Department of the Treasury

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

OMB No. 1545-0047 This Form is Onen to Public Inspection

Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 1999 calendar year, OR tax year period beginning and ending R Check it. C Name of organization D Employer identification number X Change of address ishel or COUNCIL FOR NATIONAL POLICY 72-0921017 print or Initial return Final return type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1550 WILSON BLVD 710 (703)525-8822 Specific Amende Instruc City or town, state or country, and ZIP+4 F Check 🕨 if exemption tions. (required also for state ARLINGTON, VA 22209-2435 application is pending G Type of organization → X Exempt under 501(c) (3) (insert number) OR section 4947(a)(1) nonexempt charitable trust Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). H(a) Is this a group return filed for affiliates? Yes X No I If either box in H is checked 'Yes," enter four-digit group exemption number (GEN) -____ (b) If "Yes," enter the number of affiliates for which this X Accrual return is filed: J Accounting method: Cash (c) Is this a separate return filed by an organization covered by a group ruling? Yes X No Other (specify) K Check here 🕨 🔛 if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Partil Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: 670,498. a Direct public support 1b b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) 670,498. (cash \$ 670, 498 noncash \$ ____) 225,800. Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 9,449. Dividends and interest from securities 5 b Less: rental expenses 6b Net rental income or (loss) (subtract line 6b from line 6a) 60 Other investment income (describe 8 a Gross amount from sale of assets other (A) Securities than inventory 3,284 b Less: cost or other basis and sales expenses 8b <3,284. Gain or (loss) (attach schedule) 8c <3,284.> d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1a) c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _________10b_ c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 100 $1,\overline{132}$. 11 Other revenue (from Part VII, line 103) 11 903,595. 12 12 657,313. 13 Program services (from-line 44, column (B)) 13 Management and general (frist)பாட்சு colymn (C)) 229,548. 14 14 15 Fundraising (Epryline 44; column (D)) 15 Payments to affiliates (attach schedule)

Total expenses (add lines 18 and 20 Column (ED) 16 16 886,861. 17 17 16,734. Excess or (deficit) for the year (subtract line 17 from line 12) 18 18 212,092. Net assets or fund balances at Deginding of year (from line 73, column (A)) 19 19 Other changes in Tiet assets or fund-balances (attach explanation) 25,467. 20 20 254,293. Net assets or fund balances at end of year (combine lines 18, 19, and 20)

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (1999)

Part II Statement of All org	anizatio	ns must complete column (ons and section 4947(a)(1)	(A). Columns (B), (C), and	(D) are required for section	501(c)(3) and
Do not include amounts reported on line	Januzaut		(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.	868	(A) Total	<u> śervices</u>	and general	(ม) หมาบาสเรเกฎ
22 Grants and allocations (attach schedule)	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.	25	75,694.	60,555.	15,139.	0.
26 Other salaries and wages	26	138,644.	67,446.	71,198.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	16,565.	9,608.	6,957.	
30 Professional fundraising fees	30				
31 Accounting fees	31	8,902.		8,902.	
32 Legal fees	32	2,108.		2,108.	
33 Supplies	33	12,623.		12,623.	<u></u>
34 Telephone	34	10,896.		10,896.	·,··,
35 Postage and shipping	35	16,303.	7,168.	9,135.	
36 Occupancy	36	31,622.		31,622.	
37 Equipment rental and maintenance	37	7,371.	20 570	7,371.	
38 Printing and publications	38	40,900.	32,572.	8,328.	
39 Travel	39	33,567.	33,567.		-
40 Conferences, conventions, and meetings	40	404,693.	404,693.	5 400	
41 Interest	41	5,486.		5,486.	
42 Depreciation, depletion, etc. (attach schedule)	42	11,704.		11,704.	
43 Other expenses (itemize):					
a	43a				
b	43b		· · · · · · · · · · · · · · · · · · ·		
<u> </u>	43c				
8 SEE STATEMENT 4	43d	69,783.	41,704.	28,079.	
· · · · · · · · · · · · · · · · · · ·	43e	09,703.	41,704.	20,019.	·
44 Total functional expenses (add (lines 22 through 43) Organizations completing columns (B)-(D), carry these	44	886,861.	657,313.	229,548.	0.
totals to lines 13-15					
fundraising solicitation?					Yes X No
If "Yes," enter (I) the aggregate amount of these joint co-					
(iii) the amount allocated to Management and general \$			v) the amount all <u>ocated to</u>		,
Part III Statement of Program Servi	ce Ac	complishments	,	, and and a p	<u> </u>
What is the organization's primary exempt purpose?	SEE	STATEMENT 5			
		 			Program Service
All organizations must describe their exempt purpose achievemen					Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
achievements that are not measurable. (Section 501(c)(3) and (4) or allocations to others.)	ngentzatio	ns and 4947(e)(1) nonexemption	euranie marz must also eure.	ute amount of grants and	(4) orgs., and 4947(a)(1) trusts; but optional for others.)
a EDUCATIONAL CONFERENCES	AN 6	D SEMINARS F	OR NATIONAL		
LEADERS IN THE FIELDS (
RELIGION AND ACADEMIA	ro E	XPLORE NATIO	NAL POLICY		
ALTERNATIVES.			ants and allocations \$)	612,450.
b WEEKLY NEWSLETTERS ARE					
TO KEEP THEM APPRISED (
		UAL JOURNAL	IS PRODUCED	FROM	
MEMBERSHIP MEETING SPE	CHE	S. (Gr	ants and allocations \$	}	44,863.
c					
					
		(Gr	ants and allocations \$		
d		·			
			<u> </u>	<u></u>	
			ants and allocations \$)	
e Other program services (attach schedule)		(Gi	rants and allocations \$	}	
+ Total of Program Coming Evaposes (chould agual	_				
923011	line 44,	column (B), Program service	ces)	>	657,313. Form 990 (1999)

Part IV Balance Sheets

: Whe	re required, attached schedules and amo uld be for end-of-year amounts only.	unts within the de	scription column	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing			142,963. 45	87,621.
46	Savings and temporary cash investments		1	46	
47 a	Accounts receivable	47a	39,255.		20 255
Ь	Less: allowance for doubtful accounts	47b		18,300. _{47c}	39,255
1		ļ			
	Pledges receivable				1
	Less: allowance for doubtful accounts				
49	Grants receivable		·····	49	···
50	Receivables from officers, directors, trustees			50	
	and key employees			50	
51 a				51c	
F p				52	· · · · · · · · · · · · · · · · · · ·
52 53	Inventories for sale or use			9,589. 53	9,060
54	Prepaid expenses and deferred charges Investments - securities	STMT 6		59,279. 54	90,993
55 a					
55 4	equipment; basis	552	1		
1	oquipmone dusio				
۱ ь	Less: accumulated depreciation	55b		55c	
56	Investments - other			56	
57 a			155,047.		"
b		57b	100,169.	44,480. 57c	54,878
58	Other assets (describe	SEE ST	ATEMENT 7	14,813. 58	22,996
			-		
59	Total assets (add lines 45 through 58) (mus	it equal line 74),,		289,424. 59	304,803
60	Accounts payable and accrued expenses			13,995. 60	20,113
61	Grants payable			61	
62	Deferred revenue			31,875. 62	
63	Loans from officers, directors, trustees, and	-	•	63	
64	a Tax-exempt bond liabilities			21 462	20 207
	b Mortgages and other notes payable		STMT 8	31,462. _{64b}	30,397
65	Other liabilities (describe		······································	65	·
1				77,332. 66	50,510
66	Total tiabilities (add lines 60 through 65)	<u> </u>		77,332. 66	30,310
Orga	anizations that follow SFAS 117, check here	and com	piete lines 67 through		
	69 and lines 73 and 74.			93,015.	182,951
67	Unrestricted			119,077. 68	71,342
68	Temporarily restricted			69	727322
69	Permanently restrictedanizations that do not follow SFAS 117, check		id complete lines		
org.	70 through 74	illete – at	id combiete inies		
70	Capital stock, trust principal, or current fund	le.		70	
71	Paid-in or capital surplus, or land, building,		1=	771	
72	Retained earnings, endowment, accumulate		·	72	<u> </u>
73	Total net assets or fund balances (add line				
"	column (A) must equal line 19 and column			212,092. 73	254,293
74	Total liabilities and net assets / fund bala			289,424. 74	304,803

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. Yes X No

Form 990 (1999)

123031 12-14-99

Form.	990 (1999) COUNCIL FOR NATIONAL POLICY		72-0921	017		Page 5
Par	t VI Other Information				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed described	ription of each act	ivity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?			77		X
	If "Yes," attach a conformed copy of the changes.					
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	s return?		78a		X
h	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			79		Х
,,	If "Yes," attach a statement;					
90 4	Is the organization related (other than by association with a statewide or nationwide organization) through co	mmon mamharet	io.			
00 d				80a	X	h889.683332
_	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			004		
ם	If Yes, enter the name of the organization CNP ACTION, INC and check whether it is	7	7			
		≥ exempt on ∟	nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the		0.			
	instructions for line 81			0.73.65.3		- T
ь	Did the organization file Form 1120-POL for this year?			81b	# 100 mm m	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or					
	fair rental value?			82a	*************	X
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part 1 or as		/-			
	expense in Part II. (See instructions for reporting in Part III.)	82b	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	·		83a	X	ļ
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83Ь	X	ļ <u>.</u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			842		X
b	If Yes, did the organization include with every solicitation an express statement that such contributions or o	jifts were not				
	tax deductible?	_	N/A	84b		
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	_	N/A	85a		
h	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		\Box
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	received a waive	for proxy tax			
	owed for the prior year.	10001100 0 1101101	ioi pronj tan			
	Dues, assessments, and similar amounts from members	85.	N/A			
C			N/A			
đ	Section 162(e) lobbying and political expenditures		N/A			
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A			
ī	Taxable amount of lobbying and political expenditures (line 85d less 85e)			95-	.0000000	ross.ss.
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?			85g	 	\vdash
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its re		/ _	1	ĺ	
	allocable to nondeductible lobbying and political expenditures for the following tax year?	I		85h	18,20,000	10000000
86		86a	N/A	-		
þ	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			1
87	501(c)(12) organizations. Enter:		/-			188
а	Gross income from members or shareholders	87a	N/A	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources		•	000 00 000 00		4
	against amounts due or received from them.)	87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or pa					
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.	7701-3?			İ	1
	If "Yes," complete Part IX			88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:					
	section 4911► 0 • ; section 4912 ► 0 • ; section 4955	. ▶	0.			
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit					
-	transaction during the year? If "Yes," attach a statement explaining each transaction		•	89b	1	X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under					
٠	sections 4912, 4955, and 4958		.			0.
4	Enter: Amount of tax in 89c, above, reimbursed by the organization					0.
	THE STATE OF					
				006	$\overline{}$	5
D	Number of employees employed in the pay period that includes March 12, 1999		•••••	900		
	- · · · · · · · · · · · · · · · · · · ·		► 702 E) E (2025)
91	The books are in care of ► ORGANIZATION	Telephone no.	703-32	23-0) O Z Z	<u>-</u>
	A DE TAMONA TA				. 1	
	Located at ► ARLINGTON, VA		Z1P +4 ► 4	222	ìΤ	
					_	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here					\Box
	and enter the amount of tax-exempt interest received or accrued during the tax year	>	92		<u>/A</u>	
92304 01-31	¹¹ 5					(1999)
010	515 701364 60925A 1999.05204 COUNCIL FOR 1	NATIONAL	POLICY	609	925 <i>1</i>	A_1

COUNCIL FOR NATIONAL POLICY

72-0921017 Page 5

	ncome-Producing A		d business income	F	d au - selion 210 210 - 21	
Enter gross amounts unless other	NISO	· · · · · · · · · · · · · · · · · · ·		(C)	ed by section 512, 513, or 514	(E)
ndicated.		(A) Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt function income
93 Program service revenue:	DDDC	code	701100111	code	Amount	225,800.
(a) CONFERENCE						223,000.
(b)						
(c)						
(d)			<u> </u>			
(8)		-				
(f) Medicare/Medicaid paym						
(g) Fees and contracts from		-		+ +		 -
94 Membership dues and asses		 				
95 Interest on savings and temp	=	1				
				14	9,449.	
96 Dividends and interest from					3,443.	
97 Net rental income or (loss) for						
		 				
	ty	 	-			
98 Net rental income or (loss) for		 				<u> </u>
99 Other investment income		 		- - 		
100 Gain or (loss) from sales of a				18	<3,284.	>
		 			73/204.	
101 Net income or (loss) from sp				1		
102 Gross profit or (loss) from s	ales of inventory					
103 Other revenue: a MISCELLANEO	פווכ			1]	1,132.
					-	1,152,
						. .
		 				
e	(0)1 (0)		() .	6,165.	226,932.
						233,097
105 TOTAL (add line 104, column						233,031
Note: (Line 105 plus line 1d. F Part VIII Relationship	<u>ranti, snould equal the am</u> of Activities to the	Accompli	<i><u>z, Paπ ι.</u></i> shment of Even	nnt Pur	DOSAS	
··· ·· · · · · · · · · · · · · · · · ·						f the accesionation to
	ther than by providing funds:			nea miban	antly to the accomplishment o	i the organization s
				ns o	F BUSINESS, GO	WERNMENT
					LICY ALTERNAT	<u>.</u>
103A SAME AS LI		O EXPLO	NE NATIONA	all EO.	DICI ADIBIONI.	1450.
100A DAME AD HI	ME JOR					
					=	
			 			
		 				
·_	 -					<u> </u>
	Regarding Taxable	Subsidiari	es (Complete this Pa	rt if the "Y	es" hox on 88 is checked)	
Down W Information	Tiegalaning Taxable		C3 (vomplets time i a			End of year
<u> </u>	antification Descented of	NI-A	ure of business activitie	as i	Total income	End-of-year
Name, address, and employer id	1			••		214226
Name, address, and employer id- number of corporation or part		st				assets
Name, address, and employer id	1	st Nat			-	assets
Name, address, and employer id- number of corporation or part	1	% Nat				assets
Name, address, and employer id- number of corporation or part	1	% % % %				assets
Name, address, and employer idenumber of corporation or part	tnership ownership intere	% % % % % % % % % % % % % % % % % % %	ding scrompsving school		proofs and to the hest of my know	
Name, address, and employer idenumber of corporation or part N/A Under penalties of percent, and complete	tnership ownership intere	% % % % % % % % % % % % % % % % % % %	ding accompanying sched on all information of which		ements, and to the best of my knows any knowledge. (Important See Go	
Name, address, and employer idenumber of corporation or part N/A Under penalties of percent, and complete	tnership ownership intere	% % % % % % % % % % % % % % % % % % %	_ / /	ules and stat proparer has		ledge and bellef, it is true, meral instruction U.)
Name, address, and employer idenumber of corporation or part N/A Under penalties of percent, and complete	tnership ownership intere	% % % % % % % % % % % % % % % % % % %	ding accompanying schedulon all information of which	ules and stat proparer has		ledge and bellef, it is true, meral instruction U.)
Name, address, and employer idenumber of corporation or part	tnership ownership intere	% % % % % % % % % % % % % % % % % % %	_ / /	ules and stat proparer has	oments, and to the best of my knows any knowledge. (Important: See Go on C. Black well with name and title	ledge and bellef, it is true, meral instruction U.)

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

1999

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer Identification number COUNCIL FOR NATIONAL POLICY 72 0921017 Part Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50,000 position allowances JENNIFER A. RUTLEDGE FINANCE DIR. 0. CHANTILLY, VA 20151 45 HRS./WEEK 73,430 0. Total number of other employees paid over \$50,000. Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms), If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990) 1999

923101 12-14-99

10010515 701364 60925A

1999.05204 COUNCIL FOR NATIONAL POLICY 60925A 1

Schedule A (Form 990) 1999

Par	Support Schedule (C Note: You may use th	omplete only if you che e worksheet in the inst	ecked a box on line 10 tructions for converting), 11, or 12 above.) Us	e cash method of a	ccounting.
	dar year (or fiscal year ning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. [Do not include unusual grants. See line 28.]	670,498.	468,145.	563,522.	477,179	. 2,179,344.
15	Membership fees received				<u></u>	
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	200 000	142 000	149 900	126 096	636,965.
	charitable, etc., purpose	209,089.	142,090.	148,800.	136,986	030,903.
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	2,051.	14,681.	3,912.	1,113	21,757.
19	Net income from unrelated business		14,001.	3/312.		21/13/1
13	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended					
21	on to behalf 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			SEE STATEME	NT 10	
	Include gain or (loss) from sale of capital assets	6,693.				
23	Total of lines 15 through 22	888,331.				
24	Line 23 minus line 17	679,242.				
25	Enter 1% of line 23	8,883.	6, <mark>255.</mark>	7,163.	6,154	
	Organizations described in lines 10 Attach a list (which is not open to pu governmental unit or publicly suppo in line 26a. Enter the sum of all these	ublic inspection) showing Inted organization) whose Be excess amounts	the name of and amount total gifts for 1995 throu	contributed by each pers gh 1998 exceeded the an SEE STATEME	on (other than a nount shown SNT 11 > 26	68,490.
C	Total support for section 509(a)(1) t	est: Enter line 24, column	(e)		≥ 26	2,208,504.
đ	Add: Amounts from column (e) for I	ines: 18	21,757. 19	9		
		22		68,4		
0	Public support (line 26c minus line)	26d total)			26	05 5505
<u>f</u>	Public support percentage (line 26					·
27	Organizations described on line 12 of, and total amounts received in ear (1998)	ch year from, each "disqua (1997)	alified person." Enter the	sum of such amounts for (1996)	each year. N/A (199	95)
b	•		•			
	that was more than the larger of (1) individuals.) After computing the diff excess amounts) for each year: N (1998)	ference between the amout I/\mathbf{A}	ant received and the large	er amount decribed in (1)	or (2), enter the sum o	f these differences (the
C	Add: Amounts from column (e) for 17Add: Line 27a total	ines: 15		16		l 57/7
	17	20	E. OTHER		27	
d	Aud: Line 2/a total	and	line 27b total		27	37/2
e *	Public support (line 27c, total minus Total support for section 509(a)(2)	toet: Enter amount on "	22 Ashuma (s)	► 271	N/A ≥ 27	8 N/A
, a	Public support percentage (lin		, ,	•		q N/A %
_	Investment income percentage		•			3
	Unusual Grants: For an organizatio					·· 1
F	public inspection) for each year showi these grants in line 15. (See instructio	ng the name of the contri	butor, the date and amou	int of the grant, and a brie	ef description of the nat	ure of the grant. Do not includ

Pai	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/.	A	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
29	instrument, or in a resolution of its governing body?	29		
30	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?	30		
31	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 has 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, attach a separate statement.)	-		
32	Does the organization maintain the following:	_ _		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ				
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
ď	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.)	-		
33	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	33a		
Ь	Admissions policies?	<u>3</u> 3b		<u> </u>
C	Employment of faculty or administrative staff?	<u>33c</u>	<u> </u>	
đ			ļ	
е			<u> </u>	┼
f	***************************************			┼
9			<u> </u>	┼─
р	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?			
þ		34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			1386
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	<u> </u>	

Schedule A (Form 990) 1999

	(Por reporting only by organizations that did not complete Part VI-A)			N/A
	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to Dence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers	L		
b	Paid staff or management (include compensation in expenses reported on lines c through h)			
	Media advertisements			
d	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
I	Total lobbying expenditures (add lines c through h)		200	0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities	•		

923141 12-14-99 Schedule A (Form 990) 1999

Part	Information Reg		nd Transactions and	d Relationships With Nonchari	table		
51 (irectly or indirectly engage in any o	of the following with any other	r omanization described in section			
		saction 501(c)(3) organizations) or		-			
•	• •	ganization to a noncharitable exemp	· · ·	viitodi organizzationo.	[Yes	No
	· · · · · · · · · · · · · · · · · · ·	-	· · · · ·		51a(I)		Х
							X
	Other transactions:						
י ט		witchle exempt exercisetion			ь(1)		х
							X
						<u>x</u>	 -
				······································		X	
				***************************************	***		Х
					···	X	 -
					···	X	
	· · · · · · · · · · · · · · · · · · ·	=		always indicate the fair market value of the			
		s given by the reporting organizatio	-				
		nent, show in column (d) the value	of the goods, other assets, t				
(a) Line no	(b) o. Amount involved	(c) Name of noncharitable e	evernt erganization	(d) Description of transfers, transactions, and	l charing ar	ranner	nents
Cille III	D. AMOUNT MYONEO	·	<u> </u>			1 attigor	
		CNP ACTION, INC	<u> </u>	SEE ATTACHED STATEM	ENT.		
		 					
	 	ļ					
		 		<u> </u>			
	 			<u> </u>			
	<u> </u>						
		<u> </u>					
		<u> </u>		<u> </u>			
		<u> </u>					
				<u> </u>			
		<u> </u>					
			<u> </u>				
		1	 -				
	 						
	-	ndirectly affiliated with, or related to	· ·	ganizations described in section 501(c) of the	X Yes		
	If "Yes," complete the following						
	(a Name of or	rganization	(b) Type of organization	(c) Description of relation	ship		
CNP	ACTION, INC		501(C)(4)	SEE ATTACHED STATEM	ENT		
							
			<u> </u>				
							
			- 		·		
				 			
							
				 			
				 			
							
				· 			
				 			
				 			
			+				
				 			

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	TNUOMA
SEE ATTACHED LIST	SEE ATTACHED LIST	346,92

FORM 990	GAIN	(LOSS)	FROM	SALE	OF OTH	HER A	SSETS		STA	TEMENT	2
DESCRIPTION					DATI ACQUII		DAT SOL		METH ACQUI		
VARIOUS LEASES AND EQUIPMENTS					VARIO	JS	12/31	/99 1	PURCH	HASED	
NAME OF BUYER		GROS SALES I	_		r or Basis		ENSE SALE	DEPRI	EC	NET GAR	_
			0.	1	1,486.		0.	8,2	202.	<3,2	3 4. >
TO FM 990, PART I,	LN 8	3		1	1,486.		0.	8,2	202.	<3,2	34.> ==
FORM 990 OTH	HER C	CHANGES	IN NE	T ASS	ETS OR	FUND	BALAN	CES	STA	ATEMENT	3
DESCRIPTION			_	_						TUUOMA	
UNREALIZED LOSS ON	INVI	ESTMENTS	5							25,4	67.
TOTAL TO FORM 990,	PART	C I, LIN	NE 20							25,4	67.
FORM 990			ro	HER E	XPENSE	 S		· · · · · · · · · · · · · · · · · · ·	STA	ATEMENT	4
•		(2	A)	·	(B) PROGRAI	vr	(C MANAG			(D)	
DESCRIPTION		TOT	LAT		SERVIC:			ENERAL	FU	JNDRAISI	NG
CONSULTING HEALTH INSURANCE AUTOMOBILE INSURANCE DUES, SUBSCRIPTIONS	3	3	37,670 5,043 8,794 6,387	}. !.	37,0 4,0	670. 034.		1,009 8,794 6,387	•		
& PUBS MISCELLANEOUS PROPERTY TAXES MOVING EXPENSE	,		993 4,384 1,762 4,750	<u>.</u>				993 4,384 1,762 4,750	•		
TOTAL TO FM 990, LA	1 43		59,783		41,	704.		28,079	•		
				==			===		= ===		

3,745.

19,251.

22,996.

FORM 990	STATEMENT C		ION'S PRIMA ART III	RY EXEMPT PO	JRPOSE STA	ATEMENT	5
EXPLANATION							
PROVIDE INFO					ICY ALTERNA!	TIVES TO	
FORM 990	~ ~~	NON-GOVERI	NMENT SECUR	ITIES	STA	ATEMENT	6
DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV SECURIT	
MUTUAL FUND	MKT VAL	90,993.		·		90,99	€3.
TO FM 990, 1	IN 54 COL B	90,993.				90,99	3.
	· 		THER ASSETS		:	ATEMENT	

15 STATEMENT(S) 5, 6, 7 1999.05204 COUNCIL FOR NATIONAL POLICY 60925A_1

DEPOSITS

DUE FROM CNP ACTION, INC.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

FORM 990 OTHER NOTES AND LOANS PAY	/ABLE	STATEMENT 8
LENDER'S NAME TERMS OF REPAYMENT		
MINOLTA BUSINESS SYSTEMS 48 MONTHS		
DATE OF MATURITY ORIGINAL INTEREST NOTE DATE LOAN AMOUNT RATE		
10/29/98 11/08/02 31,774. 17.47%		
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAD	1	
CAPITAL LEASE	_	
RELATIONSHIP OF LENDER		
UNRELATED	FMV OF	
DESCRIPTION OF CONSIDERATION	CONSIDERATION	BALANCE DUE
	0.	25,887.
LENDER'S NAME TERMS OF REPAYMENT		
PITNEY BOWES CREDIT 51 MONTHS CORPORATION		
DATE OF MATURITY ORIGINAL INTEREST NOTE DATE LOAN AMOUNT RATE		
03/30/99 09/30/03 5,000. 18.40%		
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAD	Ŋ	
CAPITAL LEASE	_	
RELATIONSHIP OF LENDER		
UNRELATED	FMV OF	
DESCRIPTION OF CONSIDERATION	CONSIDERATION	BALANCE DUE
	0.	4,510
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, CO	OLUMN B	30,397
		=======================================

			_
	FOOTNOTES	STATEMENT 1	= L
SCHEDULE A, PART VII, LINES 51 B(II	I) AND (IV)		_
THE COUNCIL SHARES OFFICE SPACE AND, AS A CONVENIENCE, ALLOWS CNP A A VARIETY OF ITS ASSETS FOR WHICH I BY CNP ACTION, INC AT FAIR MARKET V	CTION, INC TO USE T IS REIMBURSED	15,334.	•
PART VII, LINE 51 C			
A PORTION OF THE TIME OF CERTAIN THE COUNCIL IS DEVOTED TO CNP ACTIO SALARY ALLOCABLE TO THAT TIME IS RE CNP ACTION, INC AT FULL COST.	N, INC. THE	33,159.	•
PART VII, LINE 51 B (VI)			
CNP ACTION, INC RECEIVES ONE-THI CONTRIBUTION OF NEW MEMBERS. CNP A CHARGED \$1.00 PER NEW MEMBER INVITA SENT OUT BY THE COUNCIL.	CTION, INC IS		
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	OME	STATEMENT 10			
DESCRIPTION	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT		
MISCELLANEOUS	6,693.	555.	60.	95.		
TOTAL TO SCHEDULE A, LINE 22	6,693.	555.	60.	95.		

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach this form to your return.

OMB No. 1545-0172

Business or activity to which this form relates

Identifying number

COUNCIL FOR NATIONAL	POLICY		FOR	м 990 :	PAGE 2		72-0921017
Part Election To Expense Certain	Tangible Property (S	Section 179) (Note: If you	have any "liste	ed property,"comp	lete Part V	before you complete Part I.)
1 Maximum dollar limitation. If an ente	erprise zone business.	see instruc	tions			1	19,000.
2 Total cost of section 179 property p							
3 Threshold cost of section 179 prope		\$200,000					
4 Reduction in limitation. Subtract line	-						
5 Dollar limitation for tax year. Subtract							
separately, see instructions					·····	5	
6 (a) Description of			(b) Cost (busin		(c) Elected		
					·		
			- <u>-</u> -				
7 Listed property. Enter amount from	line 27			7			
8 Total elected cost of section 179 pr		_	-				
9 Tentative deduction. Enter the small	ler of line 5 or line 8 🛄					9	
10 Carryover of disallowed deduction f	rom 1998					10	
11 Business income limitation. Enter th	e smaller of business	income (no	t less than ze	ro) or line 5		11	
12 Section 179 expense deduction. Ac	id lines 9 and 10, but o	do not ente	r more than li	ne 11 <u></u>		12	
13 Carryover of disallowed deduction t							
Note: Do not use Part II or Part III below used for entertainment, recreation, or ar	v for listed property (au musement) Instead us	rtomobiles, se Part V for	certain other r listed propei	vehicles, cell rtv.	ular telephones,	certain co	omputers, or property
Part II MACRS Depreciation For A					r (Do Not Incl.	de Listed	Property.)
es car party			Asset Acco		, , , , , , , , , , , , , , , , , , , ,		
14 If you are making the election under	r section 168(i)(4) to gr	oup any as	sets placed in	n service duri	ng the tax year	into one o	r more general asset
accounts, check this box. See instr						<u></u>	<u></u>
·	Section B - General			GDS) (See in:	structions.)		г
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation evestment use (natructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property			_				
b 5-year property						_	
c 7-year property			_				
d 10-year property						_	
e 15-year property							
f 20-year property							
g 25-year property			_	25 yrs.		S/L	
b Posidostial rostal areasty	1			27.5 yrs.	. MM	S/L	
h Residential rental property				27.5 yrs.	MM	S/L	
i Nonresidential real property				39 yrs.	MM	S/L	
<u> </u>					MM	S/L	<u> </u>
	Section C - Alternativ	/e Deprecia	ation System	(ADS) (See	instructions.)		···
16 a Class life						S/L_	
b 12-year		_		12 yrs.		S/L	
c 40-year	1			40 yrs.	MM	S/L	<u> </u>
Part III Other Depreciation (Do No	ot Include Listed Prop	erty.) (See	instructions.	.)	_		
17 GDS and ADS deductions for asset		-				17	
18 Property subject to section 168(f)(1						18	
19 ACRS and other depreciation	······		<u></u>			<u> 19</u>	11,704.
Part (V Summary (See instructions	5.)				-		<u></u>
20 Listed property. Enter amount from						20	
21 Total. Add deductions on line 12, li							
and on the appropriate lines of you	ır return. Partnerships	and S corp	orations - see	instru <u>ctions</u>		21	11,704.
22 For assets shown above and place	_	-					
portion of the basis attributable to s			<u></u>	22	<u> </u>		
LHA For Danaguard Daduction Act	Matica acatha		4				E 4500 (4000)

Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sec	ction A - Depreciation a	and Other In	formation (Ca	ution: S	ee instr	uctic	ons fo	r limits	for pa	essenger	utomob	iles.)				
23a	Do you have evidence to:	support the bu	ısiness/investmeı	nt use cla	imed?		Yes		No	23b lf 'Y	es. is th	e evide	nce writte	en?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l ot	(d) Cost or her basis		(busin	(e) for depre ess/Inves use only	ciation streent	(f) Recovery period	(Met	e) hod/ ention	() Depred dedu	ı) ciation	Elec sectio co	п 179
24	Property used more tha	ın 50% in a c	qualified busine	ss use:												
		; ;	9/	ó		-										
_			94	6												
_	 	<u> </u>	9/	6												
<u>25</u>	Property used 50% or I	ess in a qual	ified business (ıse:									ı			
	<u>. </u>	<u> </u>	9	6							S/L-					
_		<u> </u>	9	6							S/L•					
	·	<u> </u>	9	- 1		1	<u> </u>				S/L-					
26	Add amounts in column	n (h). Enter ti	he total here an	nil no bı	e 20, pa	ge 1	١	· ···				26				
<u>27</u>	Add amounts in column	(I). Enter the	e total here and	l on line	7, page	1					<u>,</u>			27	_	
	ou provided vehicles to se vehicles.	your employe	ees, first answe		- 1	in S			see if y				ı			
20	Total husings (investment	milaa drivan d	luriaa tha	-	a) nicle		(b)		١,	(c)	1	d) viola	(€ Veh	•	(f Veh	
20	Total business/investment year (DO NOT include com		- 1	VEI	licte		Vehic	,iU	· · · ·	/ehicle	Vehicle		1611	IGIC	4611	1010
20	Total commuting miles						-					•			 	
	Total other personal (no	-		-									<u> </u>		-	
00	driven														[
31	Total miles driven durin						-						i			
-	Add lines 28 through 30										ļ					
				Yes	No	Y	es	No	Yes	. No	Yes	No	Yes	No	Yes	No
32	Was the vehicle availab	ole for persor	nal use													
	during off-duty hours?															
33	Was the vehicle used p	rimarily by a	. more													
	than 5% owner or relat	ed person?														
34	Is another vehicle availa	•			İ									ı		
_	use?				<u> </u>				<u> </u>		<u></u>	<u> </u>	<u> </u>		}	
۸۵۰	ower these aucetions to		- Questions for	•	-						-				sara than	E 0.4
	swer these questions to ners or related persons.	defettilise it	you meet an ex	ceptioi	i to com	hien	ing St	sction a	5 IOI V	remides u	sed by el	npioyee	S WIIO di	e nor n	1019 [[12]	370
-	nore or related persons:														- V	Ma
35	Do you maintain a writt	en policy sta	tament that pr	shibite c	il nomor	ي ام	ica of	vobiel	oc inc	duding co	mmutina	by you	-		Yes	No
•	employees?		-		•					_	-					
36	Do you maintain a writt												,		·	1
55	employees? See instru			-											- [
37	Do you treat all use of v															1
	Do you provide more th												************		•	
	the use of the vehicles,												•		. 1	
39	Do you meet the requir	ements cond	eming qualified	autom	obile de	men	ıstrati	on use	7							
	Note: If your answer to															

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amorization period or percentage	(f) Amortization for this year	
40 Amortization of costs that begins during your	1999 tax year:					
	: :					
	<u> </u>			<u> </u>	<u> </u>	
41 Amortization of costs that began before	1999			41		
42 Total. Enter here and on 'Other Deduct	ons" or "Other Expe	nses" line of your retu	m	42		

Form 4562 (1999)

Part VI Amortization

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FYE: 12/31/1999

Group	Cost	Cost	Cost	Cost	Depreciation	Depreciation	Depreciation	Depreciation
	Beginning	Acquisitions	Disposals	Ending	Prior	Additions	Reductions	Ending
20 Furniture and Fixtur	139,636	22,877	9,975	152,538	96,516	11,537	8,051	100,002
60 Leasehold Improve	1,511	2,510	1,511	2,510	151	167	151	167
Grand Total	141,147	25,387	11,486	155,048	96,667	11,704	8,202	100,169

10:39 AM	Page 1
05/15/2000	

Tax Asset Detail 1/01/99 - 12/31/99

060925 Council for National Policy 72-0921017 FYE: 12/31/1999

Period	, , , , , , , , , , , , , , , , , , ,	10.0 5.0
t alue Method	20, 0 1,924 1,924 1,926 1,	1,360 S/L 2,343 S/L 1,360 2,343 58,163 54,879
Net Dook Value		
End Depreciation	84,240 6,672 1,274 1,286 1,276 1,173 1,379 1,173	151 167 318 151 167 108,371 8,202 100,169
Current Deprec	296 296 294 691 110 113 38 38 38 38 492 119 684 290 492 492 111 11,537 11,537	167 167 0 0 11,704 11,704
Prior Deprec	84,240 6,672 981 992 201 1,269 112 50 50 50 50 50 50 100 0 0 0 0 0 0 0 0 0	151 0 151 151 0 0 96,667 8,092 8,692
Salvage Value		
Sec 179 Exp Current = c	000000000000000000000000000000000000000	
Cost	84,240 6,672 1,482 1,470 3,467 3,303 6,72 3,033 1,88 637 597 202 202 202 202 203 3,774 3,000 2,458 2,529 2,539 2,5	1,511 2,510 4,021 1,511 2,510 2,510 1,486 11,486 155,048
Date In Service	### (1979) 1. Comparison of 17,000	MENTS 6/01/94 SPACE 8/19/99 shold Improvements tless: Dispositions Grand Total Less: Dispositions
Property Description	1989 FIXED ASSETS 6/30/89 5 * CAPITALIZED LEASE-1993 6/30/93 8 RECORDING EQUIPMENT 9/06/95 9 PRINTER 1129/97 11/4/96 13 * LAPTOP COMPUTER 3/02/98 1/28/99 1/28/98 1/	LEASEHOLD IMPROVEMENTS 6/01/94 CABLING NEW OFFICE SPACE 8/19/99 60 Leasehold Improvements *Less: Dispositions Net 60 Leasehold Improvements Grand Total Less: Dispositions Net Grand Total
Asset	Group: 6	* 322 *

060925 Council for National Policy 72-0921017 Tax Current Year Additions

05/15/2000 10:39 AM Page 1

FYE: 12/31/1999

<u>Asset</u>	Property Descripti		te In vice	Cost				
Group	Group: 20 Furniture and Fixtures							
26 27 28 29 30 31 32 33 34	COMPUTER CD ROM /MEMORY LAPTOP COMPUTER PRINTER COMPUTER CAMERA ENVELOPE PRINTER LAPTOP COMPUTER TELEPHONE SYSTEM	2/1 3/2 5/1 9/2 11/0 3/3 12/2 8/1	2/99 9/99 5/99 4/99 3/99 0/99 27/99 9/99	2,458 846 2,529 397 2,684 592 5,000 2,152 6,219				
		20 Furniture and Fix	tures ===	22,877				
Group	e: 60 Leasehold Improvements							
35	CABLING NEW OFFICE SPACE	CE 8/1	9/99	2,510				
	6	60 Leasehold Improver	ments	2,510				
		Grand	Total	25,387				

060925 Council for National Policy 72-0921017 Tax Current Year Disposals

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FYE: 12/31/1999

Asset Property Description	Disposal Date	Disposal Method	Cost/Basis	Gross Proceeds	Expense of Sale	Unrecovered Cost	Gain/Loss		
Group: 20 Furniture and Fixtures									
5 CAPITALIZED LEASE-1993 13 LAPTOP COMPUTER	8/21/99 3/15/99	Sold Sold	6,672 3,303	0	0	0 1,92 <u>4</u>	0 1,924		
20 F	urniture an	d Fixtures	9,975	0	0	1,924	-1,924		
Group: 60 Leasehold Improvements									
25 LEASEHOLD IMPROVEMENTS	8/19/99	Sold	1,511	0	0	1,36 <u>0</u>			
60 Lea	sehold lmp	rovements	1,511	0	0	1,360	-1,360		
	Gı	rand Total	11,486	0	0	3,284	-3,284		

-

.COUNCIL FOR NATIONAL POLICY /2/31/99 OFFICERS:

The Honorable James C. Miller III President 1250 H St, NW, Suite 700 Washington, DC 20005-3908

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

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

DIRECTORS:

Mr. Edward G. Atsinger III 4880 Santa Rosa Rd, Suite 300 Camarillo, CA 93012-5190

Mrs. Ann Drexel 1110 Ivanhoe Blvd SW Reniassance PH 35 Orlando, FL 32804

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

Dr. Edwin J. Feulner, Jr. 214 Massachusetts Ave, NE Washington, DC 20002

Mr. E. Peb Jackson P.O. Box 520 Colorado Springs, CO 80901-0520

Mr. Marion "Mac" Magruder 1550 East Missouri #302 Phoenix, AZ 85014

Mr. Howard Phillips 450 Maple Ave, East Vienna, VA 22180

Mr. John Scribante 510 First Avenue North, Suite 409 Minneapolis, MN 55403 Dr. Dal Shealy 8701 Leeds Rd Kansas City, MO 64129

Dr. Lowell Smith 1618 SE Edith Esplanade Cape Coral, FL 33904

Mrs. LaNeil Wright Spivy 3310 Fairmount St Dallas, TX 75201

Mr. Paul M. Weyrich 717 Second St, NE Washington, DC 20002