

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning		, 2010, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Monroe Institute		D Employer Identification Number 90-0681223
	Doing Business As		E Telephone number (434) 361-1252
	Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 365 Roberts Mountain Road		G Gross receipts \$ 2,194,789.
	City, town or country State ZIP code + 4 Faber VA 22938		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
F Name and address of principal officer: Frederick H. Atwa 365 Roberts Mountain Ro Faber VA 22938		H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.monroeinstitute.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of Formation: 1985
			M State of legal domicile: VA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Education and Research</u>		

	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	16,450.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	112,604.
	9	Program service revenue (Part VIII, line 2g)	2,038,382.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,432.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,415.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,186,833.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,798.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,041,093.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,432.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	20,415.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,069.	32,704.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	832,696.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	771,917.
19	Revenue less expenses. Subtract line 18 from line 12	1,568,280.	
20	Total assets (Part X, line 16)	2,400,976.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	2,399,025.
	22	Net assets or fund balances. Subtract line 21 from line 20	-214,143.
			-204,236.
		3,001,160.	
		431,657.	
		2,569,503.	
		2,768,438.	
		389,504.	
		2,378,934.	

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		
	Frederick H. Atwater Type or print name and title.				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Mike Kunkel	Mike Kunkel	05/12/11		
	Firm's name ▶ ACCOUNTING CONSULTANTS, INC.	Firm's address ▶ 2771 ROCKFISH VALLEY HWY P O BOX 436		Firm's EIN ▶	
	NELLYSFORD	VA 22958-2309	Phone no. (434) 361-9080		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

Education and Research

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 \$ 2,399,025. including grants of \$ 0.) (Revenue \$ 2,194,789.)

Education, training & research in stress reduction, personal development & accelerated learning techniques. More than 1,000 people were served. College scholarships were awarded to several local students. Donations made to a number of nonprofit organizations.

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 2,399,025.

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>	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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? <i>If 'Yes,' complete Schedule C, Part I</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>	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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		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>	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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11a	X	
b 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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11b		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11c		X
d 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 Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11d	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>	11e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	12a		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
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? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i>	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>	19		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>	20		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

	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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 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 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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 at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year		
	1 a	6	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1 b	4	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		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	X	
b	Other officers of key employees of the organization	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► Virginia
- 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:
 ► Accounting Consultants, Inc. 2771 Rockfish Valley Hwy Nellysford VA 22958 (434) 361-9080

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

Check if Schedule O contains a response to any question in this Part VII

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

1 a 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.

- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) <u>Dr. Al Dahlberg</u> Director	0.00	X					0.	0.	0.	
(2) <u>Skip Atwater</u> President/Treasurer	40.00	X		X			69,825.	0.	0.	
(3) <u>George Griffith</u> Chairman	0.00	X					0.	0.	0.	
(4) <u>Dr. Darlene Miller</u> Vice President	40.00			X			27,532.	0.	0.	
(5) <u>Virginia Colburn</u> Director	0.00	X					0.	0.	0.	
(6) <u>Paul Rademacher</u> Executive Officer	40.00	X		X			79,800.	0.	0.	
(7) <u>Angie Smith</u> Secretary	40.00			X			39,837.	0.	0.	
(8) <u>Eric Dahlauser</u> Director	0.00	X					0.	0.	0.	
(9) <u>Carol L De La Herran</u> Vice President	40.00			X			43,285.	0.	0.	
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										
(17) _____										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
1 b Sub-total								260,279.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								260,279.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	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? <i>If 'Yes' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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	1 a Federated campaigns	1 a					
	b Membership dues	1 b	19,475.				
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	95,323.				
	g Noncash contributions included in lns 1a-1f: \$						
	h Total. Add lines 1a-1f		114,798.				
PROGRAM SERVICE REVENUE	Business Code						
	2 a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue		2,041,093.	2,041,093.	0.	0.	
g Total. Add lines 2a-2f		2,041,093.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		7,274.	7,274.	0.	0.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		16,254.	16,254.	0.	0.	
	6 a Gross Rents	(i) Real	16,450.				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	16,450.				
	d Net rental income or (loss)		16,450.	0.	16,450.	0.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	-1,080.				
		(ii) Other	0.				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	-1,080.				
	d Net gain or (loss)		-1,080.	-1,080.	0.	0.	
	8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a 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					
11 a -----							
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions		2,194,789.	2,063,541.	16,450.	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				
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	260,279.	193,842.	39,837.	26,600.
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	456,069.	456,069.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,234.	3,895.	339.	0.
9 Other employee benefits				
10 Payroll taxes	51,335.	47,228.	4,107.	0.
11 Fees for services (non-employees):				
a Management				
b Legal	5,207.	0.	5,207.	0.
c Accounting	27,824.	0.	27,824.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	14,822.	14,822.	0.	0.
13 Office expenses	27,297.	25,113.	2,184.	0.
14 Information technology				
15 Royalties				
16 Occupancy	49,833.	45,847.	3,986.	0.
17 Travel	54,203.	54,203.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	700.	0.	700.	0.
19 Conferences, conventions, and meetings				
20 Interest	13,192.	13,192.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	265,255.	244,035.	21,220.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Automobile	22,493.	22,493.	0.	0.
b Bank Charges	319.	319.	0.	0.
c Books, Subscriptions, Reference	6.	6.	0.	0.
d Casual Labor	104.	104.	0.	0.
e Computer Maintenance	2,535.	2,535.	0.	0.
f All other expenses	1,143,318.	1,093,143.	35,706.	14,469.
25 Total functional expenses. Add lines 1 through 24f	2,399,025.	2,216,846.	141,110.	41,069.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	311,594.	1	196,658.
	2	Savings and temporary cash investments	529,049.	2	564,842.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	95,984.	8	116,623.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,980,055.		
	b	Less: accumulated depreciation	10b 2,107,538.	2,060,333.	10c 1,872,517.
	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	4,200.	15	17,798.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,001,160.	16	2,768,438.	
LIABILITIES	17	Accounts payable and accrued expenses	16,902.	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial 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 to unrelated third parties	185,510.	24	181,221.
	25	Other liabilities. Complete Part X of Schedule D	229,245.	25	208,283.
	26	Total liabilities. Add lines 17 through 25	431,657.	26	389,504.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	2,461,212.	27	2,256,976.
	28	Temporarily restricted net assets	108,291.	28	121,958.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	2,569,503.	33	2,378,934.
34	Total liabilities and net assets/fund balances.	3,001,160.	34	2,768,438.	

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,194,789.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,399,025.
3	Revenue less expenses. Subtract line 2 from line 1	3	-204,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,569,503.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,667.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,378,934.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	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.		

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization The Monroe Institute	Employer identification number 90-0681223
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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: (For lines 1 through 11, check only one box.)

- 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)**.
- 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 Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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		2,081,294.	2,556,747.	2,038,382.	2,041,093.	8,717,516.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		2,081,294.	2,556,747.	2,038,382.	2,041,093.	8,717,516.
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						8,717,516.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6		2,081,294.	2,556,747.	2,038,382.	2,041,093.	8,717,516.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		65,469.	29,780.	35,847.	15,174.	146,270.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					16,450.	16,450.
c Add lines 10a and 10b		65,469.	29,780.	35,847.	31,624.	162,720.
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 lns 9, 10c, 11, and 12.)						8,880,236.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	98.17 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.07 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.83 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.93 %

19a 33-1/3% support tests – 2010. 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 – 2009. 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

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

The Monroe Institute

90-0681223

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 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.

1 a 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

2 a 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 the 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 ▶ _____ %

3 a 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 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) Accumulated depreciation	(d) Book value
1 a Land	589,286.	0.		589,286.
b Buildings	2,235,057.	0.	1,359,799.	875,258.
c Leasehold improvements	156,083.	0.	17,359.	138,724.
d Equipment	999,629.		730,380.	269,249.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **1,872,517.**

BAA

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ... ▶		

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

(a) Description	(b) Book value
(1) Employee Advances	2,925.
(2) Prepaid Expenses	13,200.
(3) Due for Royalty Income	1,673.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ▶	17,798.

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Deferred Comp Liability	37,110.
(3) Customer Deposits - Programs	144,789.
(4) EE Benefits	-578.
(5) Sales Tax Payable	273.
(6) Accrued Vaction and Sick	17,042.
(7) 401K ER/EE	4,821.
(8) Interstate Industries, Inc, current	4,315.
(9) Royalties Due	324.
(10) State Taxes Payable	187.
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	208,283.

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

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

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 Investments 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 must 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 Other losses	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 Investments 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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

The Monroe Institute

Employer identification number

90-0681223

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II	X	
<u>Policy is published on the company website</u> <u>www.monroeinstitute.org</u> ----- ----- -----		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered 'No' to any of the above, please explain. If you need more space, use Part II. ----- ----- -----		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. ----- ----- -----		
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered 'Yes' to either line 6a or line 6b, explain on Part II. ----- ----- -----		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Part II	X	

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

The Monroe Institute

90-0681223

Part I Questions Regarding Compensation

	Yes	No
1 a 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are 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	1 b	
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	
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.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
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?	5 a	X
b Any related organization?	5 b	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?	6 a	X
b Any related organization?	6 b	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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8	X
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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) Retirement and other 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 and incentive compensation	(iii) Other reportable compensation				
1 Darlene Miller	(i)	27,532.	0.	0.	0.	0.	27,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

The Monroe Institute

Employer identification number

90-0681223

Pt VI-A, Line 8a the governing body has the authority to act upon and
Pt VI-A, Line 8b document the meetings.
Pt VI-B, Line 10b a copy of form 990 (2009) was provided to the Board
Pt VI-B, Line 11a of Directors for information and for the purposes of
Pt VI-B, Line 12c review and comment if necessary before it was filed.
Pt VI-B, Line 15 Compensation for the Monroe Institute's Executive director
and officers was approved in advance by disinterested
members of the Board of Directors without interrelated
conflicts of interest. The disinterested board members
determined relevant compensation based on comparisons
with compensation data for similarly qualified persons
in functionally comparable positions at smilarly situated
organizations provided by ERI Economic Research Institute, Inc.
8575 164th Ave NE Suite 100, Redmond, WA 98052.
Pt VI-C, Line 19 The Monroe Institute makes its governing documents,
conflict-of-interest policy, and financial statement
available to the public during normal business hours in
the business office at 365 Roberts Mountain Road, Faber, VA
22938 and online at www.monroeinstitute.org.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

**Depreciation and Amortization
(Including Information on Listed Property)**

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

OMB No. 1545-0172

2010

Attachment
Sequence No. **67**

Name(s) shown on return

The Monroe Institute

Identifying number

90-0681223

Business or activity to which this form relates

Form 990 / Form 990EZ

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 instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
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 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	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 2011. 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.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	52,573.
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 2010	17	162,213.
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	▶ <input type="checkbox"/>	

Section B – Assets Placed in Service During 2010 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		6,582.	5.0 yrs	MQ	200 DB	987.
c 7-year property		1,238.	7.0 yrs	MQ	200 DB	133.
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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2010 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	9,836.
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 instructions	22	225,742.
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, 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								24b If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (see instructions)							25	8,224.		
26 Property used more than 50% in a qualified business use:										
2003 E350 Club Ford W	03/29/04	100.00	16,515.	16,515.	5.00	SL-HY	379.			
2002 Chevrolet Suburb	07/26/10	100.00	16,447.	8,223.	5.00	200 DB-MQ	1,233.			
27 Property used 50% or less in a qualified business use:										
							28	9,836.		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	9,836.		
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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

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 2010 tax year (see instructions):						
43 Amortization of costs that began before your 2010 tax year					43	39,513.
44 Total. Add amounts in column (f). See the instructions for where to report					44	39,513.

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2010

Part I – Identifying Information

Employer Identification Number 90-0681223
 Name The Monroe Institute
 Doing Business As _____
 Address 365 Roberts Mountain Road Room/Suite _____
 City Faber State ... VA ZIP Code ... 22938
 Foreign Country _____
 Telephone Number (434) 361-1252 Extension _____
 Fax _____ E-Mail Address _____

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|--|---|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input checked="" type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | | <input type="checkbox"/> 527 Organization |
| | | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year – Ending month _____
- Short year – Beginning date _____ Ending date _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2010 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2009 overpayment credited to 2010 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>04/15/10</u>				
2nd Quarter Payment	<u>06/15/10</u>				
3rd Quarter Payment	<u>09/15/10</u>				
4th Quarter Payment	<u>12/15/10</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Electronic Filing Information

IMPORTANT: Do not use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will not be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Electronic Filing:

[] File the federal return electronically

Practitioner PIN program:

[] Sign this return electronically using the Practitioner PIN

[] ERO entered PIN

Officer's PIN (enter any 5 numbers) 12345

Date PIN entered

Electronic Filing of Extensions:

[] Check this box to file Form 8868 (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name Frederick H. Atwater

Electronic Filing of Amended Return:

[] Check this box to file amended return electronically

Part VII – Electronic Funds Withdrawal Information (Form 990PF filers only)

- Yes No Use electronic funds withdrawal of federal balance due (EF only)?
Use electronic funds withdrawal of Form 8868 balance due (EF only)?
Use electronic funds withdrawal of amended return balance due (EF only)?

If any options selected above, enter information below, (Review transferred information for accuracy)

Bank Information

Name of Financial Institution (optional)
Check the appropriate box [] Checking [] Savings
Routing number
Account number

Payment Information

Enter the payment date to withdraw tax payment
Balance due amount from this return
Enter an amount to withdraw tax payment
If partial payment is made, the remaining balance due

Part VIII – Information for Client Letter

Table with 4 columns: Extended Due Date, Form 990-EZ or Form 990, Form 990-PF, Form 990-T

Letter Salutation Skip Atwater

Part IX – Return Preparer

- Enter preparer code from Firm/Preparer Info (See Help) mk
QuickZoom to Firm/Preparer Info
QuickZoom to Form 990-EZ, Pages 1 through 4
QuickZoom to Form 990, Page 1
QuickZoom to Form 990-PF, Page 1
QuickZoom to Form 990-T, Page 1
QuickZoom to Form 990-N, e-PostCard

Form 4562

The Monroe Institute
Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2010
► Keep for your records

2010

90-0681223

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
DFH - Office Furniture		07/21/10	1,622		100.00		811	811	7.00	200DB/MQ		87
DFH - Office Equipment		07/21/10	854		100.00		427	427	7.00	200DB/MQ		46
2002 Chevrolet Suburban	A	07/26/10	16,447		100.00		8,224	8,223	5.00	200DB/MQ		1,233
DFH - Server		07/27/10	10,119		100.00		5,060	5,059	5.00	200DB/MQ		759
DFH -Mac Pro Laptop		08/10/10	3,047		100.00		1,524	1,523	5.00	200DB/MQ		228
NPC - Refrigerator		10/04/10	2,425		100.00		2,425	0	7.00	200DB/MQ		0
NPC -Property Improvements		10/25/10	3,344		100.00		3,344	0	15.00	150DB/MQ		0
NPC - Security System		11/02/10	5,070		100.00		5,070	0	7.00	200DB/MQ		0
NPC - Lab Offices		12/02/10	7,154		100.00		7,154	0	15.00	150DB/MQ		0
NPC - Lab Equipment		12/06/10	4,997		100.00		4,997	0	7.00	200DB/MQ		0
TMI -Website, Add On's		12/14/10	21,761		100.00		21,761	0	5.00	200DB/MQ		0
SUBTOTAL CURRENT YEAR			76,840	0		0	60,797	16,043			0	2,353
Air Conditioning		07/01/87	9,485		100.00			9,485	31.50	SL/MM	5,590	431
Fire Symm		08/13/89	1,869		100.00			1,869	31.50	SL/MM	994	79
Air Conditioning		11/19/89	2,795		100.00			2,795	31.50	SL/MM	1,466	117
Bl Ridge Phones		06/15/90	1,195		100.00			1,195	31.50	SL/MM	607	49
Center Buildings		09/30/94	520,980		100.00			520,980	25.00	SL/HY	318,703	21,292
Center Buildings		02/01/95	378,006		100.00			378,006	25.00	SL/HY	224,535	14,616
Lab Bldg Roof		05/30/95	1,730		100.00			1,730	15.00	SL/HY	1,674	56
Lab Heating System		11/09/95	3,462		100.00			3,462	15.00	SL/HY	3,331	131
Heat AC		04/24/96	2,920		100.00			2,920	15.00	SL/HY	2,642	185
Water Heater		12/01/97	737		100.00			737	10.00	SL/HY	737	0
Baby Grand Piano		07/08/98	1,306		100.00			1,306	10.00	SL/HY	1,306	0
NPC Brick Walkway		08/25/98	900		100.00			900	10.00	SL/HY	900	0
RMRC Pool and Landscape		11/01/98	41,840		100.00			41,840	10.00	SL/HY	41,840	0
RMRC Buildings		11/01/98	850,492		100.00			850,492	20.00	SL/HY	477,559	43,874
NPC Deck Addition		11/02/98	3,705		100.00			3,705	10.00	SL/HY	3,705	0
Gatehouse Deck		12/30/98	4,725		100.00			4,725	10.00	SL/HY	4,725	0
NPC Landscaping		12/31/98	1,037		100.00			1,037	10.00	SL/HY	1,037	0
DR Round Pedestal		02/26/99	1,367		100.00			1,367	10.00	SL/HY	1,367	0
Seed on Pool Pump		03/29/99	1,630		100.00			1,630	10.00	SL/HY	1,630	0
Beverage Air Refrigerator	S	03/29/99	2,482		100.00			2,482	10.00	SL/HY	2,482	0
DFH Roof		04/12/99	4,050		100.00			4,050	15.00	SL/HY	2,882	260
DFH Siding		05/15/99	2,933		100.00			2,933	15.00	SL/HY	2,076	190
Fox Den Sect Couch		06/07/99	6,156		100.00			6,156	10.00	SL/HY	6,156	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

The Monroe Institute
Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2010
► Keep for your records

2010

90-0681223

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
Remodel GH		06/15/99	6,209		100.00			6,209	10.00	SL/HY	6,209	0
Orme Fence Gates		07/27/99	853		100.00			853	10.00	SL/HY	853	0
Lab Siding		09/03/99	4,000		100.00			4,000	15.00	SL/HY	2,769	274
Gatehouse Bldg		12/06/99	129,958		100.00			129,958	20.00	SL/HY	65,991	6,733
New GH Siding		12/22/99	9,517		100.00			9,517	15.00	SL/HY	6,441	684
GH Roof		12/22/99	4,500		100.00			4,500	15.00	SL/HY	3,046	323
NPC Siding		02/11/00	5,950		100.00			5,950	15.00	SL/HY	3,890	375
NPC Roof		03/07/00	5,811		100.00			5,811	15.00	SL/HY	3,774	370
NPC Skylight		03/08/00	940		100.00			940	7.00	SL/HY	940	0
RMR Carpet		04/01/00	3,061		100.00			3,061	7.00	SL/HY	3,061	0
NPC Capt Chairs	S	04/01/00	5,197		100.00			5,197	7.00	SL/HY	5,197	0
True Refrigerator	S	04/05/00	1,920		100.00			1,920	7.00	SL/HY	1,920	0
GE Freezer-RMR	S	04/07/00	532		100.00			532	7.00	SL/HY	532	0
True Freezer		04/12/00	2,386		100.00			2,386	7.00	SL/HY	2,386	0
NPC Dek Roof		05/03/00	7,232		100.00			7,232	15.00	SL/HY	4,639	471
RMR Cabin Heat Pump		08/15/00	2,923		100.00			2,923	10.00	SL/HY	2,772	151
Isolation Booth		09/10/00	2,588		100.00			2,588	7.00	SL/HY	2,588	0
Dishwasher	S	10/01/00	3,470		100.00			3,470	7.00	SL/HY	3,470	0
Waterbed & Trim	S	10/12/00	1,935		100.00			1,935	7.00	SL/HY	1,935	0
Millenium Booth		10/13/00	52,370		100.00			52,370	20.00	SL/HY	24,327	2,671
HVAC-Millenium		10/15/00	975		100.00			975	10.00	SL/HY	921	54
NPC Carpet		11/27/00	2,597		100.00			2,597	7.00	SL/HY	2,597	0
Telephone System	S	12/01/00	13,906		100.00			13,906	7.00	SL/HY	13,906	0
Mirror at RMTT	S	01/12/01	457		100.00			457	10.00	SL/HY	398	20
Weatherize Gatehouse		02/14/01	2,639		100.00			2,639	10.00	SL/HY	2,290	233
RMR Cabinet & Back	S	03/19/01	490		100.00			490	7.00	SL/HY	490	0
NPC Tower Glass		03/26/01	3,350		100.00			3,350	15.00	SL/HY	1,941	217
NPC Rewire		04/18/01	3,000		100.00			3,000	10.00	SL/HY	2,572	285
NPC Septic Repair		07/09/01	5,150		100.00			5,150	10.00	SL/HY	4,378	515
14VAC-Gatehouse		07/17/01	1,511		100.00			1,511	10.00	SL/HY	1,279	155
NPC Deck renovation		10/02/01	1,696		100.00			1,696	10.00	SL/HY	1,424	181
Lateral File - Lynn	S	11/20/01	400		100.00			400	10.00	SL/HY	333	22
John Deere 18S	S	05/01/02	941		100.00			941	5.00	SL/HY	941	0
Carpet 1664 Robets		05/07/02	4,700		100.00			4,700	5.00	SL/HY	4,700	0
HVAC NPC West Wing		07/22/02	3,896		100.00			3,896	10.00	SL/HY	2,905	396
Refrigerator-RMR		07/29/02	1,170		100.00			1,170	10.00	SL/HY	872	119
File Cabinet	S	12/23/02	209		100.00			209	5.00	SL/HY	209	0

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

The Monroe Institute
Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2010
► Keep for your records

2010

90-0681223

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
Lab - J & J Engineering		12/31/02	2,865		100.00			2,865	5.00	SL/HY	2,865	0
HP 1200 Laser Printer	S	01/03/03	482		100.00			482	7.00	SL/HY	454	28
Carpet NPC Dining Room		02/06/03	3,928		100.00			3,928	7.00	SL/HY	3,694	234
CHEC Unit in Meditation		03/09/03	1,275		100.00			1,275	15.00	SL/HY	575	82
250 sq ft beded ceiling		03/09/03	975		100.00			975	15.00	SL/HY	440	63
AC Compressor		06/19/03	1,650		100.00			1,650	10.00	SL/HY	1,073	165
AC Unit		08/07/03	1,970		100.00			1,970	10.00	SL/HY	1,270	200
100 gallon LP Hot Water		08/18/03	4,198		100.00			4,198	10.00	SL/HY	2,684	433
FM-850 Stereo FM	S	10/07/03	1,731		100.00			1,731	5.00	SL/HY	1,731	0
Carpet		02/09/04	4,383		100.00			4,383	5.00	SL/HY	4,383	0
Telephone System	S	03/11/04	4,260		100.00			4,260	5.00	SL/HY	4,260	0
2003 E350 Club Ford Wagon	SA	03/29/04	16,515		100.00			16,515	5.00	SL/HY	16,136	379
Yamaha FLX-7-21	S	04/14/04	1,756		100.00			1,756	5.00	SL/HY	1,756	0
Tower Renovations		07/19/04	50,680		100.00			50,680	20.00	SL/HY	13,752	2,547
Yamaha CDR-HD	S	08/24/04	1,087		100.00			1,087	5.00	SL/HY	1,087	0
Washer	S	08/31/04	770		100.00			770	5.00	SL/HY	770	0
Range	S	08/31/04	388		100.00			388	5.00	SL/HY	388	0
Dryer	S	08/31/04	448		100.00			448	5.00	SL/HY	448	0
Refrigerator	S	08/31/04	479		100.00			479	5.00	SL/HY	479	0
Refrigerator	S	08/31/04	479		100.00			479	5.00	SL/HY	479	0
Dell Dimension 3000	S	10/26/04	606		100.00			606	5.00	SL/HY	606	0
Desk (lab)	S	02/20/05	346		100.00			346	5.00	SL/HY	316	30
Washer-Gatehouse	S	02/22/05	295		100.00			295	5.00	SL/HY	269	26
Dryer-Gatehouse	S	02/22/05	295		100.00			295	5.00	SL/HY	269	26
Elec-Range-Gatehouse	S	02/22/05	295		100.00			295	5.00	SL/HY	269	26
Lab Carpet & Vinyl Floor		02/28/05	1,573		100.00			1,573	7.00	SL/HY	1,053	208
Dell 4100MP Projector	S	03/25/05	2,266		100.00			2,266	5.00	SL/HY	2,062	204
Lab Remodel		03/31/05	931		100.00			931	10.00	SL/HY	436	90
Dell Equipment	S	04/19/05	692		100.00			692	5.00	SL/HY	627	65
Lab Carpet		05/15/05	880		100.00			880	7.00	SL/HY	578	121
Paving		08/16/05	38,000		100.00			38,000	15.00	SL/HY	11,045	2,567
RMR Roofing		09/08/05	5,450		100.00			5,450	15.00	SL/HY	1,583	368
Dell Computer	S	09/13/05	785		100.00			785	5.00	SL/HY	701	84
Dell Computer	S	09/13/05	800		100.00			800	5.00	SL/HY	695	105
RMR Furniture		09/15/05	840		100.00			840	7.00	SL/HY	529	124
Ionic Breeze Machine	S	09/30/05	448		100.00			448	5.00	SL/HY	399	49
NPC Roofing		12/08/05	4,900		100.00			4,900	15.00	SL/HY	1,356	338

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

The Monroe Institute
Form 990 - / Form 990EZ

Depreciation and Amortization Report

Tax Year 2010
► Keep for your records

2010

90-0681223

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
QuickBoosk Pro 2006	S	12/10/05	630		100.00			630	3.00	SL/HY	630	0
Dell Dimension 3100		01/22/06	892		100.00			892	5.00	SL/HY	656	157
4 Inspirion		04/13/06	2,197		100.00			2,197	5.00	SL/HY	1,584	409
Dell Computer NPC		05/18/06	626		100.00			626	5.00	SL/HY	442	123
Gatehouse Fencing		06/27/06	602		100.00			602	10.00	SL/HY	210	60
RMR Improvements		06/30/06	12,115		100.00			12,115	20.00	SL/HY	2,121	606
Barn Improvements		06/30/06	10,282		100.00			10,282	20.00	SL/HY	1,799	514
Various Building Improvements		07/11/06	2,051		100.00			2,051	20.00	SL/HY	360	102
Various Building Improvements		07/19/06	3,313		100.00			3,313	20.00	SL/HY	567	166
Gas Heater		07/19/06	1,000		100.00			1,000	5.00	SL/HY	693	205
2 Dell E6600 Computers		08/31/06	2,618		100.00			2,618	5.00	SL/HY	1,795	549
Meade ETX-125PE		10/02/06	1,298		100.00			1,298	5.00	SL/HY	881	278
Dell Option GX 520		11/06/06	921		100.00			921	5.00	SL/HY	619	201
60" Gas Range		05/29/07	5,525		100.00			5,525	5.00	SL/HY	2,855	1,105
Denon Casette		08/07/07	1,911		100.00			1,911	5.00	SL/HY	923	382
Generator		08/15/07	35,000		100.00			35,000	10.00	SL/HY	8,458	3,500
Upright Freezer		09/19/07	648		100.00			648	5.00	SL/HY	302	130
Generator		09/19/07	16,771		100.00			16,771	10.00	SL/HY	3,913	1,677
Dual Core 3050		12/04/07	1,613		100.00			1,613	3.00	SL/HY	1,120	269
Generator		12/04/07	2,589		100.00			2,589	10.00	SL/HY	540	259
Office Equipment		12/04/07	2,168		100.00			2,168	5.00	SL/HY	903	434
Windows for Patio		12/20/07	3,962		100.00			3,962	20.00	SL/HY	404	198
Mattresses		12/21/07	6,884		100.00			6,884	7.00	SL/HY	2,048	984
Mattresses		12/21/07	10,000		100.00			10,000	7.00	SL/HY	2,977	1,428
DFH-Office, Computer Monitors		01/30/08	1,088		100.00			1,088	5.00	SL/MQ	408	218
DFH-Laserjet Printer		02/18/08	945		100.00			945	5.00	SL/MQ	354	189
NPC-Property Improvement		03/11/08	16,893		100.00			16,893	20.00	SL/MQ	1,584	845
Restaurant Range		03/24/08	5,261		100.00			5,261	10.00	SL/MQ	986	526
LawnMower		04/23/08	5,144		100.00			5,144	10.00	SL/MQ	836	514
Computer XPS		05/20/08	1,183		100.00			1,183	5.00	SL/MQ	385	236
General Property Improvements		06/23/08	59,686		100.00			59,686	20.00	SL/MQ	4,849	2,984
Lab-Office Computers/Equipment		07/09/08	2,660		100.00			2,660	10.00	SL/MQ	366	266
DFH Conference Equipment		07/22/08	10,519		100.00			10,519	10.00	SL/MQ	1,446	1,052
Lab Offices		09/22/08	5,434		100.00			5,434	10.00	SL/MQ	747	543
Lab-Office, Property Improv		09/30/08	13,531		100.00			13,531	20.00	SL/MQ	931	677
DFH-Property Improvement		10/21/08	33,016		100.00			33,016	20.00	SL/MQ	1,857	1,651
NPC-Video Equipment		11/04/08	5,020		100.00			5,020	10.00	SL/MQ	565	502

Code: S = Sold, A = Auto, L = Listed, C = COGS

Form 4562

The Monroe Institute
Form 990 - / Form 990EZ

Alternative Minimum Tax Depreciation Report

Tax Year 2010
► Keep for your records

2010

90-0681223

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
DEPRECIATION													
DFH - Office Furniture		07/21/10	1,622		100.00		811	811	7.00	200DB/MQ		87	0.
DFH - Office Equipment		07/21/10	854		100.00		427	427	7.00	200DB/MQ		46	0.
2002 Chevrolet Suburban	A	07/26/10	16,447		100.00		8,224	8,223	5.00	200DB/MQ		1,233	0.
DFH - Server		07/27/10	10,119		100.00		5,060	5,059	5.00	200DB/MQ		759	0.
DFH -Mac Pro Laptop		08/10/10	3,047		100.00		1,524	1,523	5.00	200DB/MQ		228	0.
NPC - Refrigerator		10/04/10	2,425		100.00		2,425	0	7.00	200DB/MQ		0	0.
NPC -Property Improvem		10/25/10	3,344		100.00		3,344	0	15.00	150DB/MQ		0	0.
NPC - Security System		11/02/10	5,070		100.00		5,070	0	7.00	200DB/MQ		0	0.
NPC - Lab Offices		12/02/10	7,154		100.00		7,154	0	15.00	150DB/MQ		0	0.
NPC - Lab Equipment		12/06/10	4,997		100.00		4,997	0	7.00	200DB/MQ		0	0.
TMI -Website, Add On's		12/14/10	21,761		100.00		21,761	0	5.00	200DB/MQ		0	0.
SUBTOTAL CURRENT YEAR			76,840	0		0	60,797	16,043			0	2,353	0.
Air Conditioning		07/01/87	9,485		100.00			9,485	40.00	SL/MM		237	194.
Fire Symm		08/13/89	1,869		100.00			1,869	40.00	SL/MM		47	32.
Air Conditioning		11/19/89	2,795		100.00			2,795	40.00	SL/MM		70	47.
Bl Ridge Phones		06/15/90	1,195		100.00			1,195	40.00	SL/MM		30	19.
Center Buildings		09/30/94	520,980		100.00			520,980	50.00	SL/HY		10,420	10,872.
Center Buildings		02/01/95	378,006		100.00			378,006	50.00	SL/HY		7,560	7,056.
Lab Bldg Roof		05/30/95	1,730		100.00			1,730	15.00	SL/HY		58	-2.
Lab Heating System		11/09/95	3,462		100.00			3,462	15.00	SL/HY		115	16.
Heat AC		04/24/96	2,920		100.00			2,920	15.00	SL/HY		195	-10.
Water Heater		12/01/97	737		100.00			737	10.00	SL/HY		0	0.
Baby Grand Piano		07/08/98	1,306		100.00			1,306	10.00	SL/HY		0	0.
NPC Brick Walkway		08/25/98	900		100.00			900	10.00	SL/HY		0	0.
RMRC Pool and Landscape		11/01/98	41,840		100.00			41,840	10.00	SL/HY		0	0.
RMRC Buildings		11/01/98	850,492		100.00			850,492	20.00	SL/HY		42,524	1,350.
NPC Deck Addition		11/02/98	3,705		100.00			3,705	10.00	SL/HY		0	0.
Gatehouse Deck		12/30/98	4,725		100.00			4,725	10.00	SL/HY		0	0.
NPC Landscaping		12/31/98	1,037		100.00			1,037	10.00	SL/HY		0	0.
DR Round Pedestal		02/26/99	1,367		100.00			1,367	10.00	SL/HY		0	0.
Seed on Pool Pump		03/29/99	1,630		100.00			1,630	10.00	SL/HY		0	0.
Beverage Air Refrigera	S	03/29/99	2,482		100.00			2,482	10.00	SL/HY	2,482	0	0.
DFH Roof		04/12/99	4,050		100.00			4,050	15.00	SL/HY		270	-10.
DFH Siding		05/15/99	2,933		100.00			2,933	15.00	SL/HY		196	-6.
Fox Den Sect Couch		06/07/99	6,156		100.00			6,156	10.00	SL/HY		0	0.

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The Monroe Institute

Tax Year 2010

Form 990 - / Form 990EZ

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90-0681223

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Remodel GH		06/15/99	6,209		100.00			6,209	10.00	SL/HY		0	0.
Orme Fence Gates		07/27/99	853		100.00			853	10.00	SL/HY		0	0.
Lab Siding		09/03/99	4,000		100.00			4,000	15.00	SL/HY		266	8.
Gatehouse Bldg		12/06/99	129,958		100.00			129,958	20.00	SL/HY		6,498	235.
New GH Siding		12/22/99	9,517		100.00			9,517	15.00	SL/HY		634	50.
GH Roof		12/22/99	4,500		100.00			4,500	15.00	SL/HY		300	23.
NPC Siding		02/11/00	5,950		100.00			5,950	15.00	SL/HY		397	-22.
NPC Roof		03/07/00	5,811		100.00			5,811	15.00	SL/HY		387	-17.
NPC Skylight		03/08/00	940		100.00			940	7.00	SL/HY		0	0.
RMR Carpet		04/01/00	3,061		100.00			3,061	7.00	SL/HY		0	0.
NPC Capt Chairs	S	04/01/00	5,197		100.00			5,197	7.00	SL/HY	5,197	0	0.
True Refrigerator	S	04/05/00	1,920		100.00			1,920	7.00	SL/HY	1,920	0	0.
GE Freezer-RMR	S	04/07/00	532		100.00			532	7.00	SL/HY	532	0	0.
True Freezer		04/12/00	2,386		100.00			2,386	7.00	SL/HY		0	0.
NPC Dek Roof		05/03/00	7,232		100.00			7,232	15.00	SL/HY		482	-11.
RMR Cabin Heat Pump		08/15/00	2,923		100.00			2,923	10.00	SL/HY		146	5.
Isolation Booth		09/10/00	2,588		100.00			2,588	7.00	SL/HY		0	0.
Dishwasher	S	10/01/00	3,470		100.00			3,470	7.00	SL/HY	3,470	0	0.
Waterbed & Trim	S	10/12/00	1,935		100.00			1,935	7.00	SL/HY	1,935	0	0.
Millenium Booth		10/13/00	52,370		100.00			52,370	20.00	SL/HY		2,618	53.
HVAC-Millenium		10/15/00	975		100.00			975	10.00	SL/HY		49	5.
NPC Carpet		11/27/00	2,597		100.00			2,597	7.00	SL/HY		0	0.
Telephone System	S	12/01/00	13,906		100.00			13,906	7.00	SL/HY	13,906	0	0.
Mirror at RMTT	S	01/12/01	457		100.00			457	10.00	SL/HY	398	20	0.
Weatherize Gatehouse		02/14/01	2,639		100.00			2,639	10.00	SL/HY		263	-30.
RMR Cabinet & Back	S	03/19/01	490		100.00			490	7.00	SL/HY	490	0	0.
NPC Tower Glass		03/26/01	3,350		100.00			3,350	15.00	SL/HY		224	-7.
NPC Rewire		04/18/01	3,000		100.00			3,000	10.00	SL/HY		300	-15.
NPC Septic Repair		07/09/01	5,150		100.00			5,150	10.00	SL/HY		515	0.
14VAC-Gatehouse		07/17/01	1,511		100.00			1,511	10.00	SL/HY		151	4.
NPC Deck renovation		10/02/01	1,696		100.00			1,696	10.00	SL/HY		169	12.
Lateral File - Lynn	S	11/20/01	400		100.00			400	10.00	SL/HY	333	22	0.
John Deere 18S	S	05/01/02	941		100.00			941	5.00	SL/HY	941	0	0.
Carpet 1664 Robets		05/07/02	4,700		100.00			4,700	5.00	SL/HY		0	0.
HVAC NPC West Wing		07/22/02	3,896		100.00			3,896	10.00	SL/HY		390	6.
Refrigerator-RMR		07/29/02	1,170		100.00			1,170	10.00	SL/HY		117	2.
File Cabinet	S	12/23/02	209		100.00			209	5.00	SL/HY	209	0	0.

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Lab - J & J Engineering		12/31/02	2,865		100.00			2,865	5.00	SL/HY		0	0.
HP 1200 Laser Printer	S	01/03/03	482		100.00			482	7.00	SL/HY	454	28	0.
Carpet NPC Dining Room		02/06/03	3,928		100.00			3,928	7.00	SL/HY		281	-47.
CHEC Unit in Meditation		03/09/03	1,275		100.00			1,275	15.00	SL/HY		85	-3.
250 sq ft beded ceiling		03/09/03	975		100.00			975	15.00	SL/HY		65	-2.
AC Compressor		06/19/03	1,650		100.00			1,650	10.00	SL/HY		165	0.
AC Unit		08/07/03	1,970		100.00			1,970	10.00	SL/HY		197	3.
100 gallon LP Hot Water		08/18/03	4,198		100.00			4,198	10.00	SL/HY		419	14.
FM-850 Stereo FM	S	10/07/03	1,731		100.00			1,731	5.00	SL/HY	1,731	0	0.
Carpet		02/09/04	4,383		100.00			4,383	5.00	SL/HY		0	0.
Telephone System	S	03/11/04	4,260		100.00			4,260	5.00	SL/HY	4,260	0	0.
2003 E350 Club Ford Wa	SA	03/29/04	16,515		100.00			16,515	5.00	SL/HY	16,136	379	0.
Yamaha FLX-7-21	S	04/14/04	1,756		100.00			1,756	5.00	SL/HY	1,756	0	0.
Tower Renovations		07/19/04	50,680		100.00			50,680	20.00	SL/HY		2,534	13.
Yamaha CDR-HD	S	08/24/04	1,087		100.00			1,087	5.00	SL/HY	1,087	0	0.
Washer	S	08/31/04	770		100.00			770	5.00	SL/HY	770	0	0.
Range	S	08/31/04	388		100.00			388	5.00	SL/HY	388	0	0.
Dryer	S	08/31/04	448		100.00			448	5.00	SL/HY	448	0	0.
Refrigerator	S	08/31/04	479		100.00			479	5.00	SL/HY	479	0	0.
Refrigerator	S	08/31/04	479		100.00			479	5.00	SL/HY	479	0	0.
Dell Dimension 3000	S	10/26/04	606		100.00			606	5.00	SL/HY	606	0	0.
Desk (lab)	S	02/20/05	346		100.00			346	5.00	SL/HY	316	30	0.
Washer-Gatehouse	S	02/22/05	295		100.00			295	5.00	SL/HY	269	26	0.
Dryer-Gatehouse	S	02/22/05	295		100.00			295	5.00	SL/HY	269	26	0.
Elec-Range-Gatehouse	S	02/22/05	295		100.00			295	5.00	SL/HY	269	26	0.
Lab Carpet & Vinyl Floor		02/28/05	1,573		100.00			1,573	7.00	SL/HY		224	-16.
Dell 4100MP Projector	S	03/25/05	2,266		100.00			2,266	5.00	SL/HY	2,062	204	0.
Lab Remodel		03/31/05	931		100.00			931	10.00	SL/HY		93	-3.
Dell Equipment	S	04/19/05	692		100.00			692	5.00	SL/HY	627	65	0.
Lab Carpet		05/15/05	880		100.00			880	7.00	SL/HY		126	-5.
Paving		08/16/05	38,000		100.00			38,000	15.00	SL/HY		2,533	34.
RMR Roofing		09/08/05	5,450		100.00			5,450	15.00	SL/HY		363	5.
Dell Computer	S	09/13/05	785		100.00			785	5.00	SL/HY	701	84	0.
Dell Computer	S	09/13/05	800		100.00			800	5.00	SL/HY	695	105	0.
RMR Furniture		09/15/05	840		100.00			840	7.00	SL/HY		120	4.
Ionic Breeze Machine	S	09/30/05	448		100.00			448	5.00	SL/HY	399	49	0.
NPC Roofing		12/08/05	4,900		100.00			4,900	15.00	SL/HY		327	11.

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QuickBoosk Pro 2006	S	12/10/05	630		100.00			630	3.00	SL/HY	630	0	0.
Dell Dimension 3100		01/22/06	892		100.00			892	5.00	SL/HY		179	-22.
4 Inspirion		04/13/06	2,197		100.00			2,197	5.00	SL/HY		439	-30.
Dell Computer NPC		05/18/06	626		100.00			626	5.00	SL/HY		125	-2.
Gatehouse Fencing		06/27/06	602		100.00			602	10.00	SL/HY		60	0.
RMR Improvements		06/30/06	12,115		100.00			12,115	20.00	SL/HY		606	0.
Barn Improvements		06/30/06	10,282		100.00			10,282	20.00	SL/HY		514	0.
Various Building Impro		07/11/06	2,051		100.00			2,051	20.00	SL/HY		102	0.
Various Building Impro		07/19/06	3,313		100.00			3,313	20.00	SL/HY		166	0.
Gas Heater		07/19/06	1,000		100.00			1,000	5.00	SL/HY		200	5.
2 Dell E6600 Computers		08/31/06	2,618		100.00			2,618	5.00	SL/HY		523	26.
Meade ETX-125PE		10/02/06	1,298		100.00			1,298	5.00	SL/HY		259	19.
Dell Option GX 520		11/06/06	921		100.00			921	5.00	SL/HY		185	16.
60" Gas Range		05/29/07	5,525		100.00			5,525	5.00	SL/HY	2,763	1,105	0.
Denon Casette		08/07/07	1,911		100.00			1,911	5.00	SL/HY	955	382	0.
Generator		08/15/07	35,000		100.00			35,000	10.00	SL/HY	8,750	3,500	0.
Upright Freezer		09/19/07	648		100.00			648	5.00	SL/HY	324	130	0.
Generator		09/19/07	16,771		100.00			16,771	10.00	SL/HY	4,193	1,677	0.
Dual Core 3050		12/04/07	1,613		100.00			1,613	3.00	SL/HY	1,344	269	0.
Generator		12/04/07	2,589		100.00			2,589	10.00	SL/HY	647	259	0.
Office Equipment		12/04/07	2,168		100.00			2,168	5.00	SL/HY	1,084	434	0.
Windows for Patio		12/20/07	3,962		100.00			3,962	20.00	SL/HY	495	198	0.
Mattresses		12/21/07	6,884		100.00			6,884	7.00	SL/HY	2,458	984	0.
Mattresses		12/21/07	10,000		100.00			10,000	7.00	SL/HY	3,572	1,428	0.
DFH-Office, Computer M		01/30/08	1,088		100.00			1,088	5.00	SL/MQ	408	218	0.
DFH-Laserjet Printer		02/18/08	945		100.00			945	5.00	SL/MQ	354	189	0.
NPC-Property Improve		03/11/08	16,893		100.00			16,893	20.00	SL/MQ	1,584	845	0.
Restaurant Range		03/24/08	5,261		100.00			5,261	10.00	SL/MQ	986	526	0.
LawnMower		04/23/08	5,144		100.00			5,144	10.00	SL/MQ	836	514	0.
Computer XPS		05/20/08	1,183		100.00			1,183	5.00	SL/MQ	385	236	0.
General Property Impro		06/23/08	59,686		100.00			59,686	20.00	SL/MQ	4,849	2,984	0.
Lab-Office Computers/E		07/09/08	2,660		100.00			2,660	10.00	SL/MQ	366	266	0.
DFH Conference Equipm		07/22/08	10,519		100.00			10,519	10.00	SL/MQ	1,446	1,052	0.
Lab Offices		09/22/08	5,434		100.00			5,434	10.00	SL/MQ	747	543	0.
Lab-Office, Property I		09/30/08	13,531		100.00			13,531	20.00	SL/MQ	931	677	0.
DFH-Property Improve		10/21/08	33,016		100.00			33,016	20.00	SL/MQ	1,857	1,651	0.
NPC-Video Equipment		11/04/08	5,020		100.00			5,020	10.00	SL/MQ	565	502	0.

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Lab-Office Equipment		11/25/08	4,467		100.00			4,467	10.00	SL/MQ	503	447	0.
Gate House-Property Im		12/15/08	10,467		100.00			10,467	20.00	SL/MQ	588	523	0.
NPC-Kitchen		12/31/08	3,943		100.00			3,943	10.00	SL/MQ	443	394	0.
TMI Website		12/31/08	154,528		100.00			154,528	5.00	SL/MQ	34,769	30,906	0.
Lab Equipment		02/16/09	2,422		100.00		1,211	1,211	7.00	200DB/HY	173	297	0.
Office Equipment		02/27/09	2,643		100.00		1,322	1,321	7.00	200DB/HY	189	323	0.
Computer (Katie)		03/06/09	691		100.00		346	345	5.00	200DB/HY	69	110	0.
Video Tutorial		05/07/09	5,298		100.00		2,649	2,649	7.00	200DB/HY	378	649	0.
LHI		07/28/09	11,991		100.00		5,996	5,995	15.00	150DB/HY	300	570	0.
Computer w/monitor		10/15/09	2,147		100.00		1,074	1,073	5.00	200DB/HY	215	343	0.
SUBTOTAL PRIOR YEAR			2,788,555	0		0	12,598	2,775,957			146,170	142,713	19,879.
TOTALS			2,865,395	0		0	73,395	2,792,000			146,170	145,066	19,879.

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Copier Costs	7,768.	7,768.	0.	0.
Credit Card Fees	53,193.	53,193.	0.	0.
Donated Facilities	1,566.	0.	0.	1,566.
Dues and Subscriptions	2,394.	2,394.	0.	0.
Employee Benefits	1,870.	1,870.	0.	0.
Equipment Rental	1,860.	1,860.	0.	0.
Equipment Repairs	400.	400.	0.	0.
Flowers	1,175.	1,175.	0.	0.
Food & Supplies	99,078.	99,078.	0.	0.
Fund Raising Expenses	6,843.	0.	0.	6,843.
Gifts	467.	467.	0.	0.
Health Insurance	87,963.	80,926.	7,037.	0.
Insurance-Liability	22,957.	21,120.	1,837.	0.
Internet	7,557.	6,952.	605.	0.
Kitchen & Cleaning Supplies	444.	444.	0.	0.
License & Permits	653.	653.	0.	0.
Life Insurance	2,220.	2,220.	0.	0.
Meals & Entertainment	2,464.	2,464.	0.	0.
Outside Contract Services	51,488.	51,488.	0.	0.
Pay Pal Fees	4,491.	4,491.	0.	0.
Pest Control	2,730.	2,730.	0.	0.
Postage, Mailing Service	41,121.	32,256.	2,805.	6,060.
Program Expense	55,721.	55,721.	0.	0.
Repairs & Maintenance	48,601.	48,601.	0.	0.
Research	17,833.	0.	17,833.	0.
Restricted Donation Expense	386.	386.	0.	0.
Royalties	3,858.	3,858.	0.	0.
Scholarship Fund	500.	500.	0.	0.
Security	210.	210.	0.	0.
Shipping & Handling	1,030.	1,030.	0.	0.
Supplies	5,932.	5,932.	0.	0.
Property Taxes	21,846.	21,846.	0.	0.
Telephone	10,486.	9,647.	839.	0.
Trainer Costs	340,302.	340,302.	0.	0.
Wholesale Products	202,937.	202,937.	0.	0.
Workers Compensation	8,001.	8,001.	0.	0.
Payroll Service	2,992.		2,992.	0.
Website Consulting	21,981.	20,223.	1,758.	0.

Form 990 p 7: Part VII Compensation of Officers etc.

Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees

Note: Enter all the information below for Part VII, Section A. The first 17 entries will be placed on the appropriate lines on page 7. , The next 12 entries will be placed on the appropriate lines on page 8 If more than 29 items are entered, the remainder will be placed on continuation sheets for Part VII.

(A) Name and Title	Ck if B u s i n e s s	(B) Avg hrs/wk (desc hrs for related orgs in Sch O)	Position (Ck all that apply)						(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E) Reportable compn from related orgs (W-2/1099-MISC)	(F) Est amt of oth compn from org and related orgs
			C1	C2	C3	C4	C5	C6			
(1) <u>Dr. Al Dahlberg</u> <u>Director</u>	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(2) <u>Skip Atwater</u> <u>President/Treasurer</u>	<input type="checkbox"/>	40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69,825.	0.	0.
(3) <u>George Griffith</u> <u>Chairman</u>	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(4) <u>Dr. Darlene Miller</u> <u>Vice President</u>	<input type="checkbox"/>	40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27,532.	0.	0.
(5) <u>Virginia Colburn</u> <u>Director</u>	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(6) <u>Paul Rademacher</u> <u>Executive Officer</u>	<input type="checkbox"/>	40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79,800.	0.	0.
(7) <u>Angie Smith</u> <u>Secretary</u>	<input type="checkbox"/>	40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39,837.	0.	0.
(8) <u>Eric Dahlauser</u> <u>Director</u>	<input type="checkbox"/>	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(9) <u>Carol L De La Herran</u> <u>Vice President</u>	<input type="checkbox"/>	40.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43,285.	0.	0.
(10) _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Form 990 p 9: Part VIII Statement of Revenue

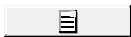
Line 2f - All Other Program Service Revenue Smart Worksheet

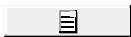
The total of the following items carry to line 2f below:


	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>Workshop/Seminars/Products</u>	<u>2,041,093.</u>	<u>2,041,093.</u>		

Form 990 p 10: Part IX Statement of Functional Expenses

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet

To enter assets, **QuickZoom** to Asset Entry Worksheet → 

To view a calculated report of all depreciation information for Form 990,
QuickZoom to the Depreciation/Amortization Report → 

QuickZoom to Form 4562 for Form 990 → 


The following items carry to line 22 below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A Depreciation	225,742.	207,683.	18,059.	0.
B Depletion				
C Amortization	39,513.	36,352.	3,161.	0.

Sch D, page 5 (Copy No. 1): Part XIV Supplemental Information

Supplemental Information Smart Worksheet

Description of this copy of Schedule D, page 5 Copy No. 1

QuickZoom here to another copy of Schedule D, page 5 → 

Part II Smart Worksheet
Complete Form 990, Part VII before Completing Schedule J, page 2, Part II

Note: The first 16 entries on this Smart Worksheet will transfer below and rest will flow to a Continuation Sheet for Schedule J, Part II. Per IRS instructions, if a column is not applicable, enter a 0.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compen- sation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compen- sation reported in prior Form 990 or Fm 990-EZ
		(i) Base compen- sation	(ii) Bonus and incentive compensation	(iii) Other compensation				
Darlene Miller	(i)	27,532.	0.	0.	0.	0.	27,532.	0.
Check if a business	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
Check if a business	(ii)							
	(i)							
Check if a business	(ii)							
	(i)							
Check if a business	(ii)							
	(i)							
Check if a business	(ii)							
	(i)							
Check if a business	(ii)							

Schedule O: Supplemental Information to Form 990

Supplemental Information Smart Worksheet

QuickZoom here to Schedule O, page 2

Specific Information for Form 990-EZ, Parts I, II, III and V

Note: The following lines for 990-EZ have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

Table with 2 columns: Form 990-EZ line number and QuickZoom link. Includes lines 8, 10, 16, 20, 24, and 26.

Note: Enter information specific to any of the following lines below:
Form 990-EZ, Part III, Line 31 (Description of other program services)
Form 990-EZ, Part V, Line 33 (Response to Yes for Question 33)
Form 990-EZ, Part V, Line 34 (Response to Yes for Question 34)
Form 990-EZ, Part V, Line 35 (Why organization did not report unrelated business income)
Form 990-EZ, Part V, Line 44d (Response to No for Question 44d)

Specific Information for Form 990, Parts III, V, VI, VII, IX, XI and XII

Note: The following lines for 990 have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

Table with 2 columns: Form 990 line number and QuickZoom link. Includes lines 4d, 9, 17, and 24f.

Note: Enter information specific to any of the following below:
Form 990, Page 2, Part III, Line 2, or Line 3.
Form 990, Page 5, Part V, Line 3b, 13a or 14b
Form 990, Page 6, Part VI, Section A, Lines 1a, 2-7b, 8a, or 8b.
Form 990, Page 6, Part VI, Section B, Lines 10b, 11a, 12c or 15
Form 990, Page 6, Part VI, Section C, Line 18, or 19
Form 990, Page 7, Part VII, Column (E) or Column (F)
Form 990, Page 12, Part XI
Form 990, Page 12, Part XII, Line 1, 2c or 3b

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

Table with 2 columns: Line Number and Explanation. Contains text for Pt VI-A, Line 8a and Pt VI-B, Line 15.

See Supplemental Information Smart Worksheet

Note: Enter the line number and explanation for lines not mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O, page 2 if needed.

Table with 2 columns: Line Number and Explanation. Empty table for additional entries.

Schedule 0, Page 1

Supplemental Information Smart Worksheet

Line Number	Explanation
Pt VI-C, Line 19	<u>The Monroe Institute makes its governing documents,</u> <u>conflict-of-interest policy, and financial statement</u> <u>available to the public during normal business hours in</u> <u>the business office at 365 Roberts Mountain Road, Faber, VA</u> <u>22938 and online at www.monroeinstitute.org.</u>