/30/08	03/20/09	5,378.88	3,674.31	(1,704.57)
708 6484	FG1615 INCM ALLOC CLSD	FY 11/30/08	03/20/09	5,421.39	3,872.91	(1,548 48)
1,417	WISDOMTREE JPN H/Y EQY F	10/24/07	10/14/09	76,588 85	67,195.96	(9,392.89)
1,500	WISDOMTREE DIV EX	10/24/07	11/16/09	90,480.00	60,068.51	(30,411.49)
3,639	BLACKROCK GLOBAL ALLOC FD INC A	04/10/08	10/01/09	75,000.00	63,828.26	(11,171 74)
3,934	BLACKROCK GLOBAL ALLOC FD INC A	08/07/08	10/01/09	74,999.99	69,002.57	(5,997.42)
7,000	ALLIANCEBERNSTEIN INCOME FUND		01/15/09	56,453.75	52,286 69	(4,167 06)
7,300	FT1591 INCOME ALLOC	02/04/08	03/20/09	73,973.83	39,029.43	(34,944.40)
8,163	FG1615 INCM ALLOC CLSD	02/14/08	03/20/09	79,027 94	44,612.49	(34,415.45)
40,000	CD FIRST PLACE BK	07/25/08	7/27/2009	40,000.00	40,000.00	0.00
40,000	CD FIRST REGIONAL BANK	07/30/08	10/30/2009	40,000.00	40,000.00	0 00
50,000	CD NORTH AMER SB FSB OCT 08 2009	10/08/08	10/8/2009	50,000.00	50,000 00	0.00
	FT1591 INCOME ALLOC	02/04/08	PRIN	83.94	83.94	0.00
	TOTAL LONG TERM			748,663.86	608,593.46	-140,070 40

Tax Asset Detail 12/01/08 - 11/30/09

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: COMPUTER EQUIPMENT												
48		DELL OPTIPLEX COMPUTER	11/14/03	1,949.98	0.00	974.99	1,949.98	0.00	1,949.98	0 00	200DB	5 0
49		256MB MODULE FOR SERVER	3/17/04	576.63	0 00	288 32	560.02	16.61	576 63	0 00	200DB	5 0
50		DELL COMPUTER	7/23/04	1,917.59	0.00	958.80	1,862 36	55.23	1,917.59	0 00	200DB	5 0
51		COMPUTER SERVER	4/14/05	4,726 03	0 00	0 00	3,909.38	544.43	4,453 81	272 22	200DB	5 0
52	d	DELL INKJET 962-ABAN	2/16/05	214.15	0.00	0.00	177.15	12.33	189.48	24 67	200DB	5.0
53		DELL LATITUDE LAPTOP	4/14/05	2,074 96	0 00	0.00	1,716.41	239 03	1,955 44	119.52	200DB	5 0
54		DELL OPTIPLEX 170L	12/27/04	1,079.39	0.00	539.70	986 13	62 17	1,048.30	31.09	200DB	5.0
55		DELL OPTIPLEX 280	4/14/05	1,473.15	0.00	0.00	1,218.59	169 71	1,388.30	84.85	200DB	5 0
56		DELL OPTIPLEX GS 280	12/27/04	2,053 99	0.00	1,026 99	1,876.52	118.31	1,994 83	59 16	200DB	5 0
57		DELL OPTIPLEX GX 280	4/14/05	1,473.15	0.00	0 00	1,218.59	169.71	1,388.30	84.85	200DB	5.0
58		DELL OPTIPLEX GX 280	4/14/05	1,473.15	0.00	0 00	1,218 59	169.71	1,388 30	84 85	200DB	5.0
59		DELL OPTIPLEX GX 280	4/14/05	1,473.15	0.00	0.00	1,218 59	169.71	1,388 30	84.85	200DB	5 0
60		DELL OPTIPLEX GX 280	2/16/05	1,632.76	0 00	0.00	1,350 62	188.09	1,538.71	94 05	200DB	5.0
61		HP PROCURVE SWITCH	5/17/05	251.24	0 00	0 00	207.83	28.94	236 77	14.47	200DB	5.0
62		WATCHGUARD FIREBOX	5/17/05	631.72	0 00	0 00	522.56	72 77	595 33	36.39	200DB	5.0
63		WIRELESS LAPTOP	1/16/06	1,610.70	0.00	0 00	1,146 82	185 55	1,332.37	278.33	200DB	5 0
65		OPTIPLEX 740 DESKTOP	3/19/07	1,556.11	0.00	0.00	809.18	298 77	1,107.95	448.16	200DB	5.0
68		HP LASER PRINTER	5/17/07	755 21	0.00	0.00	392.71	145 00	537.71	217.50	200DB	5 0
73		KINSTON SERVER	8/13/07	791.42	0.00	0 00	411 54	151 95	563.49	227.93	200DB	5.0
76		SMART UPS BACKUP	12/21/07	438.73	0.00	0 00	153.56	114.07	267 63	171.10	200DB	5.0
77		HP CP3505N COLOR PRINTER	2/11/08	1,018.41	0 00	509.21	687 43	132 39	819 82	198 59	200DB	5.0
79		DELL INSPIRON 530S	5/27/08	711.91	0.00	355.96	444.95	106.78	551 73	160 18	200DB	5 0
82		OPTIPLEX DESKTOP	3/27/09	1,117.02	0 00c	558 51	0 00	670 21	670 21	446 81	200DB	5 0
83		DELL INSPIRON	5/14/09	1,141.35	0.00c	570 67	0 00	684.81	684.81	456 54	200DB	5.0
84		DELL INSPIRON	4/28/09	1,107.76	0.00c	553 88	0.00	664.66	664.66	443.10	200DB	5 0
		COMPUTER EQUIPMENT		33,249.66	0.00c	6,337.03	24,039.51	5,170 94	29,210 45	4,039.21		
		***Less: Dispositions and Transfers**		214.15	0.00	0.00	177.15	0.00	189 48	24.67		
		Net COMPUTER EQUIPMENT		33,035.51	0.00c	6,337.03	23,862.36	5,170 94	29,020.97	4,014.54		
Group: COMPUTER SOFTWARE												
1		COMPUTER SOFTWARE	4/27/04	519.19	0 00	0.00	519.19	0 00	519.19	0 00	S/L	3 0
72		COMPUTER SOFTWARE	8/13/07	984.85	0.00	0.00	437.71	328.28	765.99	218.86	Amort	3 0
		COMPUTER SOFTWARE		1,504.04	0.00c	0.00	956.90	328.28	1,285.18	218 86		
Group: FURNITURE AND FIXTURES												
2		2 4-DRAWER FILE CABINETS	12/31/89	332.31	0.00	0 00	332 31	0.00	332.31	0.00	200DB	7 0
3		SAFE	8/01/99	755 04	0.00	0.00	755.04	0 00	755.04	0 00	200DB	7.0
4	d	SONY PROJECTOR-ABAN	5/31/02	1,984 45	0 00	595 34	1,922 46	61.99	1,984 45	0 00	200DB	7 0
5		FREEDOM CHAIR	7/18/03	1,049.00	0.00	524.50	975.86	48.76	1,024.62	24.38	200DB	7 0
7		12 CONFERENCE CHAIRS	7/25/05	8,308 24	0.00	0 00	5,713.00	741.50	6,454 50	1,853.74	200DB	7.0
8		2 ARTICULATION KEYBOARD	7/25/05	342.29	0 00	0 00	235.37	30.55	265 92	76 37	200DB	7 0
9		2 GUEST CHAIRS	7/25/05	1,862 24	0.00	0.00	1,280.53	166.20	1,446 73	415.51	200DB	7 0
10		2 SIDE CHAIRS	8/12/05	335.98	0.00	0.00	231 03	29 99	261 02	74.96	200DB	7 0
11		5 RYME GUEST CHAIRS	7/25/05	1,647.92	0.00	0.00	1,133.16	147 07	1,280 23	367.69	200DB	7.0
12		BOAT SHAPE CONFERENCE TA	7/25/05	6,807.65	0.00	0.00	4,681.14	607 57	5,288 71	1,518.94	200DB	7.0

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: FURNITURE AND FIXTURES (continued)												
13		BOW SHAPE DOUBLE PEDISTA	7/25/05	3,362.54	0 00	0 00	2,312 18	300.10	2,612 28	750 26	200DB	7.0
14		END TABLE	7/25/05	892.84	0.00	0 00	613.94	79.69	693.63	199 21	200DB	7 0
15		KNEE HOLE CREDENZA	8/12/05	682.49	0 00	0 00	469.30	60 91	530 21	152 28	200DB	7 0
16		KNEESPACE CREDENZA W/FOI	7/25/05	2,392.83	0 00	0.00	1,645.38	213.56	1,858.94	533 89	200DB	7 0
17		RECEPTION STATION	7/25/05	5,593.06	0 00	0.00	3,845.96	499.17	4,345 13	1,247 93	200DB	7 0
18		RIGHT RETURN STATION	8/12/05	892 49	0.00	0.00	613.70	79 65	693 35	199.14	200DB	7.0
19		RIGHT DESK RETURN	9/14/05	414.96	0 00	0.00	285 34	37.03	322 37	92 59	200DB	7 0
20		ROUND CONFERENCE TABLE	7/25/05	1,814.31	0 00	0.00	1,247 57	161 93	1,409.50	404.81	200DB	7 0
21		STORAGE CREDENZA W/LATEI	7/25/05	3,866 44	0 00	0.00	2,658.68	345.07	3,003 75	862 69	200DB	7.0
22		TELEPHONE SYSTEM	5/13/05	9,447.50	0 00	0.00	6,496.39	843 17	7,339.56	2,107.94	200DB	7 0
23		TOM CONFERENCE MID BACK	7/25/05	1,076 63	0.00	0 00	740 32	96.09	836.41	240 22	200DB	7.0
24		USED HON OFFICE FURNITURE	11/02/05	2,000.00	0 00	0 00	1,375.26	178.50	1,553.76	446 24	200DB	7 0
25		WIRELESS PROJECTOR	12/12/05	2,491 59	0 00	0 00	1,401.98	311 32	1,713.30	778 29	200DB	7 0
26		OFS LATERAL FILE CABINET	12/16/05	1,658.01	0.00	0.00	932.93	207 17	1,140.10	517.91	200DB	7 0
27		6 CONFERENCE ROOM CHAIRS	1/01/06	1,250 93	0.00	0.00	703.87	156 30	860 17	390 76	200DB	7.0
28		HITACHI PROJECTOR	1/16/06	1,357 51	0.00	0.00	763 85	169.62	933 47	424.04	200DB	7.0
29		FAX MACHINE	5/15/06	1,018.50	0 00	0 00	602.79	118.77	721.56	296 94	200DB	7 0
66		EXECUTIVE FILE CABINET	4/01/07	893.57	0.00	0 00	346 48	156.31	502.79	390 78	200DB	7.0
67		48" ROUND TABLE & 4 CHAIRS	5/17/07	1,239.45	0 00	0 00	480.60	216 81	697 41	542.04	200DB	7.0
70		CLASSIFIELD SHREDDER	6/29/07	2,071 60	0 00	0 00	803.27	362 38	1,165.65	905.95	200DB	7.0
71		PAYNE LATERAL FILE	6/29/07	893.57	0.00	0 00	346 48	156 31	502.79	390 78	200DB	7 0
74		MINOLTA COPIER	7/25/07	6,734.70	0 00	0 00	3,502 04	1,293 06	4,795 10	1,939.60	200DB	5.0
75		CUSTOM BOOKCASE	10/19/07	788.00	0 00	0.00	305 55	137.84	443 39	344 61	200DB	7 0
78		FIREBOX	4/15/08	459 34	0 00	229 67	270 68	53 90	324.58	134 76	200DB	7.0
80		PAYNE FILE CABINET	10/01/08	1,809.26	0.00	904 63	936.94	249.23	1,186.17	623.09	200DB	7.0
		FURNITURE AND FIXTURES		78,527.24	0 00c	2,254 14	50,961.38	8,317.52	59,278.90	19,248 34		
		***Less: Dispositions and Transfers**		1,984.45	0.00	0.00	1,922.46	0 00	1,984.45	0.00		
		Net FURNITURE AND FIXTURES		76,542.79	0.00c	2,254.14	49,038.92	8,317.52	57,294.45	19,248.34		
Group: LEASEHOLD IMPROVEMENTS												
30		LEASEHOLD-ALARM SYSTEM	7/25/05	2,116 00	0 00	0.00	1,455.03	188.85	1,643.88	472 12	200DB	7 0
31		LEASEHOLD-ARCH & ENG FEE:	7/25/05	61,132 04	0.00	0.00	42,036.23	5,455 95	47,492.18	13,639.86	200DB	7.0
32		LEASEHOLD-CABLING	7/25/05	9,905 00	0 00	0.00	6,810 97	884.01	7,694.98	2,210 02	200DB	7.0
33		LEASEHOLD-PERMITS	7/25/05	4,658.00	0.00	0 00	3,202 98	415.72	3,618 70	1,039.30	200DB	7 0
34		LEASEHOLD-PROF FEES	7/25/05	94,200 00	0 00	0 00	64,774.76	8,407 21	73,181.97	21,018 03	200DB	7.0
35		LEASEHOLD-SIGNS	8/04/05	683 34	0 00	0.00	469 88	60 99	530 87	152.47	200DB	7 0
36		LEASEHOLD-SPRINKLERS	7/25/05	10,325 00	0.00	0.00	893.50	264 74	1,158.24	9,166.76	S/L	39.0
37		LEASEHOLD IMPROVEMENTS	7/24/05	414,667.00	0.00	0 00	285,137 53	37,008 42	322,145 95	92,521 05	200DB	7 0
38		LEASEHOLD IMPROVEMENTS	12/28/05	804.78	0.00	0 00	452 84	100.55	553 39	251 39	200DB	7 0
39		LEASEHOLD IMPROVEMENTS	3/24/06	9,698.00	0.00	0.00	5,456 89	1,211 75	6,668 64	3,029 36	200DB	7 0
40		SIGNS	4/10/06	1,545 26	0 00	0.00	869 49	193 08	1,062 57	482.69	200DB	7 0
69		LEASEHOLD IMPROVEMENT	5/17/07	4,473.00	0.00	0.00	1,734.43	782.45	2,516 88	1,956.12	200DB	7.0
		LEASEHOLD IMPROVEMENTS		614,207.42	0.00c	0 00	413,294.53	54,973 72	468,268.25	145,939.17		

Tax Asset Detail 12/01/08 - 11/30/09

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: TRANSPORTATION EQUIPMENT												
64	d	2004 VOLVO-SOLD	9/10/03	48,210.16	0.00	10,710 00	23,885 00	1,775 00	25,660 00	22,550.16	200DB	5 0
81		2008 SATURN OUTLK AWD	1/24/09	52,204.85	0 00c	10,960.00	0.00	10,960 00	10,960.00	41,244.85	200DB	5 0
		TRANSPORTATION EQUIPMENT		100,415.01	0 00c	21,670 00	23,885.00	12,735.00	36,620.00	63,795.01		
		***Less: Dispositions and Transfers**		48,210.16	0.00	0 00	23,885 00	0.00	25,660 00	22,550 16		
		Net TRANSPORTATION EQUIPMENT		52,204 85	0.00c	21,670.00	0.00	12,735.00	10,960.00	41,244.85		
		Grand Total		827,903.37	0.00c	30,261.17	513,137 32	81,525 46	594,662 78	233,240.59		
		Less: Dispositions and Transfers		50,408.76	0.00	0.00	25,984.61	0.00	27,833.93	22,574.83		
		Net Grand Total		777,494.61	0.00c	30,261.17	487,152.71	81,525.46	566,828.85	210,665.76		

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NATIONAL INSTITUTE FOR PUBLIC POLICY INCFORM 990 PAGE 10		54-1192424

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5		11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	66,203.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		5,096.	5.0		200DB	2,259.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property. Enter amount from line 28	21	12,735.
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	81,197.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
2004 VOLVO	091003	100.00 %	48,210.		5 YRS	200DB/MQ	1,775.	
2008 SATURN		%						
OUTLK AWD	012409	100.00 %	52,205.		5 YRS	200DB/MQ	10,960.	
27 Property used 50% or less in a qualified business use.								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	12,735.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or 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) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)	0				0							
31 Total commuting miles driven during the year	1,265				3,795							
32 Total other personal (noncommuting) miles driven	2,114				6,340							
33 Total miles driven during the year Add lines 30 through 32	3,379				10,135							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?	X				X							
35 Was the vehicle used primarily by a more than 5% owner or related person?	X				X							
36 Is another vehicle available for personal use?	X				X							

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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use?		X

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year				43	328.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	328.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	NATIONAL INSTITUTE FOR PUBLIC POLICY INC	54-1192424
	Number, street, and room or suite no. If a P O. box, see instructions. 9302 LEE HIGHWAY, NO. 750	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRFAX, VA 22031	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ KEITH PAYNE ORGANIZATION ADDRESS - 22031
  Telephone No. ▶ 703-293-9181 FAX No ▶
- 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 this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until JULY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning DEC 1, 2008, and ending NOV 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	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.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. 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.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization NATIONAL INSTITUTE FOR PUBLIC POLICY INC		Employer identification number 54-1192424
	Number, street, and room or suite no If a P O box, see instructions 9302 LEE HIGHWAY 750		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions FAIRFAX VA 22031		

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ KEITH PAYNE
  Telephone No ▶ 703-293-9181 FAX No ▶
- 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 this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 10/15/10

5 For calendar year , or other tax year beginning 12/01/08 , and ending 11/30/09

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
AWAITING INFORMATION TO COMPLETE A FAIR AND ACCURATE RETURN. RETURN SHOULD BE FILED WITHIN 30 DAYS.

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	$

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 I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶ 7/06/10