

Diagnostic Report

Tax Year : 2008

Return No: 63422I

Taxpayer: American Bankruptcy Institute

ID No : 52-1295453

\*\* NO SEVERE DIAGNOSTICS DETECTED \*\*

INFORMATIONAL DIAGNOSTICS: TOTAL 3

FEDERAL (3)

1. FORM 990T

THE AMOUNT OF TAX LIABILITY ON FORM 990-T IS \$ 87,912.

2. FORM 990T

THE AMOUNT OF TAX DUE ON FORM 990-T IS \$ 10,096.

3. FORM 2220

THE FORM 2220 WILL BE PRINTED & SORTED WITH FORM 990-PF IN IRS SEQUENCE

\*\* NO ELECTRONIC FILING - ALERTS DETECTED \*\*

ELECTRONIC FILING - REJECTS: TOTAL 1

FEDERAL (1)

4. EXEMPT ORGANIZATION E-FILE

IF THE SIGNATURE OPTION SELECTED FOR E-FILING IS THE 8879, THEN THE FOLLOWING FIELDS MUST HAVE A VALUE: PIN ENTERED BY, PRACTITIONER PIN, TAXPAYER PIN, NAME, TITLE AND DATE SIGNED OF THE OFFICER. TO FIX THIS, PLEASE GO TO ORGANIZER - ELECTRONIC FILING RETURNS - STEP 2. RULE R0000-029.

\*\* NO ELECTRONIC FILING - XML VALIDATION ERRORS DETECTED \*\*

*scan  
7/27  
11:30*

\* indicates Diagnostic has been suppressed.

Override Summary Report

Tax Year : 2008

Return No: 63422I

Taxpayer: AMERICAN BANKRUPTCY INSTITUTE

ID No : 52-1295453

Screen Name	Override Data	Automatic/Computed Data
990, PAGE 3	X	
990, PAGE 5	32	NONE
990, PAGE 5	44	35
990, PAGE 5	X	
990, PAGE 5	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 6	X	
990, PAGE 8	8	14
990, PAGE 9	258,939.	50,190.
990, PAGE 9	356,359.	356,364.
990-T, PAGE 1		104,909.
GRANTS PAID	CREDIT COUNSELING	CREDIT COUNSELING ST
PART I - PRIOR YEAR AMOUNTS	5,281,160.	5,438,187.
SCH D, PAGE 2	334,870.	
SCH D, PAGE 2	70,932.	
SCH D, PAGE 2	549,515.	
SCH D, PAGE 2	331,881.	
SCH D, PAGE 3	49,282.	
STEP 2 - ELECTRONIC SIGNATURE	KATHY SHEEHAN	

Organizer Override Summary Report

Tax Year : 2008

Return No: 63422I

Taxpayer: AMERICAN BANKRUPTCY INSTITUTE

ID No : 52-1295453

<u>Screen Name</u>	<u>Override Data</u>
ASSETS (990PF)	1,262,678.
CONTRIBUTIONS	X
EXTENSION INFO	NONE

805 King Farm Boulevard  
Suite 300  
Rockville, Maryland 20850  
301.231.6200 Main  
301.231.7630 Fax



INSTRUCTIONS FOR FILING  
AMERICAN BANKRUPTCY INSTITUTE  
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION  
FOR THE PERIOD ENDED DECEMBER 31, 2008

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE  
SELECT AND ENTER A FIVE DIGIT PERSONAL IDENTIFICATION NUMBER FOR  
THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

ARONSON & COMPANY  
805 KING FARM BLVD., 3RD FLOOR  
ROCKVILLE MD 20850

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT  
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE  
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED  
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS  
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE  
DELIVERY SERVICE.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE  
AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN, PLEASE  
DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE.  
DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY  
TRANSMIT YOUR RETURN WHICH IS DUE ON AUGUST 17, 2009. WE  
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE  
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL  
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.  
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE  
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE  
DATE OF YOUR RETURN.

\*\*\*\*\*

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning 01/01, 2008, and ending 12/31, 2008

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

# 2008

Name of exempt organization  
**AMERICAN BANKRUPTCY INSTITUTE**

Employer identification number  
**52-1295453**

Name and title of officer  
**KATHY SHEEHAN, CFO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	<u>9,308,264.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 07/06/2009

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 2 1 3 8 1 \_\_\_\_\_  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

# Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** , 2008, **and ending** , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> AMERICAN BANKRUPTCY INSTITUTE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 44 CANAL CENTER PLAZA City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314-1546	<b>D Employer identification number</b> 52-1295453 <b>E Telephone number</b> (703) 739-0800
		<b>F Name and address of principal officer:</b> SAM GERDANO 44 CANAL CENTER PLAZA ALEXANDRIA, VA 22314-1546	<b>G Gross receipts \$</b> 12,285,716. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		<b>J Website:</b> ▶ WWW.ABIWORLD.ORG <b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L Year of formation:</b> 1982 <b>M State of legal domicile:</b> VA	

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE AMERICAN BANKRUPTCY INSTITUTE IS THE LARGEST MULTI-DISCIPLINARY NON-PARTISAN ORGANIZATION DEDICATED TO RESEARCH AND EDUCATION ON MATTERS RELATED TO INSOLVENCY.</u>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	60	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	60	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	44	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	793,166.	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	268,365.	
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	382,218.	258,939.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,300,264.	8,726,604.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	363,649.	268,797.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,667.	53,924.	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,151,798.	9,308,264.	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	469,154.	201,899.	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		NONE	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE	
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25) ▶ 77,535.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,614,282.	2,938,691.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,281,160.	5,518,625.		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,364,596.	8,659,215.		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	787,202.	649,049.	
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Year	End of Year	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	8,669,293.	10,514,783.	
		3,186,480.	4,392,730.	
	5,482,813.	6,122,053.		

**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.

<b>Sign Here</b>	Signature of officer _____ Date _____		
	Type or print name and title _____		

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____ Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ARONSON & COMPANY 805 KING FARM BLVD., 3RD FLOOR ROCKVILLE, MD 20850	EIN ▶ 52-0987391	Phone no. ▶ 301-231-6200

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

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 \$ 4,340,164. including grants of \$ NONE ) (Revenue \$ 5,040,937. )

CONTINUING LEGAL EDUCATION AND OTHER EDUCATIONAL OFFERINGS FOR MEMBERS AND NONMEMBERS ON INSOLVENCY ISSUES AND BANKRUPTCY LAW INCLUDING: SEMINARS, WEB CONFERENCES, AND COMMITTEE MEETINGS.

4b (Code: ) (Expenses \$ 1,843,740. including grants of \$ NONE ) (Revenue \$ 1,010,160. )

PUBLICATION OF: PROFESSIONAL JOURNALS, LAW REVIEWS, LEGISLATIVE UPDATES, PUBLICATIONS FOR BOTH PRACTITIONERS AND THE GENERAL PUBLIC, COMMITTEE E-NEWSLETTERS, WEEKLY E-UPDATES AND OTHER PUBLICATIONS. ALSO INCLUDES THE DEVELOPMENT AND MAINTENANCE OF SEVERAL WEBSITES RELATING TO BANKRUPTCY LAW.

4c (Code: ) (Expenses \$ 647,162. including grants of \$ ) (Revenue \$ 2,675,507. )

MEMBERSHIP SERVICES PROVIDE SUPPORT SERVICES, CONTINUING EDUCATION, DISCOUNTS ON CONFERENCES AND MEETINGS, PUBLICATIONS AND ACCESS TO A HOST OF OTHER SERVICES IN THE FIELD OF BANRUPTCY LAW.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 216,376. including grants of \$ 201,899. ) (Revenue \$ )

4e Total program service expenses ► \$ 7,047,442. (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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X

