

**Return of Organization Exempt From Income Tax**

**2004**

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 2004 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**COUNCIL FOR NATIONAL POLICY**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**10329-A DEMOCRACY LANE**

City or town, state or country, and ZIP + 4  
**FAIRFAX, VA 22030**

**D Employer identification number**  
**72-0921017**

**E Telephone number**  
**(703) 890-0113**

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** **N/A**

**Organization type** (check only one)  501(c)(3) (Insert no.)  4947(a)(1) or  527

**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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,531,033.**

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**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1,107,683.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 1,107,683. noncash \$ _____)	1d	1,107,683.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	417,365.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	1,521.		
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a	8b	270.	
	c	Gain or (loss) (attach schedule)	8c	<270.>		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<270.>		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
Revenue	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
Revenue	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Revenue	11	Other revenue (from Part VII, line 103)	11	4,464.		
Revenue	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,530,763.		
Expenses	13	Program services (from line 44, column (B))	13	1,162,409.		
	14	Management and general (from line 44, column (C))	14	299,151.		
	15	Fundraising (from line 44, column (D))	15	83,641.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	1,545,201.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<14,438.>		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	170,217.		
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	20	10,445.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	166,224.		

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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.	25 180,439.	90,219.	45,110.	45,110.
26 Other salaries and wages	26 221,098.	123,027.	84,907.	13,164.
27 Pension plan contributions	27 60,988.	32,170.	19,702.	9,116.
28 Other employee benefits	28 24,636.	12,318.	6,159.	6,159.
29 Payroll taxes	29 25,942.	13,511.	9,728.	2,703.
30 Professional fundraising fees	30			
31 Accounting fees	31 13,065.		13,065.	
32 Legal fees	32 1,975.		1,975.	
33 Supplies	33 9,378.		9,378.	
34 Telephone	34 19,546.	9,773.	9,773.	
35 Postage and shipping	35 21,999.	7,377.	14,236.	386.
36 Occupancy	36 40,030.	20,015.	20,015.	
37 Equipment rental and maintenance	37 1,855.		1,855.	
38 Printing and publications	38 36,482.	29,407.	6,936.	139.
39 Travel	39 33,609.	33,609.		
40 Conferences, conventions, and meetings	40 751,133.	744,269.		6,864.
41 Interest	41 4,209.		4,209.	
42 Depreciation, depletion, etc. (attach schedule)	42 12,750.	6,375.	6,375.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 3</b>	43e 86,067.	40,339.	45,728.	
44 <b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 1,545,201.	1,162,409.	299,151.	83,641.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a <b>EDUCATIONAL CONFERENCES AND SEMINARS FOR NATIONAL LEADERS IN THE FIELDS OF BUSINESS, GOVERNMENT, RELIGION AND ACADEMIA TO EXPLORE NATIONAL POLICY ALTERNATIVES.</b> (Grants and allocations \$ _____)	1,122,128.
b <b>WEEKLY NEWSLETTERS ARE DISTRIBUTED TO ALL MEMBERS TO KEEP THEM APPRISED OF MEMBER ACTIVITIES AND PUBLIC POLICY ISSUES. A SEMIANNUAL JOURNAL IS PRODUCED FROM MEMBERSHIP MEETING SPEECHES.</b> (Grants and allocations \$ _____)	40,281.
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>1,162,409.</b>

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	185,397.	45	374,476.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	33,100.		
	47 b Less: allowance for doubtful accounts		47c	33,100.
	48 a Pledges receivable			
	48 b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	24,899.	53	15,623.
	54 Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	79,680.	54	90,125.
	55 a Investments - land, buildings, and equipment: basis			
	55 b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	162,454.			
57 b Less: accumulated depreciation	132,365.	57c	30,089.	
58 Other assets (describe <b>SEE STATEMENT 6</b> )	24,885.	58	3,618.	
59 Total assets (add lines 45 through 58) (must equal line 74)	367,977.	59	547,031.	
Liabilities	60 Accounts payable and accrued expenses	182,814.	60	324,123.
	61 Grants payable		61	
	62 Deferred revenue	2,200.	62	41,750.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable <b>STMT 7</b>	12,746.	64b	14,934.
	65 Other liabilities (describe <b>SEE STATEMENT 6</b> )		65	
66 Total liabilities (add lines 60 through 65)	197,760.	66	380,807.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	47,090.	67	14,194.
	68 Temporarily restricted	123,127.	68	152,030.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 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 income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	170,217.	73	166,224.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	367,977.	74	547,031.	

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.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <b>CNP ACTION, INC.</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <b>81a</b> 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b> N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members <b>85c</b> N/A		
d	Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <b>87a</b> N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b> N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>		
90 a	List the states with which a copy of this return is filed <b>VIRGINIA</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 <b>90b</b> 6		
91	The books are in care of <b>THE ORGANIZATION</b> Telephone no. <b>(703) 890-0113</b>		
	Located at <b>FAIRFAX, VA</b> ZIP + 4 <b>22030</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>CONFERENCE FEES</u>					417,365.
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					
96 Dividends and interest from securities			14	1,521.	
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	<270.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>MISCELLANEOUS</u>					4,314.
b <u>SALE OF PROMOTIONAL</u>					
c <u>ITEMS RELATING TO</u>					
d <u>MEMBERSHIP RECRUITMENT</u>			01	150.	
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,401.	421,679.
105 Total (add line 104, columns (B), (D), and (E))					423,080.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	EDUCATE CONFERENCE ATTENDEES IN THE FIELDS OF BUSINESS, GOVERNMENT, RELIGION AND ACADEMIA TO EXPLORE NATIONAL POLICY ALTERNATIVES.
103A	SAME AS LINE 93A.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

12-05  
Date  John Belloni, F. P.  
Type of print name and title.

Date 12/1 Check if self-  Preparer's SSN or PTIN \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

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

**2004**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COUNCIL FOR NATIONAL POLICY**

Employer identification number

**72-0921017**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 other allowances
<u>JENNIFER A. RUTLEDGE</u> <u>CHANTILLY, VA 20151</u>	FINANCE DIR. 40 HRS/WEEK	104,166.	16,010.	
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Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
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Total number of others receiving over \$50,000 for professional services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
e	Transfer of any part of its income or assets? ..		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees? ..		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	986,203.	960,066.	850,076.	732,681.	3,529,026.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	354,737.	281,247.	269,982.	187,601.	1,093,567.
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	888.	918.	2,810.	41,274.	45,890.
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 include gain or (loss) from sale of capital assets	26,280.	3,901.	SEE STATEMENT 9 1,106.	1,700.	32,987.
23 Total of lines 15 through 22	1,368,108.	1,246,132.	1,123,974.	963,256.	4,701,470.
24 Line 23 minus line 17	1,013,371.	964,885.	853,992.	775,655.	3,607,903.
25 Enter 1% of line 23	13,681.	12,461.	11,240.	9,633.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 72,158.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 7,842.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,607,903.
d Add: Amounts from column (e) for lines: 18 45,890. 19 _____ 22 32,987. 26b 7,842.					26d 86,719.
e Public support (line 26c minus line 26d total)					26e 3,521,184.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.5964%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2003)	(2002)	(2001)	(2000)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
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?		
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:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
	_____		
	_____		
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	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
	_____		
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) ...	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) ...	37	
38	Total lobbying expenditures (add lines 36 and 37) ...	38	
39	Other exempt purpose expenditures ...	39	
40	Total exempt purpose expenditures (add lines 38 and 39) ...	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 ... 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 ... \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 ... \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 ... \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 ... \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h )			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
BLACKBERRY HANDHELD	05/01/03	12/31/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	405.	0.	135.	<270.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
COMPUTERS/SERVER	/ /99	12/31/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	8,408.	0.	8,408.	0.
TO FM 990, PART I, LN 8		8,813.	0.	8,543.	<270.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	10,445.
TOTAL TO FORM 990, PART I, LINE 20	10,445.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING	40,307.	40,307.		
AUTOMOBILE	8,639.		8,639.	
INSURANCE	7,332.		7,332.	
DUES, SUBSCRIPTIONS & Pubs	926.		926.	
MISCELLANEOUS	28,863.	32.	28,831.	
TOTAL TO FM 990, LN 43	86,067.	40,339.	45,728.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

PROVIDE INFORMATION ABOUT PUBLIC POLICY AND NATIONAL POLICY ALTERNATIVES TO LEADERS IN BUSINESS, GOVERNMENT, RELIGION AND ACADEMIA.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUND	FMV	90,125.			90,125.
TO FORM 990, LINE 54, COL B		90,125.			90,125.

FORM 990 OTHER ASSETS STATEMENT 6

DESCRIPTION	AMOUNT
DEPOSITS	3,618.
DUE FROM CNP ACTION	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,618.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 7

LENDER'S NAME TERMS OF REPAYMENT  
 MINOLTA BUSINESS SYSTEMS 48 MONTHS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
10/25/02	10/25/06	15,600.	29.63%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
COPIER	CAPITAL LEASE

RELATIONSHIP OF LENDER  
 UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CAPITAL LEASE	14,934.	14,934.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		14,934.

FOOTNOTES

STATEMENT 8

SCHEDULE A, PART VII, LINE 51B

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

PART VII, LINE 51C

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

PART VII, LINE 51B(VI)

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

PART VII, LINE 52B

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

SCHEDULE A	OTHER INCOME			STATEMENT 9
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	26,280.	3,901.	1,106.	1,700.
TOTAL TO SCHEDULE A, LINE 22	26,280.	3,901.	1,106.	1,700.

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

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

Name(s) shown on return: **COUNCIL FOR NATIONAL POLICY**  
 Business or activity to which this form relates: **FORM 990 PAGE 2**  
 Identifying number: **72-0921017**

**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 for a higher limit for certain businesses	1	102,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000.
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 2003 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 11	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 2005. 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.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	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 2004	17	10,201.
18 If you are electing under section 168(i)(4) 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 2004 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		19,572.	5 YEARS	N/A	SL	2,549.
c 7-year property						
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	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2004 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	
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 instr	22	12,750.
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, 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 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 instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  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							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L			
		%			S/L			
		%			S/L			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	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.

	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 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? <b>Note:</b> 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 2004 tax year.					
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

## COUNCIL FOR NATIONAL POLICY

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Council for National Policy [60925]  
**Depreciation Expense**  
 Federal

01/01/2004 - 12/31/2004

Section 179 Included in Depreciation Values

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179/ Bonus	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	
20		<b>Furniture and Fixtures</b>									
1		1989 FIXED ASSETS	6/30/1989	SL / N/A	5.0000	84,240	0	84,240	0	84,240	
14		MONITOR	3/2/1998	SL / N/A	5.0000	672	0	672	0	672	
18		HARD DRIVE	7/23/1998	SL / N/A	5.0000	597	0	597	0	597	
16		HARD DRIVE	7/28/1998	SL / N/A	5.0000	188	0	188	0	188	
12	D	DATABASE SERVER	8/7/1998	SL / N/A	5.0000	3,421	0	3,421	0	3,421	
7		CHAIR	9/16/1998	SL / N/A	7.0000	500	0	375	71	446	
11		FILE CABINET	9/16/1998	SL / N/A	7.0000	202	0	151	29	180	
6		PRINTER	10/1/1998	SL / N/A	5.0000	1,099	0	1,099	0	1,099	
3		FAX MACHINE	10/29/1998	SL / N/A	5.0000	3,000	0	3,000	0	3,000	
19	D	COMPUTER	1/2/1999	SL / N/A	5.0000	2,458	0	2,458	0	2,458	
20		CD ROM /MEMORY	2/19/1999	SL / N/A	5.0000	846	0	817	28	845	
21	D	LAPTOP COMPUTER	3/25/1999	SL / N/A	5.0000	2,529	0	2,403	126	2,529	
22		PRINTER	5/14/1999	SL / N/A	5.0000	397	0	370	26	396	
13		TELEPHONE SYSTEM	8/19/1999	SL / N/A	5.0000	6,219	0	5,390	829	6,219	
23		COMPUTER	9/23/1999	SL / N/A	5.0000	2,684	0	2,281	403	2,684	
24		CAMERA	11/5/1999	SL / N/A	5.0000	592	0	493	99	592	
2		LAPTOP COMPUTER	12/27/1999	SL / N/A	5.0000	2,152	0	1,721	430	2,151	
26		COMPUTER	6/30/2000	SL / N/A	5.0000	3,135	0	2,195	627	2,822	
27		DELL COMPUTER	10/31/2000	SL / N/A	5.0000	3,982	0	2,522	796	3,318	
28		PRINTER	11/16/2001	SL / N/A	3.0000	640	0	373	196	569	
29		Server	6/25/2002	SL / N/A	5.0000	4,055	0	2,737	811	3,548	
30		Pocket PC	8/30/2002	SL / N/A	5.0000	1,090	0	659	218	877	
31		Flat Screen	9/23/2002	SL / N/A	5.0000	200	0	121	40	161	
32		Printer	9/23/2002	SL / N/A	5.0000	299	0	181	60	241	
33		Copier	10/25/2002	SL / N/A	5.0000	15,600	0	8,346	3,120	11,466	
34		DELL LAPTOP COMPTUER	1/30/2003	SL / N/A	5.0000	3,300	0	605	660	1,265	
35		WALKIE TALKIE	2/20/2003	SL / N/A	5.0000	555	0	93	111	204	
36		TOSHIBA COMPUTER	4/2/2003	SL / N/A	5.0000	2,609	0	391	522	913	
37	D	BLACKBERRY HANDHELD	5/1/2003	SL / N/A	5.0000	405	0	54	81	135	
40		LASER PRINTER	9/24/2003	SL / N/A	5.0000	606	0	30	121	151	
41		BROTHER PRINTER	9/25/2003	SL / N/A	5.0000	723	0	36	145	181	
38		WALKIE TALKIE	10/1/2003	SL / N/A	5.0000	502	0	25	100	125	
39		DELL BACKUP SOFTWARE	10/2/2003	SL / N/A	3.0000	836	0	70	279	349	
42		WIRELESS HANDHELD	10/10/2003	SL / N/A	5.0000	643	0	32	129	161	
43		2 COMPUTER MONITORS	11/25/2003	SL / N/A	5.0000	718	0	12	144	156	
44		IMAGER ONE PRINTER	1/14/2004	SL / N/A	5.0000	5,021	0	0	1,004	1,004	

Council for National Policy [60925]  
**Depreciation Expense**  
 Federal

01/01/2004 - 12/31/2004

Section 179 Included in Depreciation Values

System No.	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Sec. 179/ Bonus	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
<b>20 Furniture and Fixtures</b>										
45		CD-R Power Tower	1/27/2004	SL / N/A	5.0000	1,259	0	0	231	231
47		3 MARANTZ PORTABLE C	2/27/2004	SL / N/A	5.0000	2,007	0	0	335	335
48		BACK-UP SERVER	4/26/2004	SL / N/A	5.0000	1,088	0	0	145	145
49		RIM HANDHELD	4/26/2004	SL / N/A	5.0000	402	0	0	54	54
46		WJ135 Mailing Machine (Ca	6/29/2004	SL / N/A	5.0000	5,795	0	0	580	580
50		RECORDING DUPLICATING	10/5/2004	SL / N/A	5.0000	4,000	0	0	200	200
Subtotal: 20 Furniture and Fixtures						171,266	0	128,158	12,750	140,908
Less dispositions and exchanges						8,813	0	8,336	0	8,543
<b>Net for: 20 Furniture and Fixtures</b>						<b>162,453</b>	<b>0</b>	<b>119,822</b>	<b>12,750</b>	<b>132,365</b>
Subtotal.						171,266	0	128,158	12,750	140,908
Less dispositions and exchanges.						8,813	0	8,336	0	8,543
<b>Grand Totals:</b>						<b>162,453</b>	<b>0</b>	<b>119,822</b>	<b>12,750</b>	<b>132,365</b>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>COUNCIL FOR NATIONAL POLICY</b>	Employer identification number <b>72-0921017</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>10329-A DEMOCRACY LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FAIRFAX, VA 22030</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**  
 Telephone No. ▶ **(703) 890-0113** FAX No. ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year **2004** or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions