# Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c) of the internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 998

This Form is Open to Public Inspection

	A F	or the 1	998 calendar year, OR tax year period beginning		, 1998,	and ending		, 19
	BC	heck if:	Please C Name of organization	, , ,			D Employer ide	intification number
	L	Change of address	Ishalor COIDICTT FOD NIAMTONIAT	POLICY			72-09	21017
	$\overline{}$	Initial	bype. Number and street (or P.O. box if mail is not		·e/	Room/suite	<del>-</del>	
	$\vdash$	Jretum  Final	Specific 3030 CLARENDON BLVD	Genveled to Stiest addles	55)	340		25-8822
	$\vdash$	Iretum Amend- Iretum	Instruc-					if exemption
	_	(required a for state reporting)	tions.   City of town, state of country, and 21744  ARLINGTON, VA 22201				I OHOOK P L	application is pending
	G T	reporting)	rganization - X Exempt under 501(c) (3)	(insert number) OR ▶∫	section	n 4947(a)(1) nonexen	npt charitable tru	ıst
			ion 501(c)(3) exempt organizations and 4947(a)(1					
•	H(a)	Is this	a group return filed for affiliates?	Yes X No	I If eith	er box in H is checked	Yes," enter fou	r-digit group
			enter the number of affiliates for which this			ption number (GEN)		
	٠.		is filed:		J Acco	unting method:	] Cash X	Accrual
	(c)	is this s	separate return filed by an organization covered by a group ruling?	Yes X No		Other (specify)		
•	K Ch	eck her	e 🕨 🔲 if the organization's gross receipts are normal	ly not more than \$25,000				IRS; but
	if i	t receiv	ed a Form 990 Package in the mail, it should file a return w	rithout financial data. So	me states	require a complete re	eturn.	
			990-EZ may be used by organizations with gross receipts				end of year.	
	Œ	ntl	Revenue, Expenses, and Changes in N	et Assets or Fun	d Bala	nces		
		1	Contributions, gifts, grants, and similar amounts received	<b>1</b> :	1 1			
			Direct public support			647,6	18.	
		Ь	Indirect public support					
		C	Government contributions (grants)		. <u>  1c  </u>	STMT	1	
		đ	Total (add lines 1a through 1c) (attach schedule of contr	•			-	647 610
		_						647,618. 209,089.
_		2	Program service revenue including government fees and	1 1	203,003.			
1999		3	Membership dues and assessments				1 1	
		4 Interest on savings and temporary cash investments 5 Dividends and interest from securities						2,051.
9		-	Gross rents				5	2/0311
0			Less: rental expenses					
릵			Net rental income or (loss) (subtract line 6b from line 6a				6c	
_	3	7	Other investment income (describe		•••••		) 7	
$\sim$	Revenue		Gross amount from sale of assets other	(A) Securities	T	(B) Other		
Ш	ď		than inventory	(,	8a			
z		b	Less: cost or other basis and sales expenses		8b	1,8	14.	
SCANNED		c	Gain or (loss) (attach schedule)		8c	<1,8	14.>	
င္က		d	Net gain or (loss) (combine line 8c, columns (A) and (B)	)		STMT	2 8d	<1,814.>
•		9	Special events and activities (attach schedule):					
		a	Gross revenue (not including \$	of contributions				
			reported on line 1a)					
			Less: direct expenses other than fundraising expenses					
			Net income or (loss) from special events (subtract line 9				9c	
			Gross sales of inventory, less returns and allowances	·····				
		D	Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach sch		100	CEIVED		
						MAT TAEL	100	6,692.
		11 12	Other revenue (from Part VII, line 103)		MAY		2 1 12 12 12 12 12 12 12 12 12 12 12 12	863,636.
		13					31	584,501.
	es	14	Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundaising (from line 44, column (D))		OGE		14	204,011.
	Expenses	15	Fundraising (from line 44, column (D))		VG.	EN, UT	15	
	×	16	Payments to affiliates (attach schedule)				16	
		17	Total expenses (add lines 16 and 44, column (A))					788,512.
		18	Excess or (deficit) for the year (subtract line 17 from line					75,124.
	Net \ssets	19	Net assets or fund balances at beginning of year (from li	ne 73, column (A))			19	138,008.
	žş	20	Other changes in net assets or fund balances (attach exp	lanation)	SEE	STATEMENT	3 20	<1,040.
		21	Net assets or fund balances at end of year (combine line	s 18, 19, and 20)			21	212,092.
	LHA	For	Paperwork Reduction Act Notice, see page 1 of the sepa	rate instructions.				Form 990 (1998)

			(A). Columns (B), (C), and nonexempt charitable trus	(D) are required for section ts but optional for others.	1501(c)(3) and
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$noncash \$	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				^
25 Compensation of officers, directors, etc.		75,686.	60,549.		0.
26 Other salaries and wages		115,814.	50,089.	65,725.	
27 Pension plan contributions					
28 Other employee benefits		16 305	10,335.	6,060.	
29 Payroll taxes		16,395.	10,333.	0,000.	
30 Professional fundraising fees		10,288.		10,288.	
31 Accounting fees		501.		501.	
32 Legal fees		9,001.		9,001.	
33 Supplies		10,111.		10,111.	
34 Telephone	L I	17,774.	8,665.	9,109.	
35 Postage and shipping		25,195.	0,003.	25,195.	
35 Occupancy		15,957.		15,957.	***
37 Equipment rental and maintenance		43,351.	38,036.	5,315.	
38 Printing and publications 39 Travel	-	25,170.	25,170.	3,0200	
40 Conferences, conventions, and meetings		349,742.	349,742.		
41 Interest	1-1-2-1	617.	,	617.	
42 Depreciation, depletion, etc. (attach schedule)	<u> </u>	4,754.	-	4.754.	,,,,,,
43 Other expenses (itemize):	7-				
· · ·	43a				
a	43b				
•	43c				
d	43d	"			
SEE STATEMENT 4	43e	68,156.	41,915.	26,241.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	788,512.	584,501.	204,011.	0.
Reporting of Joint Costs Did you report in column (E					
fundraising solicitation?		, ,,		<b>&gt;</b> [	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	osts \$	;(i	i) the amount allocated to I	rogram services \$	;
(iii) the amount allocated to Management and general	\$	; and (i	v) the amount allocated to	Fundraising \$	
Part III Statement of Program Serv	ice Ac	complishments			
What is the organization's primary exempt purpose?	SEE	STATEMENT 5	)		
					Program Service Expenses
All organizations must describe their exempt purpose achieveme achievements that are not measurable. (Section 501(c)(3) and (4)	nts in a cle	ar and concise manner. State the	ne number of clients served, pu	the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
allocations to others.)				no and and	trusts; but optional for others.
a EDUCATIONAL CONFERENCE				1450	
LEADERS IN THE FIELDS			ERNMENT,		
RELIGION AND ACADEMIA	TO E	XPLORE NATIO	NAL POLICY		
ALTERNATIVES.			rants and allocations \$	)	538,802
b WEEKLY NEWSLETTERS ARE					
TO KEEP THEM APPRISED	OF M	EMBER ACTIVI	TIES AND PU	BLIC	
			IS PRODUCED	FROM	
MEMBERSHIP MEETING SPE	ECHE	S. (G	rants and allocations \$	)	45,699
C					
		(G	rants and allocations \$	)	
d					
·			rants and allocations \$	1	
e Other program services (attach schedule)		<del></del>	rants and allocations \$	)	E04 E01
f Total of Program Service Expenses (should equa	l line 44,	column (B), Program servi	ces)	<b>&gt;</b>	584,501.

### Part IV Balance Sheets

	re required, attached schedules and amounts wit ind-of-year amounts only.	hin the description	column should be	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing			79,479. 45	142,963
46	Savings and temporary cash investments			46	
		1 1			
47 a	Accounts receivable		18,300.		
b	Less: allowance for doubtful accounts	47b		16,880. 47c	18,300
İ					
48 a	• • • • • • • • • • • • • • • • • • • •				
b	***************************************			48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, a				
	schedule)			50	
51 a	***************************************				
1				51c	
52	Inventories for sale or use			52	A = 55
53	Prepaid expenses and deferred charges	CMM C	······	8,890. 53	9,589
54	Investments - securities (attach schedule)	STMT 6	······	59,667. <sub>54</sub>	59,279
55 a	Investments - land, buildings, and	1 1			
1.	equipment: basis	55a			
1 0	Less: accumulated depreciation (attach				
	schedule)			55c	
56	Investments - other		141,147.	56	
	Land, buildings, and equipment: basis		96,667.	0 024	44 400
58	Less: accumulated depreciation Other assets (describe	SEE STA		8,924.57c 2,250.58	44,480 14,813
36	Other assets (describe	DEE SIA	IEMENI /	2,250. 58	14,613
59	Total assets (add lines 45 through 58) (must e	qual line 74)		176,090. 59	289,424
60	Accounts payable and accrued expenses			14,306. 60	13,995
61	Grants payable			61	
62	Deferred revenue			19,600. 62	31,875
63	Loans from officers, directors, trustees, and ke	employees		63	
	a Tax-exempt bond fiabilities			642	7
1	b Mortgages and other notes payable			64b	31,462.
65	Other liabilities (describe			4,176. 65	
66	Total liabilities (add lines 60 through 65)			38,082. 66	77,332.
	nizations that follow SFAS 117, check here	X and comple	te lines 67 through	,	,,,552
"	69 and lines 73 and 74				
67	Unrestricted			57,208. 67	93,015.
68	Temporarily restricted			80,800.68	93,015. 119,077.
69	Permanently restricted			69	
Organ	nizations that do not follow SFAS 117, check he	re 🕨 🔲 and o	complete lines		
1	70 through 74		·		
70	Capital stock, trust principal, or current funds	••••••		70	
71	Paid-in or capital surplus, or land, building, and	equipment fund		71	
72	Retained earnings, endowment, accumulated in			72	
73	Total net assets or fund balances (add lines 67				
	column (A) must equal line 19 and column (B)	nust equal line 21)		138,008. 73	212,092.
74	Total liabilities and net assets / fund balance	(add lines 66 and	173)	176,090. 74	289,424.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. > X No

and enter the amount of tax-exempt interest received or accrued during the tax year

Enter gross amounts unless otherwise	Unrelated	business income		by section 512, 513, or 514	(E)
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion	Amount	function income
(a) CONFERENCE FEES					209,089
(b)					
(c)					
(d)					· · · · · · · · · · · · · · · · · · ·
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary					
cash investments			i l		
96 Dividends and interest from securities			14	2,051.	
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income or (loss) from personal property	.,				
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory			18	<1,814.	•
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					6,692
b					
C					
d					
e					' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
104 Subtotal (add columns (B), (D), and (E))		0		237.	215,781
105 TOTAL (add line 104, columns (B), (D), and (E))			boron and	<b>&gt;</b>	216,018
Note: (Line 105 plus line 1d, Part I, should equal the amou	nt on line 12, Part I.)				
Part VIII Relationship of Activities to t	he Accomplisi	nment of Exem	pt Purpo	ses	*
Line No. Explain how each activity for which income is	reported in column (E	) of Part VII contribut	ed important	ly to the accomplishment of	the organization's
<ul> <li>exempt purposes (other than by providing fun</li> </ul>	ds for such purposes	i).			
93A EDUCATE CONFERENCE AT	TENDEES IN	THE FIEL	DS OF	BUSINESS, GC	VERNMENT,
RELIGION AND ACADEMIA	TO EXPLO	RE NATIONA	L POLI	CY ALTERNATI	VES.
103A SAME AS LINE 93A				· · · · · · · · · · · · · · · · · · ·	
					·
Part IX Information Regarding Taxab	le Subsidiarie:	s (Complete this Part	if the "Yes"	box on 88 is checked.)	
Name, address, and employer identification	of			-	End-of-year
		of business activities	·	Total income	assets
number of corporation or partnership ownership int					
N/A	%				

### **SCHEDULE A** (Form 990)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

1998

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Must be completed by the above organizations and attached to their Form 990 or 990EZ.

Name of the organization COUNCIL FOR NATIONAL POL:	TCY		Employer Identifi	
Part I Compensation of the Five Highest Paid Emplo	vees Other Than Off	icers. Directo	rs. and Trus	tees
(See instructions. List each one. If there are none, enter "None.")	•	,	10, 0110 1100	.005
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
JENNIFER A. RUTLEDGE	FINANCE DIR.			
CHANTILLY, VA 20151	45 HRS./WEEK	64,158.	0.	0.
	1			
	1 1 1 1 1 1			
				· · · · · · · · · · · · · · · · · · ·
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five Highest Paid Indepe (See instructions. List each one (whether individuals or firms). If there	ndent Contractors for are none, enter "None.")	or Professiona	al Services	
(a) Name and address of each independent contractor paid more th		(b) Type of s	c) Compensation	
NONE				
	<u></u>	71-4		
Total number of others receiving over \$50,000 for professional services	0			
LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for For	rm 000 and Form 000-E7		Sebadula A	/Farm 0001 1000

	Support Schedule (C	NCIL FOR NAT	cked a box on line 10	11, or 12 above.) Us	e cash method of acc	921017 Page 3 counting.
	ndar year (or fiscal year ning in)	ne worksheet in the inst	(b) 1996	(c) 1995	e cash method of acc (d) 1994	ounting. (e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	468,145.	563,522.	477,179.	450,218.	1,959,064.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	142,090.	148,800.	136,986.	128,965.	556,841.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	14,681.	3,912.			21,231.
19	Net income from unrelated business				·	
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			- '		
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not		5	SEE STATEME	NT 10	
	include gain or (loss) from sale of capital assets	555.	60.	95.	2,050.	2,760.
23	Total of lines 15 through 22	625,471.	716,294.	615,373.	582,758.	2,760. 2,539,896.
24	Line 23 minus fine 17	483,381.	567,494.	478,387.	453,793.	1,983,055.
25	Enter 1% of line 23	6,255.	7,163.	6,154.	5,828.	
26	Organizations described in lines 10	or 11: a Enter 2% of a	mount in column (e), line			39,661.
b	Attach a list (which is not open to pu					
	governmental unit or publicly support	rted organization) whose t	otal gifts for 1994 through	1997 exceeded the am	ount shown	
	in line 26a. Enter the sum of all these	excess amounts		SEE STATEME	NT 11 ► 26b	72,356.
C	Total support for section 509(a)(1) to	est: Enter line 24, column (	(8)		26c	1,983,055.
đ	Add: Amounts from column (e) for li	nes: 18	21,231. 19 2,760. 26t			
		22	2,760. 26t	72,3	56. <b>►</b> 26d	96,347.
8	Public support (line 26c minus line 2	(6d total)			<b>▶</b> 26e	1,886,708.
	Public support percentage (line 26e					95.1415%
27	Organizations described on line 12:					ach a list to show the name
	of, and total amounts received in eac (1997)	(1996)	······ (	1995)	(1994)	
b	For any amount included in line 17 th	nat was received from a no	ndisqualified person, atta	ch a list to show the nan	ne of, and amount receive	d for each year,
	that was more than the larger of (1) individuals.) After computing the diff excess amounts) for each year: N (1997)	erence between the amour /A	at received and the larger	amount decribed in (1) o	or (2), enter the sum of the	ese differences (the
E	Add: Amounts from column (e) for li	nes: 15		16		
•	17	20		21	—— ▶  27¢	N/A
d		20 and li	ne 27b total		270	N/A
е	Public support (line 27c, total minus	line 27d total)			278	N/A
f		est: Enter amount on line 2	3. column (e)	>   27f   1	N/A 2/6	
	Public support percentage (line				270	N/A «

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

NONE: NONE

Pa	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		163	110
30	instrument, or in a resolution of its governing body?	29		
50	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	<b>*</b> ***********************************	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	- 00		
•	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	************	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<u></u>		
	. Too, places decorate, in the places opposite that of place, attach a separate superior.			l
				l
				1
32	Does the organization maintain the following:			
a	•	32a	*******	0000000000
b	Records documenting that scholarships and other financial assistance are awarded on a racially	1		
	nondiscriminatory basis?	32b		ĺ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		1
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	if you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				1
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ		33d		
8	Educational policies?	33e		ĺ
f	Use of facilities?	331		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b		34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			l
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	l i	i

P	art VI-A Lobbying E	Expenditures by Ele						N/A	
	, <u>, , , , , , , , , , , , , , , , , , </u>	anization belongs to an affili	•						
Ch		ecked "a" above and "limited						(b)	
		mits on Lobbying E	•		( <b>a</b> Affiliated gr		als	To be completed for ALL	
_	(The terr	m "expenditures" means amo	ounts paid or incurred)		N/A			electing organizations	
36	Total lobbying expenditures to	o influence public opinion (a	rassroots lobbying)	36	11/2	•			
	Total lobbying expenditures to								
38	Total lobbying expenditures (	add lines 36 and 37)							
39				i .					
40 41				40					
7'	If the amount on line 40 is -		ng nontaxable amount is -						
	Not over \$500,000	20% of the an	nount on line 40						
	Over \$500,000 but not over \$1,000			1					
	Over \$1,000,000 but not over \$1,50			0000000000					
		1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000   17,000,000 \$1,000,							
42		roots nontaxable amount (enter 25% of line 41) cct line 42 from line 36. Enter -0- if line 42 is more than line 36 cct line 41 from line 38. Enter -0- if line 41 is more than line 38						14114444	
		ots nontaxable amount (enter 25% of line 41) line 42 from line 36. Enter -0- if line 42 is more than line 36. line 41 from line 38. Enter -0- if line 41 is more than line 38.  If there is an amount on either line 43 or line 44, you must file Form 4720.  4-Year Averaging Period Under Section 50							
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more t	han line 38	44					
_	Caution: If there is an amo	unt on either line 43 or li	ne 44, you must file For	n 4720.					
			4 Year Businessines Baried I	Indes Section E01/b)					
				• •	lete all of the fiv	e colun	пŝ		
	·	•							
			Lobbying Exp	enditures During 4-Ye	ar Averaging P	eriod		N/A	
	lendar year (or cal year beginning in)	(a) 1998	(b) 1997	(c) 1996		(d) 1995		(e) Total	
45	Lobbying nontaxable								
_	amount							0.	
46	Lobbying ceiling amount (150% of line 45(e))							0.	
47	Total lobbying expenditures							0.	
48	Grassroots nontaxable				<u> </u>				
_	amount							0.	
49	Grassroots ceiling amount							_	
E0	(150% of line 48(e)) Grassroots lobbying							0.	
30	expenditures							0.	
F	Part VI-B Lobbying			ies				N/A	
Du	ring the year, did the organizati	nly by organizations that did on attempt to influence natio		n. including any attem	ot to	Γ			
	luence public opinion on a legis	•		,		Yes	No	Amount	
a	Volunteers								
b	•			• • • • • • • • • • • • • • • • • • • •					
d									
8									
f									
g	•	-				<u></u>	ļ		
	Rallies, demonstrations, semi							0.	
'	Total lobbying expenditures ( If "Yes" to any of the above, a							1	

Page 6

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51	Did the reporting organization directly or indire		• •	•		ection		·	
_	501(c) of the Code (other than section 501(c)(			oltucal orgal	nizations?			Yes	No
	Transfers from the reporting organization to a	-	•				51a(i)	163	X
	(I) Cash								X
	(II) Other assets						a(li)		
D	Other transactions:								v
	(i) Sales of assets to a noncharitable exempt						b(l)		<u>X</u>
	(II) Purchases of assets from a noncharitable						b(li)	v	
	(iii) Rental of facilities or equipment						b(iii)	X	
	(Iv) Reimbursement arrangements						b(iv)	Х	-V
	(v) Loans or loan guarantees						b(v)		<u>X</u>
	(vi) Performance of services or membership of						b(vi)	X	
	Sharing of facilities, equipment, mailing lists, o							X	
đ	If the answer to any of the above is "Yes," com			•					
	goods, other assets, or services given by the r					n any			
	transaction or sharing arrangement, show in c		the goods, other assets, o	or services r	eceived.				
(a)		(c)		Dana dan		(d)			
Line		e of noncharitable exe	empt organization			ansactions, and sha		rangen	ents
	CNP AC	rion, inc		SEE A	ATTACHED	STATEMEN	T		
				ļ					
				<u> </u>					
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				ļ					
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				1					
			·/						
				1					
	Is the organization directly or indirectly affiliate Code (other than section 501(c)(3)) or in section forces, complete the following schedule.					<b>X</b>	Yes		No No
	(a) Name of organization		(b) Type of organization		Descri	(c) ition of relationship			
CNE	ACTION, INC		501(C)(4)	SEE A	<del> </del>	STATEMEN	T		
				<b>†</b>					
				·					
					<del></del>				
				+					
		*** ****							
				+		· · · · · · · · · · · · · · · · · · ·		-	
				<del> </del>					
				1					
				<del> </del>					
				+					
			l	1					

FORM 990	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 1D	STATEMENT	
	*** NOT OPEN TO PUBLIC INSPECTION ***		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	AMOUNT	
SEE ATTACHED LIST	SEE ATTACHED LIST	291.7	30

FORM 990 GA	IN (LOSS) FROM	SALE OF C	THER A	SSETS		STATEMENT	
DESCRIPTION			TE VIRED	DATI SOLI		METHOD CQUIRED	
VARIOUS LEASES AND EQUIPMENTS		VAR	ous	12/31	/98 PU	JRCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASE		ENSE SALE	DEPREC	NET GAI	
	0.	11,521		0.	9,70	7. <1,81	4.:
TO FM 990, PART I, LN	8	11,52		0.	9,70	<1,81	4.3
DESCRIPTION  UNREALIZED LOSS ON IN	CHANGES IN NI	ET ASSETS (	OR FUNI	) BALAN	CES	AMOUNT <1,04	3
TOTAL TO FORM 990, PA					- -	<1,04	
FORM 990	0:	THER EXPEN	SES		<u></u>	STATEMENT	4
DESCRIPTION	(A) TOTAL	(B PROGI SERV	RAM	(C MANAG AND G		(D) FUNDRAISI	ИG
CONSULTING HEALTH INSURANCE AUTOMOBILE INSURANCE	37,670 5,300 10,420 5,56	6. 0.	7,670. 1,245.		1,061. 10,420. 5,563.		
DUES, SUBSCRIPTIONS & PUBS	63° 6,01°				637. 6,013.		
MISCELLANEOUS PROPERTY TAXES	2,54				2,547.		

FORM 990 S	STATEMENT OF		ION'S PRIMA ART III	RY EXEMPT P	URPOSE ST	ATEMENT	5
EXPLANATION							
PROVIDE INFOR	MATION ABOU	T PUBLIC POPERNMENT, R	OLICY AND N ELIGION AND	ATIONAL POL ACADEMIA.	ICY ALTERNA	TIVES TO	
FORM 990		NON-GOVER	NMENT SECUR	ITIES	ST	ATEMENT	6
DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV SECURITI	V'T
MUTUAL FUND	MKT VAL	59,279.	-			59,27	79.
TO FM 990, LN	54 COL B	59,279.				59,27	79. —
FORM 990		O.	THER ASSETS		STA	ATEMENT	7
DESCRIPTION						AMOUNT	
DEPOSITS DUE FROM CNP	ACTION, INC	•			<del></del>	2,25 12,56	
TOTAL TO FORM	990. PART	TV LINE 59	COLIMAL D			14,81	

STATEMENT

9

FORM 990	ER NOT	ES AND	STATEMENT						
LENDER'S	NAME		TERMS	OF RE	PAYI	MENT			
MINOLTA E	USINESS SYST	rems	48 MOI	NTHS					
		IGINAL AMOUN			EREST ATE				
10/29/98	11/08/02		31,7	74.		1747%			
SECURITY	PROVIDED BY	BORRO	WER	PURPO	SE (	OF LOAN	I		
				CAPIT	`AL I	LEASE	_		
RELATIONS	HIP OF LENDE	ER							
UNRELATED							mar on		
DESCRIPTI	ON OF CONSI	DERATI	ON				FMV OF CONSIDERATION	BALANCE DU	E
			_				0.	31,4	62.
momat the	LUDED ON FOR	эм оол	מסגם	TV T	TNE	64 CC	OT JIMNI R	31,4	62

FOOTNOTES

PART VII, LINES 51 B(III) AND (IV)

THE COUNCIL SHARES OFFICE SPACE WITH CNP ACTION, INC AND, AS A CONVENIENCE, ALLOWS CNP ACTION, INC TO USE A VARIETY OF ITS ASSETS FOR WHICH IT IS REIMBURSED BY CNP ACTION, INC AT FAIR MARKET VALUE.

PART VII, LINE 51 C

A PORTION OF THE TIME OF CERTAIN EMPLOYEES OF THE COUNCIL IS DEVOTED TO CNP ACTION, INC. THE SALARY ALLOCABLE TO THAT TIME IS REIMBURSED BY CNP ACTION, INC AT FULL COST.

PART VII, LINE 51 B (VI)

CNP ACTION, INC RECEIVES ONE-THIRD OF THE INITIAL CONTRIBUTION OF NEW MEMBERS. CNP ACTION, INC IS CHARGED \$1.00 PER NEW MEMBER INVITATION THAT IS SENT OUT BY THE COUNCIL.

PART VII, LINE 52 B

THE DIRECTORS OF CNP ACTION, INC ARE MEMBERS OF THE COUNCIL FOR NATIONAL POLICY. CNP ACTION, INC PRESENTS SEMINARS AT COUNCIL MEETINGS THAT COUNCIL MEMBERS MAY ATTEND AND CNP ACTION, INC DISTRIBUTES A MONTHLY NEWSLETTER TO COUNCIL MEMBERS.

SCHEDULE A	OTHER INC	S	STATEMENT 1		
DESCRIPTION	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT	1994 AMOUNT	
MISCELLANEOUS	555.	60.	95.	2,0	50.
TOTAL TO SCHEDULE A, LINE 22	555.	60.	95.	2,0	50.

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

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

Attach this form to your return.

990

OMB No. 1545-0172

► See separate instructions.

Business or activity to which this form relates

Attachment Sequence No. 67 Identifying number

C	OUNCIL FOR NATIONAL	POLICY		FOR	LM 9	90	PAGE 2		72-0921017
P	art I Election To Expense Certain	Tangible Property	(Section 17	9) (Note: If you	u have	any Tist	ed property, com	plete Part V	before you complete Part I.)
1	Maximum dollar limitation. If an enterp	prise zone busines:	s, see instru	tions				1	18,500.
2	Total cost of section 179 property pla	ced in service						2	42,123.
	Threshold cost of section 179 proper								\$200,000
4	Reduction in limitation. Subtract line 3	3 from line 2. If zero	or less, ent	er-0				4	0.
5	Dollar limitation for tax year. Subtract	line 4 from line 1. I	f zero or less	, enter -0 If n	narriec	filing		İ	
	separately, see instructions							5	18,500.
_6	(a) Description of	property		(b) Cost (busin			(c) Electe	d cost	
_									
_									
_						<del></del>			
	Listed property. Enter amount from lin					7		1 -	
	Total elected cost of section 179 prop								
	Tentative deduction. Enter the smalle								
	Carryover of disallowed deduction fro								18,500.
	Business income limitation. Enter the								10,500.
12	Section 179 expense deduction. Add Carryover of disallowed deduction to	1000 Addings 0	and 10 lees	r more than III line 12	ne ii	13		12	
	te: Do not use Part II or Part III below f						ular telephones	. certain co	mouters, or property
use	ed for entertainment, recreation, or amu	isement). Instead, i	use Part V fo	r listed proper	ty.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	разоло, от регорого,
P	art   MACRS Depreciation For Ass						r (Do Not Incl	ude Listed	Property.)
				Asset Accou					<del></del>
14	If you are making the election under a accounts, check this box. See instruc	ection 168(i)(4) to (	group any as	sets placed in	servi	ce durir	-	into one o	
_		Section B - Genera		ion System (	GDS) (	See ins		*************	
	(a) Classification of property	(b) Month and	(c) Basis fo	or depreciation	(d)	Recovery			4.1.5
	(a) Classification of property	year placed in service		instructions)	, ,	period	(e) Convention	(f) Method	(g) Depreciation deduction
15	a 3-year property								
	b 5-year property			41,421.	5			S/L	2,136.
	c 7-year property			702.	7			S/L	25.
	d 10-year property								
_	e 15-year property								
	f 20-year property								
	g 25-year property				2	5 yrs.		S/L	
	h Residential rental property				27	'.5 yrs.	MM	S/L	
_	100000martena property				27	.5 yrs.	MM	S/L	
	i Nonresidential real property	/			3	9 yrs.	MM	S/L	
		1					MM	S/L_	
_	Se	ection C - Alternat	ive Depreci	ation System	(ADS	(See i	nstructions.)		
<u>16</u>	a Class life	_						S/L	
	b 12-year					2 yrs.		S/L	
20000	c 40-year	/				0 yrs.	MM	S/L	
	art III Other Depreciation (Do Not I		1 7 1	<u>.</u>					0 500
	GDS and ADS deductions for assets I								2,593.
18	Property subject to section 168(f)(1) e								
2000000								19	
	art V Summary (See instructions.)								
	Listed property. Enter amount from lin							20	
21	Total. Add deductions on line 12, line								4 754
00	and on the appropriate lines of your r	•	•		instru	ctions.		21	4,754.
22	For assets shown above and placed in portion of the basis attributable to see		e current yea	ar, enter the		22			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

20000000	Irt V Listed Proper	rty - Automol	ilan Cartai	- Other	Vahiala	- 0-	Hadan Tal								Page
<u>.c.a</u>	Listed Proper Entertainmen Note: For any through (c) of	vehicle for w	i, or amuse nich vou are	ment using th	e standa	ard m	ileane rati								lumns
	Section A - Deprecia	tion and Oth	er Informati	on (Cau	tion: Se	e inst	tructions f	or limits	for nacce	nner a	utomobil	ac 1			
23a	Do you have evidence to	support the bus	iness/investn	nent use o	claimed?		Yes	No No	,		the evid		itten2	Yes	N
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business investmen use percent;	/ it	(d) Cost or other basis		Basis for de (business/ir	e) preciation evestment	(f) Recovery period		(g) Vethod/ onvention	Dep	(h) reciation duction	El sect	(i) ected ion 179
24	Property used more tha	an 50% in a n					1, 430 0	,,	L	1					cost
			- California Daton	%	·				T	1		1		T	
				%	_					<u> </u>		<del>                                     </del>			
				%						1		$\dagger$			
<u>25 F</u>	Property used 50% or l	ess in a qualif	ied business	use:					•	-		_L			
				%						S/L·					
				%						S/L-				]	
		<u> </u>		%						S/L·					
26 /	Add amounts in column	(h). Enter the	e total here a	and on li	ne 20, pa	age 1	•				26				
<u> 27 /</u>	Add amounts in column	(i). Enter the									• • • • • • • • • • • • • • • • • • • •		27	J	
it y	emplete this section for you provided vehicles to ose vehicles.	vehicles usec o your employ	by a sole p	roprietor	. partner	or o	ion on Us other "mor Section C	e than 5	% owner	orrel tane	lated per sception	son. to comp	leting thi	s sectio	n for
	8 Total business/investment miles driven during the			Vehi	(a) icle	V	(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) icle
у	ear (DO NOT include com	muting miles) .	•••••			<u> </u>		_							
	Total commuting miles of					<u> </u>					··.	ļ			
	otal other personal (no											1		1	
	driven							+		_		ļ		ļ	
	Total miles driven during Add lines 28 through 30														
20 1/	A/aa Ab a wabiala awa 11-1-1			Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No	Yes	No
	Was the vehicle availabl during off-duty hours?			İ	ĺ				1						
33 V	Was the vehicle used pr	rimarily by a m			<del>                                     </del>						-	<del> </del>	ļ		
tl	han 5% owner or relate	ed person?	1010	ļ			- 1						1		
34 Is	s another vehicle availa	ble for person	al	<u> </u>		<del></del> -	_	+			<del>                                     </del>	·	-		<b>-</b>
	se?								1 .						
Answ	ver these questions to coors or related persons.	Section C -	Questions 1	or Emp	loyers W	/ho P	Provide Veng Section	ehicles 1 B for ve	or Use by	/ Their	Employee	ees s who a	re not m	ore than	1 5%
35 D er	lo you maintain a writte	n policy state	ment that pr	ohibits a	all person	nal us	se of vehic	les, incl	uding com	nmutin	g, by you	r		Yes	No
JU D	o you maintain a writte	n policy state	ment that pr	onibits p	personal	use (	of vehicles	, except	commuti	na, by	your				1
er	mployees? S <del>ee</del> instruct	tions for vehic	les used by	corpora	te officer	s, dir	ectors, or	1% or r	nore owne	ers				1	
37 D	lo you treat all use of ve	hicles by emp	oloyees as p	ersonal	use?								•		
88 D	o you provide more that	un five vehicle:	s to your em	ployees	, obtain i	nfom	nation fror	n your e	mployees	about					
th	ne use of the vehicles, a	and retain the	information	receivec	17		•••••							L	
19 D	o you meet the requirer	ments concer	ning qualifie	autom	obile der	nons	tration us	e?							
Par	ote: If your answer to:	33, 36, 37, 36	, or 39 is 'Ye	es, you	need no	t con	nplete Sec	ction B f	or the cov	ered v	ehicles.				
rai	(a) Description of	costs	Date	(b)	-	(c Amorti	izable		(d) Code section	(e)				(f)	
O Ar	mortization of costs that be	eains during vo	ur 1998 tay w	begins ear		amo	runt		section		period or per	centage	for	this year	
		San annual An	u. 1330 tax ye	al,				-							
				<u> </u>	<u> </u>					$\dashv$					
1 Ar	mortization of costs tha	t began befor	e 1998						<del></del>			41			
2 To	otal. Enter here and on	*Other Deduc	tions" or 'O	ther Exc	enses" l	ine o	f your retu	ırn .				41			
							, , 001 1010	.,	<u> </u>			42			

Page 1

05/13/99

Company: 60925

# COUNCIL FOR NATIONAL POLICY DEPRECIATION SCHEDULE BY DIVISION For the Fiscal Year through 12/31/98 Federal Schedule

$\Delta \Delta$	_

00 -						Sec179	Prior Yr	Current	Annual	Depr	Through
Num	Description	Date Svc	Method	Lf	Cost	Bonus	Accum Dep	Year Dep	Net Book	Cur Per	12/31/98
00001	1989 FIXED ASSETS	06/30/89	S/L	5	84,240	0	84,240	0	0	0	0
00005	CAPITALIZED LEASE-1993	06/30/93	S/L	5	6,672	0	6,672	0	0	G	0
80000	RECORDING EQUIPMENT	09/06/95	S/L	5	1,482	0	685	296	501	21	296
00009	PRINTER	08/10/95	S/L	5	1,470	0	698	294	478	19	294
00010	RECORDING EQUIPMENT	02/14/96	S/L	5	346	0	132	69	145	3	69
00013	LAPTOP COMPUTER	01/29/97	S/L	5	3,303	0	808	661	2,034	56	661
00014	MONITOR	03/02/98	S/L	5	672	0	0	112	560	13	112
00015	COMPUTER	03/02/98	S/L	5	3,033	0	0	506	2,527	47	506
00016	HARD DRIVE	07/28/98	S/L	5	188	0	0	16	172	4	16
00017	COMPUTER	07/28/98	S/L	5	637	0	0	53	584	9	53
00018	HARD DRIVE	07/23/98	S/L	5	597	0	0	50	547	10	50
00019	DATABASE SERVER	08/07/98	S/L	5	3,421	0	0	285	3,136	57	285
00020	FILE CABINET	09/16/98	\$/L	7	202	0	0	7	195	3	7
00021	CHAIR	09/16/98	S/L	7	500	0	0	18	482	6	18
00022	PRINTER	10/01/98	S/L	5	1,099	0	0	55	1,044	19	55
00023	COPIER	10/29/98	S/L	5	28,774	0	0	959	27,815	479	959
00024	FAX MACHINE	10/29/98	\$/L	5	3,000	0	0	100	2,900	50	100
20	- Furniture and Fixture	s			139,636	0	93,035	3,481	43,120	796	3,481
00001	LEASEHOLD IMPROVEMENTS	06/01/94	S/L	10	1,511	0	151	0	1,360	0	0
60	- Leasehold Improvement	s			1,511	0	151	0	1,360	0	0
					********		==========	=======================================		=======================================	
	DIVISION OO TOTAL				141,147	0	93,186	3,481	44,480	796	3,481

05/13/99

Company: 60925

# COUNCIL FOR NATIONAL POLICY DEPRECIATION SCHEDULE BY DIVISION For the Fiscal Year through 12/31/98 Federal Schedule

Page \_2

Report lotals by Division							
Div Description		Sec179 Bonus	Prior Yr Accum Dep			Depr Cur Per	Through 12/31/98
00 -	141,147	0	93,186	3,481	44,480	796	3,481
*** Report Totals ***	141,147	 0	93,186	3,481	44,480	796	3,481

## CNP LIST OF DIRFETORS 12/31/98

5/13K

PBC

Mr. Edward G. Atsinger President/CEO Salem Communications Corporation 4880 Santa Rosa Rd, Suite 300 Camarillo, CA 93012-5190

Vice President
The Honorable T. Kenneth Cribb
President
Intercollegiate Studies Institute, Inc.
3901 Centerville Rd, P.O. Box 4431
Wilmington, DE 19807-0431

Secretary/Treasurer Mrs. Beverly Danielson 600 Biltmore Way, PH 109 Coral Gables, FL 33134

Mr. Stuart W. Epperson Salem Communications Corporation 3780 Will Scarlet Rd Winston-Salem, NC 27104

Dr. Edwin J. Feulner President The Heritage Foundation 214 Massachusetts Ave, NE Washington, DC 20002

Mr. Foster Friess Friess Associates, Inc. P.O. Box 576 Jackson, WY 83001

Mr. H. Preston Hawkins President Herbert Hawkins Company, Inc. 44 East Foothill Boulevard Arcadia, CA 91006

Mr. E. Peb Jackson Senior Vice President Young Life P.O. Box 520 Colorado Springs, CO 80901-0520

Rep. Louis "Woody" Jenkins Chairman Friends of the Americas 914 North Foster Dr Baton Rouge, LA 70806

Mr. Marion M. Magruder 1550 East Missouri #302 Phoenix, AZ 85014 President
The Honorable James C. Miller
Counselor
Citizens for a Sound Economy
1250 H St, NW, Suite 700
Washington, DC 20005-3908

Mr. John Scribante Chief Executive Officer Windward Resources, Inc. 111 Third Ave South, Suite 220 Minneapolis, MN 55401

Dr. Dal Shealy President/CEO Fellowship of Christian Athletes 8701 Leeds Rd Kansas City, MO 64129

Dr. Lowell C. Smith 1618 S.E. Edith Esplanade Cape Coral, FL 33904-5614

Mrs. LaNeil Wright Spivy Park Towers #P1B 3310 Fairmount St Dallas, TX 75201