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Form **990**

Department of the Treasury

Return-of-Organization-Exempt-From-Income-T-ax-Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public

interr	iai Heve	nue Service The Organization may have	to use a copy of this return to si	anory oraco	3.04	mspection
A F	or the	e 2009 calendar year, or tax year beginning	APR 1, 2009 and	ending]	MAR 31, 2010	
Bca	heck if pplicabl	Please use IRS C Name of organization			D Employer identific	cation number
	Addre	ss label or Print or ASHBURN INSTITUTE,	INC.			
F	Name	type			30-0	205347
F	Initial	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	il is not delivered to street address)	Room/suite		
\vdash	Termir	Constant		,	1 - '	728 6482
	-Jated ☐Amen	ded tions City or town state or country and		1	G Gross receipts \$	28,852.
	⊒return ⊒Applic Ition				H(a) Is this a group re	
	pendi	F Name and address of principal officer RC			for affiliates?	Yes X No
		P.O. BOX 399, ASHBURN,			H(b) Are all affiliates inc	
1.7	ax-ex	empt status X 501(c) (3) ◀ (insert no			- ' '	list (see instructions)
		te: N/A	7		H(c) Group exemption	
		organization: X Corporation Trust	Association Other	1 Year		State of legal domicile DC
	art I	Summary		1 2 1 00	or formation 200 2 1	
		Briefly describe the organization's mission or me	est significant activities PROM	MOTTON	OF EDUCATIO	N TN
Governance		FEDERALISM	ost significant activities <u>111011</u>	011011	OI BECCIIIIO	··
nar	l		continued its operations or dispo	sed of mo	e than 25% of its net as	sets
ver	_	Number of voting members of the governing bo	· ·	300 01 11101	3	7
ဖ ြ	l	Number of independent voting members of the			4	0
	l		governing body (Fart VI, line 15)		5	1
ţį	l	Total number of employees (Part V, line 2a)	- 4		6	0
₹	l .	Total number of volunteers (estimate if necessa			7a	0.
CUII Activities &	l .	Total gross unrelated business revenue from Pa			7a 7b	0.
ჭ—	b	Net unrelated business taxable income from Fo	RECEIVED	7		
a		On the body and an and a Mark Mill have the	NECEIVED	-	Prior Year 53,959.	Current Year 28,412.
MAK IL ⊅ Revenue	l	Contributions and grants (Part VIII, line 1h)		RS-OSC	33,333.	20,412.
₹-é-		Program service revenue (Part VIII, line 2g)	FEB 2 2 2011	이 —	774	440.
₽ĕ		Investment income (Part VIII, column (A), lines 3			774.	440.
		Other revenue (Part VIII, column (A), lines 5, 6d,		'₩ -	E 4 E 2 2	20 052
	12	Total revenue - add lines 8 through 11 (must eq			54,733.	28,852.
SCANNED Expenses	13	Grants and similar amounts paid (Part IX, colum				
2	14	Benefits paid to or for members (Part IX, column	, ,		11 006	
Sec	15	Salaries, other compensation, employee benefit	s (Part IX, column (A), lines 5-10)	_	11,906.	5,813.
က္က်င္က	16a	Professional fundraising fees (Part IX, column (A	.), line 11e) ·	\vdash		
ă	b	Total fundraising expenses (Part IX, column (D),	line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-1	1d, 11f-24f)		59,282.	42,864.
	18	Total expenses Add lines 13-17 (must equal Pa	rt IX, column (A), line 25)	ļ	71,188.	48,677.
	19	Revenue less expenses Subtract line 18 from li	ne 12		-16,455.	-19,825 .
Soci				В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			109,970.	88,030.
TAS Id B	21	Total liabilities (Part X, line 26)			9,118.	7,003.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 fr	om line 20		<u> 100,852.</u>	81,027.
Pa	art II	Signature Block				
		Under penalties of perjury, I declare that Unave examined this is and complete. Declaration of preparer (other than officer) is based on the preparer (other than officer) is based on the preparer (other than officer).	eturn, including accompanying schedules a	ind statements	, and to the best of my knowled	ge and belief, it is true, correct,
		1801/	0	L,	9 11	- 2011
Sıgı	n	At Xuelo Xma	le		d-13	5-2011
Her		Signature of officer			Date	•
		AGNELO G. GONSALVES,	ASST TREASIRER			
		Type or print name and title	10-0-0			
		Preparer's	Date			er's identifying number structions)
Paid		signature			nployed (see ins	3200110113)
	arer's	Firm's name (or	-1	1	EIN ▶	
Use	Only	yours if self-employed),				
		address, and ZIP + 4			Phone no.	
Mar	, the II	RS discuss this return with the preparer shown a	shove? (see instructions)		1,	X Yes No
				enarate in	structions	Form 990 (2009)
9320	01 02-0	14-10 LID FULL FINACY ACL AND PAPEL WOLK I	icadelion met ivelet, see the s	vparate III	ou actività.	. 51111 - 3 - (2003)

		<u>NSTITUTE, INC.</u>		<u> </u>)-5-3- <u>4-</u> 7——Page- <u>2</u>
Pa	rt III Statement of Program Service	e Accomplishments			
1	Briefly describe the organization's mission PROMOTION OF STUDY ON	DEMOCRACY AND	FEDERALISM		
2	Did the organization undertake any significa the prior Form 990 or 990-EZ? If "Yes," describe these new services on Sci		ne year which were not liste	ed on	☐ Yes X No
3	Did the organization cease conducting, or m If "Yes," describe these changes on Schedu	nake significant changes in ho	ow it conducts, any program	m services?	☐ Yes X No
4	Describe the exempt purpose achievements Section 501(c)(3) and 501(c)(4) organizations allocations to others, the total expenses, and	s and section 4947(a)(1) trust	ts are required to report the		
4a	(Code) (Expenses \$ SCHOLARSHIPS TO PROMOT WORLD PEACE	12,777. including E THE STUDY OF)(Revenue \$ S IT RELATES	16,100.) TO THE
					-
4b	(Code) (Expenses \$ PROMOTION OF EDUCATION		AT SECONDARY		
	AND TO HOLD CONFERENCE STUDY ON DEMOCRACY AND		THE DEVELOPMI	ENT AND EXPAI	ISION OF
4c	(Code) (Expenses \$	ıncluding	grants of \$) (Revenue \$	
		•			
· · · · · ·					
4d		ng grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► \$	14,964.			Form 990 (2009)

orm	990 (2009) ASHBURN_INSTITUTE,_INC30-0-2-0-5	<u>34-7</u>	——Р	age-3
Par	t 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 similar funds or 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		Х
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		1	1
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	L.
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ł	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		
	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX		<u> </u>	
•	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes." complete Schedule D, Part X			

the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 Schedule D. Parts XI, XII, and XIII Yes No

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

X 12A X 13 14a

14b

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16

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18

19

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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Х

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Х

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Х

X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	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 lines 24b through 24d and complete	04-		
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? Did the exemptation set as an "on hehelf of" payor for heads outstanding at any time during the year?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		Х
L	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		- 1
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	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, substantial	1	<u> </u>	
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	-An-entity-of-which-a-current-or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	2009)

Form 990 (2009)

ASHBURN INSTITUTE, INC.

Part-V Statements-Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Amual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u>X</u> _
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	}	İ	l
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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)?	<u>4a</u>		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	_		١,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
	Tax Shelter Transaction?	<u>5c</u>		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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	6b		
-	were not tax deductible?	OD	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
а	provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Ë		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal]		
	benefit contract?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			ŀ
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	-		
	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 12b	<u> </u>	000	(0000)
		Form	990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management			
<u> </u>	ton A. Boverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body		103	110
b	Enter the number of voting members that are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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			
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			.,
	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	401		
_	to conflicts?	12b		<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	400		
13	In Schedule O how this is done Does the organization have a written whistleblower policy?	12c 13		Y
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	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	1.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	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		
Sec	tion 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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	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	tion 🕨	-	
	<u>ORGANIZATION - (703)728-6842</u>			
	4920 WEAVER TERRACE, WASHINGTON, DC 20016			

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 Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average				C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per	$\overline{}$				app	ly)	compensation from	compensation from related	amount of other
	week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ROBERT FRANTZ	00.00									•
PRES/CEO	20.00	X						0.	0.	0
		_				<u> </u>				
						i.				
							-			
						-				
										_

Par	VII Section A. Officers, Directors, Tru	stees, Key E	mpk	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)			(0	2)			(D)	(E)		(F)	
	. Name and title	Average	/01		Pos			LA.	Reportable compensation	Reportable compensation	1	stimate nount (
		hours per		lecr	الله	liiai	app	(VI)	from	from related	"	other	O1
		week	directo						the	organizations	1	npensa	
			tee or	stee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	rom the ganizati	-
			al trus	al tr		loyee	g 8		(***-271033-141130)		1	d relate	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			org	anızatı	ons
		-	_		<u> </u>	×	= 5	Œ			<u> </u>		
							1						
								_			 -	-	
			<u> </u>										
		<u> </u>	 	 	-	-		-					
										*			
						_	ļ						
				_	<u> </u>		 				_		
											 		
		l	<u></u>		<u> </u>								
	Total Total number of individuals (including but n	at limited to th		linte	ام ما	h 01/	<u> </u>		0.	0	•		0
2	compensation from the organization	ot iimited to tr	iose	IISLE	eu ai	OOV	2) WI	10 1	eceived more than \$100	,000 in reportable			(
	on poroution work the organization.											Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su									the organization	١.		v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									ices rendered to	4		X
J	the organization? If "Yes," complete Sched				10111	a i	u	Cial	ed organization for serv	ices rendered to	5		Х
Sect	ion B. Independent Contractors												
1	Complete this table for your five highest co the organization NONE	mpensated in	depe	ende	nt c	onti	acto	ors t	hat received more than	\$100,000 of comper	sation	from	
	(A)								(B)		(-	C)	
	Name and business	address							Description of s	services	Compe		n
								_					
							•	\dashv					
								4	· - · ·				
2	Total number of independent contractors (i	ncludina but r	ot lu	mite	d to	tho	se lu	sted	d above) who received n	nore than			
_	\$100,000 in compensation from the organic						0						
											_	~~~	

		ASIIBU		TOIE, IN	<u></u>	 т	30-0403	J4/ Fage J
Ра	rt VI	III Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512
Program Service Contributions, gifts, grants Revenue and other similar amounts	2 a	b	ts, and ve 1f 1		28,412.	revenue	revenue	sections 512, 513, or 514
Progra Re	f	d d d d f All other program service reve g Total. Add lines 2a-2f		•				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and	440.			440.
	k	a Gross Rents b Less rental expenses c Rental income or (loss)	(i) Real	(II) Personal			•	
	c	d Net rental income or (loss) a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
venue	c	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising including \$	of	•				
Other Revenue	9 a	contributions reported on line Part IV, line 18 b Less direct expenses c Net income or (loss) from func a Gross income from gaming ac Part IV, line 19	a b draising events strivities See a	>				
	10 a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a b	•				
	t: 0 0	d All other revenue Total. Add lines 11a-11d		Business Code				
1	12	Total revenue See instructions.		▶	28,852.	0.	0.	440.

Form 990 (2009) ASHBURN INSTITUTE, INC.Part IX Statement of Functional Expenses

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

	All other organizations must comple		ions must complete all not required to compl		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		•		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)		· · · · · · · · · · · · · · · · · · ·		
7	Other salaries and wages	5,400.		5,400.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	413		413.	
10	Payroll taxes	413.		413.	
11	Fees for services (non-employees)				
a	Management	4,177.		4,177.	
b	Legal	4,1//•	·	4,1/1.	
C	Accounting Lobbying				
d	Professional fundraising services See Part IV, line 17				
f	Investment management fees			-	
<u>'</u>					
12	Advertising and promotion			- "	
13	Office expenses	2,013.		2,013.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,090.		1,090.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	436.		436.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,805.		1,805.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	REAL ESTATE TAXES IN AR	17,503.		17,503.	
b	SCHOLARSHIPS	12,777.	12,777.		
c	PROMOTION OF EDUCATION	2,187.	2,187.		
d	TELEPHONE	833.		833.	
е	BANK CHARGES	43.		43.	
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	48,677.	14,964.	33,713.	0.
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				5 000 (0000)

	_	,		(A) Beginning of year		(B) End of year
		Cook non-interest because		39,152.		19,017.
	1	Cash - non-interest-bearing	-	39,132.	1	19,017.
	2	Savings and temporary cash investments	}		2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, di				
		employees, and highest compensated employee	es. Complete Part II		ایا	
		of Schedule L		5		
	6	Receivables from other disqualified persons (as	1			
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L	-	C1 70F	6	61 705
Assets	7	Notes and loans receivable, net	-	61,795.	7	61,795.
Ass	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges	, ,		9	
	10a	Land, buildings, and equipment cost or other	0 350]	
		basis Complete Part VI of Schedule D	10a 9,352.	F 100		2 205
	l	Less accumulated depreciation	10ь 6,057.	5,100.		3,295.
	11	Investments · publicly traded securities	1 500	11	1 500	
	12	Investments - other securities See Part IV, line	1,500.	12	1,500.	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets	}	0.400	14	2 422
	15	Other assets See Part IV, line 11	.	2,423.	15	2,423.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	109,970.	16	88,030.
	17	Accounts payable and accrued expenses	175.	17	425.	
	18	Grants payable	C 570	18	C 570	
	19	Deferred revenue	<u> </u>	6,578.	19	6,578.
	20	Tax-exempt bond liabilities		-, .	20	
les	21	Escrow or custodial account liability Complete	[21	<u></u>
Liabilities	-22-	-Payables to current and former officers, director				
<u>.ia</u>		highest compensated employees, and disqualifi	ed persons Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	d third parties	2 265	24	
	25	Other liabilities Complete Part X of Schedule D	-	2,365.	25	0.
	26	Total liabilities. Add lines 17 through 25	. [7]	9,118.	26	7,003.
		Organizations that follow SFAS 117, check he	ere 🕨 🔼 and complete			
ces		lines 27 through 29, and lines 33 and 34.				
au	27	Unrestricted net assets	-		27	
Ва	28	Temporarily restricted net assets		100 052	28	01 027
P I	29	Permanently restricted net assets		100,852.	29	81,027.
Ţ		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
S Of		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ec	· `		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	100 050	32	01 027
-	33	Total net assets or fund balances	-	100,852.	33	81,027.
	34	Total liabilities and net assets/fund balances		<u> 109,970.</u>	34	88,030.

Form **990** (2009)

	990 (2009) ASHBURN INSTITUTE, INC. 30 = 0 20	534/	Pa	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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
¢	If "Yes" to line 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both	-		1
	Separate basis Consolidated basis Both consolidated and separate basis			l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			i
	Act and OMB Circular A·133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u> </u>	<u> </u>
		Form	990 ((2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Reason for Public Charity Status (All organizations must complete this part) See instructions

2009

Open to Public Inspection

Name of the organization

ASHBURN INSTITUTE, INC.

Employer identification number 30-0205347

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	ort II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	170(b)(1)(A)(v	<u>5-5-4-7</u>		
تت	(Complete only if you checked			•	-,(-,(-,(-,	(-)(-)(-)(-)	•		
Sec	ction A. Public Support		<u> </u>				 		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Gifts, grants, contributions, and	(4) 2000	(8) 2000	(0) 2001	(0) 2000	(0) 2.000			
•	membership fees received (Do not								
	include any "unusual grants ")	25,837.	31,678.	21,857.	53,959.	28.412.	161,743.		
2	Tax revenues levied for the organ-		02/0.00						
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
_	furnished by a governmental unit to	i							
	the organization without charge								
4	Total. Add lines 1 through 3	25,837.	31,678.	21,857.	53,959.	28,412.	161,743.		
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)						<u>_</u>		
	Public support. Subtract line 5 from line 4						161,743.		
Se	ction B. Total Support								
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	25,837.	31,678.	21,857.	53,959.	28,412.	161,743.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties					1			
	and income from similar sources	10,801.	7,847.	3,057.	774.	440.	22,919.		
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)			-			104 662		
	Total support. Add lines 7 through 10						184,662.		
	Gross receipts from related activities,	•	•		_	12			
13	First five years. If the Form 990 is for	•	tirst, second, third	i, tourth, or titth ta	x year as a section	1501(0)(3)	. □		
Sac	organization, check this box and stor		centage						
	Public support percentage for 2009 (olumn (fl)	I	14	87.59 %		
	Public support percentage for 2009 (•	olumin (i))	<u> </u>	15	%		
	33 1/3% support test - 2009. If the o	•	•	line 13, and line 1.	ا 4 یه 33 1/3% or ma	'			
102	stop here. The organization qualifies	_		inte 15, and line 1	4 13 33 17370 OF THE	ore, ericen trib bo.	► X		
,			-	ne 13 or 16a and I	ine 15 is 33 1/3% i	or more check th			
	b 33 1/3% support test - 2008. 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								
17:	10% -facts-and-circumstances tes		• • •		13 16a or 16b ar	nd line 14 is 10% (or more.		
1,,	and if the organization meets the "fac								
							▶ □		
۲	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10% -facts-and-circumstances test - 2008.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-circ						ightharpoons		
18	Private foundation. If the organization		-				s •		

edule A (Form 990 or 990 EZ) 2009 Irt III Support Schedule for Or	ganizations	Described in	Section 509(a)	(2) (Complete only	if you chacked the he	Page
ction A. Public Support	gamzadono	Described III	<u> </u>	(Complete only	n you checked the oc	IX OII IIIIE 9 OI PA
endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and	(-)	(-/	, ,			
membership fees received (Do not						
include any "unusual grants ")						
Gross receipts from admissions,						
merchandise sold or services per-					ļ	
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
						-
Tax revenues levied for the organ						
ization's benefit and either paid to			:			
or expended on its behalf						-
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					-	
Total. Add lines 1 through 5						
Amounts included on lines 1, 2, and						
3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
Add lines 7a and 7b		ļ				
Public support (Subtract line 7c from line 6)						
tion B. Total Support		T				
indar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 6						
Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
Total support (Add lines 9, 10c, 11, and 12)	· · · · · · · · · · · · · · · · · · ·					
First five years. If the Form 990 is for t	he organization	's first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						▶[
tion C. Computation of Public	Support Pe	ercentage				
Public support percentage for 2009 (lin	e 8, column (f) c	divided by line 13, o	column (f))		15	
Public support percentage from 2008 S					16	
tion D. Computation of Invest						
Investment income percentage for 200			ne 13, column (f))		17	
Investment income percentage from 20	•	•	.,,,		18	
					33 1/3%, and line 1	

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 DS

Department of the Treasury

(Form 990)

upplemental-Financial-Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

Inspection

Internal Revenue Service Name of the organization

Employer identification number

ASHBURN INSTITUTE, INC. 30-0205347 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 2 3, Aggregate grants from (during year) 4 Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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

		<u>INSTITUTE</u>								7Page 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	is, chec	k any of the	following tha	t are a sigr	nificant i	use of its	collection	items
	(check all that apply)									
a	Public exhibition	C	$\overline{}$		hange progra					
b	Scholarly research	е	. [Other						
C	Preservation for future generations									
4	Provide a description of the organization's c							se in Pari	XIV	
5	During the year, did the organization solicit of					er sımılar a	ssets		٦.,	<u> </u>
Por	to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or									
rai	reported an amount on Form 990, Pa		ete ii org	ganization a	nswered "Yes	s" to Form	990, Pa	π iv, line :	9, or	
10			diani for		as or other as	cotc not in	oludod			
Id	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermet	Jiai y IUI		is or other as	Sets flot iii	ciudeu		Yes	□ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fe	llowing	table					1 162	110
b	ir res, explain the analigement in Fart XIV	and complete the ic	mownig	lable					Amount	
С	Beginning balance						1c		Amount	
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV									
	t V Endowment Funds. Complete		swered	"Yes" to Fo	orm 990, Part	IV, line 10				
		(a) Current year		rior year	(c) Two year	ľ) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions			·						
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	ir end balance held a	as							
а	Board designated or quasi-endowment		%							
þ	Permanent endowment >	%								
		%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for the	organız	ation	r	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(II) related organizations		_						3a(ii)	
	If "Yes" to 3a(ii), are the related organization:								3b	
Box	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Det Vien	10				
Fai		 		Γ	1				(-I) Deal	
	Description of investment	(a) Cost or o			t or other (other)		umulate eciation	a	(d) Book	value
4-	Land	Dasis (investi	nerit)	Dasis	(Other)	debie	-			
	Land Buildings									
	Leasehold improvements			-						
	Equipment	a	352.				6,05	57		3,295.
	Other	7,	J J L •	-			0,0.	′ '		· · · · · · ·
	Add lines 1a through 1a (Column (d) must a	aud Form 000 Port	V colur	nn (D) //nn :	10(0)					2 2 9 5

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	bee Form 990, Part X, line 1		the dof voluntary
(a) Description of security or category (including name of security)	(b) Book value		thod of valuation d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total (Col (b) must 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		thod of valuation d-of-year market value

Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, Irr	ne 15	<u> </u>	
	a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15)		
Part X Other Liabilities. See Form 990, Part	X, line 25		
1 (a) Description of liability		(b) Amount	
Federal Income taxes			
			
			
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25) >		
2. FIN 48 Footnote In Part XIV, provide the text of the fo	ootnote to the organization	s financial statements that re	ports the organization's liability for

Sche	dule D (Form 990) 2009 ASHBURN INSTITUTE, INC.				-5-3 4- 7—Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	incial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1		28,852.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		48,677.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-19,825.
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 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		-19,825.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Rev	enue 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				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		7	
d	Other (Describe in Part XIV)	2d		7	
е	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			
	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	t XIII Reconciliation of Expenses per Audited Financial Statemen	ents With Ex	penses pe	r 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			
-	Prior year adjustments	2b			
<u>c</u>	Other losses	2c			
d	Other (Describe in Part XIV.)	2d		7	
	Add lines 2a through 2d				
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b	40		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	····
	t XIV Supplemental Information			1 0_1	······
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	Lines 1a and 4	Part IV lines	1h and 2h P	art V line / Part
	e 2. Part XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
Λ, 1111	ez, Fait XI, iiile o, Fait XII, iiiles zu allu 40, allu fait XIII, iiiles zu allu 40 Aso comp	nete triis part to ;	orovide arry a	aditional into	mation
					
			-		
	· · · · · · · · · · · · · · · · · · ·				
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SCHEDULE-O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

ASHBURN INSTITUTE, INC.

Employer identification number 30-0205347

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 AND THE
SUMMARY OF ACCOUNTS IS PROVIDED TO THE MEMBERS OF THE MANAGING COMMITTEE BY
MAIL OR E-MAIL. SUCH MEMBERS THEN PROVIDE THEIR COMMENTS TO THE PRESIDENT.
UPON REVIEW AND CONSIDERATION TO THE COMMENTS FROM THE MANAGING COMMITTEE,
THE FORM 990 IS COMPLETED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICIES AND OTHER FINANCIAL STATEMENTS ARE
AVAILABLE FOR PUBLIC INSPECTION UPON A WRITTEN NOTICE TO THE PRESIDENT.
UPON RECEIPT OF SUCH NOTICE THE PRESIDENT WILL MAKE ARRANGEMENT TO MAKE THE
REQUESTED INFORMATION OR DOCUMENTS AVAILABLE.
·- —————

Form-	8868-(Rev4-2009)								
• If v	• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box								
•	Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868								
• If y	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)								
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (not	copies r	needed)						
Tuna	Name of Exempt Organization Employer identification number								
	Type or Section 1997								
Print ASHBURN INSTITUTE, INC. 30-0205347									
extend	Number, street, and room or suite no if a PO box, see instructions	For II	RS use only						
due da filing th	ne POZO WEAVER TERRIACE								
return instruc	tona l								
	WASHINGTON, DC 20016								
	ck type of return to be filed (File a separate application for each return)	<u></u> г.	5007						
	Form 990	==	orm 5227 Form 8870 orm 6069						
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720								
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previ	ously file	ed Form 8868.						
	ORGANIZATION								
• Th	he books are in the care of \blacktriangleright 4920 WEAVER TERRACE - WASHINGTON, DC 2	20016							
	elephone No ► (703)728-6842 FAX No ►								
	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 fo	r 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 memb	ers the extension is for						
4	request an additional 3 month extension of time until FEBRUARY 15, 2011								
5	For calendar year , or other tax year beginning APR 1, 2009 , and ending		31, 2010						
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								
	ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINANCIAL A	7GGOO	NTING AND						
	TO PREPARE A COMPLETE RETURN	$\overline{}$	T						
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							
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	- 05							
·	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction	ns 8c	s N/A						
	Signature and Verification								
Under	r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to	the best o	of my knowledge and belief,						
	ue, correct, and complete, and that I am authorized to prepare this form.								
Signa	ture ► Title ► CPA	Date	.						

Form 8868 (Rev. 4-2009)