

Return of Organization Exempt From Income Tax

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 2005 calendar year, or tax year beginning _____ **and ending** _____

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

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
1411 K STREET NW, SUITE 601
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

D Employer identification number
72-0921017

E Telephone number
202-207-0165

F Accounting method Cash Accrual
 Other (specify) _____

G Website: **N/A**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

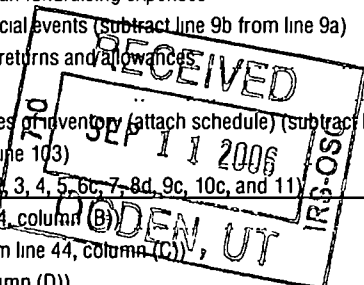
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,390,779.**

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

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	1,163,376.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <u>1,163,376.</u> noncash \$ _____)	1d	1,163,376.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	215,165.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	4,129.		
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a	890.	8b	773.
c	Gain or (loss) (attach schedule)	8b		8c	117.
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d	117.
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			
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			
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			
11	Other revenue (from Part VII, line 103)	11	7,219.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,390,006.		
13	Program services (from line 44, column (B))	13	875,021.		
14	Management and general (from line 44, column (C))	14	329,271.		
15	Fundraising (from line 44, column (D))	15	98,578.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	1,302,870.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	87,136.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	166,224.		
20	Other changes in net assets or fund balances (attach explanation)	20	12,965.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	266,325.		



SCANNED SEP 25 2006

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	216,307.	118,968.	43,262.	54,077.
26 Other salaries and wages	230,046.	125,108.	90,793.	14,145.
27 Pension plan contributions	36,667.	19,357.	15,204.	2,106.
28 Other employee benefits	24,539.	13,496.	4,908.	6,135.
29 Payroll taxes	25,859.	13,295.	10,169.	2,395.
30 Professional fundraising fees				
31 Accounting fees	16,898.		16,898.	
32 Legal fees	1,298.		1,298.	
33 Supplies	29,484.	19,570.	9,914.	
34 Telephone	21,756.	11,966.	9,790.	
35 Postage and shipping	16,683.	5,244.	9,387.	2,052.
36 Occupancy	45,209.	24,865.	20,344.	
37 Equipment rental and maintenance	1,995.		1,995.	
38 Printing and publications	6,846.		6,846.	
39 Travel	16,574.	16,574.		
40 Conferences, conventions, and meetings	476,335.	458,667.		17,668.
41 Interest	3,425.		3,425.	
42 Depreciation, depletion, etc (attach schedule)	13,825.	7,604.	6,221.	
43 Other expenses not covered above (itemize):				
a CONSULTING	40,307.	40,307.		
b AUTOMOBILE	10,859.		10,859.	
c INSURANCE	9,056.		9,056.	
d DUES, SUBSCRIPTIONS &				
e PUBS	936.		936.	
f MISCELLANEOUS	30,921.		30,921.	
g DATABASE MAINTENANCE	27,045.		27,045.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,302,870.	875,021.	329,271.	98,578.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 4

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? SEE STATEMENT 5

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

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.)

a EDUCATIONAL CONFERENCES AND SEMINARS FOR NATIONAL LEADERS IN THE FIELDS OF BUSINESS, GOVERNMENT, RELIGION AND ACADEMIA TO EXPLORE NATIONAL POLICY ALTERNATIVES.

(Grants and allocations \$) If this amount includes foreign grants, check here

830,723.

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.

(Grants and allocations \$) If this amount includes foreign grants, check here

44,298.

c (Grants and allocations \$) If this amount includes foreign grants, check here

d (Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 875,021.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

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	374,476.	246,252.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	12,000.	
	b Less: allowance for doubtful accounts		12,000.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	15,623.	25,258.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	90,125.	103,090.
	55 a Investments - land, buildings, and equipment, basis		
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment, basis	123,252.		
b Less: accumulated depreciation	59,311.	63,941.	
58 Other assets (describe SEE STATEMENT 7)	3,618.	28,748.	
59 Total assets (must equal line 74). Add lines 45 through 58	547,031.	479,289.	
Liabilities	60 Accounts payable and accrued expenses	324,123.	109,605.
	61 Grants payable		
	62 Deferred revenue	41,750.	93,375.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 8	14,934.	9,984.
65 Other liabilities (describe SEE STATEMENT 8)			
66 Total liabilities. Add lines 60 through 65	380,807.	212,964.	
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	14,194.	167,414.
	68 Temporarily restricted	152,030.	98,911.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	166,224.	266,325.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	547,031.	479,289.	

Part VI Other Information (continued)

82 a Did the organization receive donated services... 82b N/A 83 a Did the organization comply with the public inspection requirements... 83b X 84 a Did the organization solicit any contributions... 84b N/A 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible... 85a N/A b Did the organization make only in-house lobbying expenditures... 85b N/A c Dues, assessments, and similar amounts from members 85c N/A d Section 162(e) lobbying and political expenditures 85d N/A e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A g Does the organization elect to pay the section 6033(e) tax... 85g N/A h If section 6033(e)(1)(A) dues notices were sent... 85h N/A 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions... 86a N/A b Gross receipts, included on line 12, for public use of club facilities 86b N/A 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A b Gross income from other sources... 87b N/A 88 At any time during the year, did the organization own a 50% or greater interest... 88 X 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization... 0.; section 4912 0.; section 4955 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction... 89b X c Enter: Amount of tax imposed on the organization managers or disqualified persons... 0. d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0. 90 a List the states with which a copy of this return is filed VA b Number of employees employed in the pay period that includes March 12, 2005 90b 6 91 a The books are in care of THE ORGANIZATION Telephone no. 202-207-0165 Located at 1411 K STREET, NW, WASHINGTON, DC ZIP + 4 20005 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country... 91b X If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X If "Yes," enter the name of the foreign country N/A 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Table with 2 columns: Yes, No. Row 91b: Yes, No. Row 91c: Yes, No.

Part VII Analysis of Income-Producing Activities (See 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 CONFERENCE FEES					215,165.
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	4,129.	
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	117.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					7,219.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,246.	222,384.
105 Total (add line 104, columns (B), (D), and (E))					226,630.

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 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 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 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).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 8/23/06 Type or print name and title: Steve Baldwin Exec. Director

Preparer's signature: *[Signature]* Date: 8/17/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: HOMES, LOWRY, HORN & JOHNSON, LTD. CPA'S
3998 FAIR RIDGE DRIVE, SUITE 360
FAIRFAX, VA 22033-2907

Phone no.: (703) 281-4880

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

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
JENNIFER A. RUTLEDGE CHANTILLY, VA 20151	FINANCE DIR. 40.00	107,226.	16,469.	

Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>	1		X
<p>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.)</p>	2a		X
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>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.)</p>	3a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c		X
<p>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?</p>	4a		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,098,583.	986,203.	960,066.	850,076.	3,894,928.
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	456,915.	354,737.	281,247.	269,982.	1,362,881.
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	1,521.	888.	918.	2,810.	6,137.
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	4,464.	26,280.	SEE STATEMENT 10 3,901.	1,106.	35,751.
23 Total of lines 15 through 22	1,561,483.	1,368,108.	1,246,132.	1,123,974.	5,299,697.
24 Line 23 minus line 17	1,104,568.	1,013,371.	964,885.	853,992.	3,936,816.
25 Enter 1% of line 23	15,615.	13,681.	12,461.	11,240.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 78,736.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,264.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,936,816.
d Add: Amounts from column (e) for lines: 18 6,137. 19 _____ 22 35,751. 26b 1,264.					26d 43,152.
e Public support (line 26c minus line 26d total)					26e 3,893,664.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.9039%
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					
(2004) (2003) (2002) (2001)					
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 11b, 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					
(2004) (2003) (2002) (2001)					
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 2001 through 2004, 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.

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.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		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 -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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) 2005	(b) 2004	(c) 2003	(d) 2002	(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:

- 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.)

Yes	No	Amount
		0.

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

FOOTNOTES

STATEMENT 1

FORM 990, PART V-A, LINE 75C

STEVE BALDWIN IS EXEC. DIRECTOR OF COUNCIL FOR NATIONAL POLICY AND PRESIDENT OF CNP ACTION, INC., A RELATED NON-PROFIT ORGANIZATION (EIN 52-1530983). \$10,161 OF HIS TOTAL SALARY FOR 2005 WAS PAID BY CNP ACTION, INC.

JENNIFER RUTLEDGE IS FINANCE DIRECTOR OF COUNCIL FOR NATIONAL POLICY AND ACTS IN THE SAME CAPACITY FOR CNP ACTION, INC. \$2,568 OF HER TOTAL COMPENSATION FOR 2006 WAS PAID BY CNP ACTION, INC.

SEE FOOTNOTES FOR SCHEDULE A, PART VII, FOR A DESCRIPTION OF THE ORGANIZATIONAL RELATIONSHIP BETWEEN THE TWO ENTITIES.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
1989 FIXED ASSETS	06/30/89	01/31/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	890.	84,240.	0.	84,240.	890.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
CHAIR	09/16/98	01/31/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	500.	0.	452.	<48.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
PRINTER	10/01/98	01/31/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,099.	0.	1,099.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
POCKET PC	08/30/02	01/31/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,090.	0.	895.	<195.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
BROTHER PRINTER	09/25/03	01/31/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	723.	0.	193.	<530.>

TO FM 990, PART I, LN 8	890.	87,652.	0.	86,879.	117.
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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		12,965.	
TOTAL TO FORM 990, PART I, LINE 20		12,965.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEVE BALDWIN	186,768.	29,539.		216,307.
A. PROGRAM SERVICES	102,722.	16,246.		118,968.
B. MANAGEMENT AND GENERAL	37,354.	5,908.		43,262.
C. FUNDRAISING	46,692.	7,385.		54,077.
TOTAL PROGRAM SERVICES				118,968.
TOTAL MANAGEMENT AND GENERAL				43,262.
TOTAL FUNDRAISING				54,077.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				216,307.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
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 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUND	FMV	103,090.			103,090.
TO FORM 990, LINE 54, COL B		103,090.			103,090.

FORM 990	OTHER ASSETS	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPOSITS		8,202.	
DUE FROM CNP ACTION, INC.		20,546.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		28,748.	

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 8

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	9,984.	9,984.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 9,984.

FOOTNOTES STATEMENT 9

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 10
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	4,464.	26,280.	3,901.	1,106.
TOTAL TO SCHEDULE A, LINE 22	4,464.	26,280.	3,901.	1,106.

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
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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 the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2006. 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	10,739.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2005 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		43,249.	3 YEAR	N/A	SL	2,808.
b 5-year property		5,201.	5 YEAR	N/A	SL	278.
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 2005 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	13,825.
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 the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone 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.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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?	Yes		No		Yes		No		Yes		No	
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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

COUNCIL FOR NATIONAL POLICY

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Council for National Policy [60925]
Federal
Depreciation Expense

01/01/2005 - 12/31/2005

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
20 Furniture and Fixtures												
1	D	1989 FIXED A MONITOR	6/30/1989	SL / N/A	5.0000	84,240	100.0000	0	0	84,240	0	84,240
14		HARD DRIVE	3/2/1998	SL / N/A	5.0000	672	100.0000	0	0	672	0	672
18		HARD DRIVE	7/23/1998	SL / N/A	5.0000	597	100.0000	0	0	597	0	597
16		HARD DRIVE	7/28/1998	SL / N/A	5.0000	188	100.0000	0	0	188	0	188
7	D	CHAIR	9/16/1998	SL / N/A	7.0000	500	100.0000	0	0	446	6	452
11		FILE CABINET	9/16/1998	SL / N/A	7.0000	202	100.0000	0	0	180	22	202
6	D	PRINTER	10/1/1998	SL / N/A	5.0000	1,099	100.0000	0	0	1,099	0	1,099
3		FAX MACHINE	10/29/1998	SL / N/A	5.0000	3,000	100.0000	0	0	3,000	0	3,000
20		CD ROM / MEI	2/19/1999	SL / N/A	5.0000	846	100.0000	0	0	845	0	845
22		PRINTER	5/14/1999	SL / N/A	5.0000	397	100.0000	0	0	396	0	396
13		TELEPHONE S	8/19/1999	SL / N/A	5.0000	6,219	100.0000	0	0	6,219	0	6,219
23		COMPUTER	9/23/1999	SL / N/A	5.0000	2,684	100.0000	0	0	2,684	0	2,684
24		CAMERA	11/5/1999	SL / N/A	5.0000	592	100.0000	0	0	592	0	592
2		LAPTOP COM	12/27/1999	SL / N/A	5.0000	2,152	100.0000	0	0	2,151	0	2,151
26		COMPUTER	6/30/2000	SL / N/A	5.0000	3,135	100.0000	0	0	2,822	313	3,135
27		DELL COMPU	10/31/2000	SL / N/A	5.0000	3,982	100.0000	0	0	3,318	664	3,982
28		PRINTER	11/16/2001	SL / N/A	3.0000	640	100.0000	0	0	569	0	569
29		Server	6/25/2002	SL / N/A	5.0000	4,055	100.0000	0	0	3,548	507	4,055
30	D	Pocket PC	8/30/2002	SL / N/A	5.0000	1,090	100.0000	0	0	877	18	895
31		Flat Screen	9/23/2002	SL / N/A	5.0000	200	100.0000	0	0	161	39	200
32		Printer	9/23/2002	SL / N/A	5.0000	299	100.0000	0	0	241	58	299
33		Copier	10/25/2002	SL / N/A	5.0000	15,600	100.0000	0	0	11,466	3,120	14,586
34		DELL LAPTOP	1/30/2003	SL / N/A	5.0000	3,300	100.0000	0	0	1,265	660	1,925
35		WALKIE TALK	2/20/2003	SL / N/A	5.0000	555	100.0000	0	0	204	111	315
36		TOSHIBA COM	4/2/2003	SL / N/A	5.0000	2,609	100.0000	0	0	913	522	1,435
40		LASER PRINT	9/24/2003	SL / N/A	5.0000	606	100.0000	0	0	151	121	272
41		BROTHER PR	9/25/2003	SL / N/A	5.0000	723	100.0000	0	0	181	12	193
38		WALKIE TALK	10/1/2003	SL / N/A	5.0000	502	100.0000	0	0	125	100	225
39		DELL BACKUP	10/2/2003	SL / N/A	3.0000	836	100.0000	0	0	349	279	628
42		WIRELESS HA	10/10/2003	SL / N/A	5.0000	643	100.0000	0	0	161	129	290
43		2 COMPUTER	11/25/2003	SL / N/A	5.0000	718	100.0000	0	0	156	144	300
44		IMAGER ONE	1/14/2004	SL / N/A	5.0000	5,021	100.0000	0	0	1,004	1,004	2,008
45		CD-R Power T	1/27/2004	SL / N/A	5.0000	1,259	100.0000	0	0	231	252	483
47		3 MARANTZ F	2/27/2004	SL / N/A	5.0000	2,007	100.0000	0	0	335	401	736
48		BACK-UP SEF	4/26/2004	SL / N/A	5.0000	1,088	100.0000	0	0	145	218	363
49		RIM HANDHEI	4/26/2004	SL / N/A	5.0000	402	100.0000	0	0	54	80	134
46		WJ135 Mailin	6/29/2004	SL / N/A	5.0000	5,795	100.0000	0	0	580	1,159	1,739
50		RECORDING I	10/5/2004	SL / N/A	5.0000	4,000	100.0000	0	0	200	800	1,000
51		Toshiba M2V C	1/12/2005	SL / N/A	3.0000	2,169	100.0000	0	0	0	723	723
52		Toshiba S810	3/25/2005	SL / N/A	3.0000	1,600	100.0000	0	0	0	400	400
54		Toshiba S810	3/25/2005	SL / N/A	3.0000	1,522	100.0000	0	0	0	381	381
53		Brother Multi-f	4/10/2005	SL / N/A	3.0000	567	100.0000	0	0	0	142	142

Council for National Policy [60925]
Depreciation Expense
Federal

01/01/2005 - 12/31/2005

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
20 Furniture and Fixtures												
55		Edirol V-4 Vide	4/20/2005	SL / N/A	5.0000	1,337	100.0000	0	0	0	178	178
56		Canon XL-1s V	9/20/2005	SL / N/A	5.0000	2,000	100.0000	0	0	0	100	100
67		IBM Thinkpad	11/1/2005	SL / N/A	3.0000	2,207	100.0000	0	0	0	123	123
68		IBM Thinkpad	11/1/2005	SL / N/A	3.0000	2,207	100.0000	0	0	0	123	123
63		Blackbaud Thi	11/29/2005	SL / N/A	3.0000	32,000	100.0000	0	0	0	889	889
64		Flat Panel Mor	12/1/2005	SL / N/A	3.0000	402	100.0000	0	0	0	11	11
65		Richard - HD 8	12/1/2005	SL / N/A	3.0000	576	100.0000	0	0	0	16	16
66		Phone Systerr	12/28/2005	SL / N/A	5.0000	1,864	100.0000	0	0	0	0	0
Subtotal: 20 Furniture and Fixtures												
						210,904			0	132,365	13,825	146,190
Less dispositions and exchanges:						87,652			0	86,843	0	86,879
Net for: 20 Furniture and Fixtures						123,252			0	45,522	13,825	59,311
Subtotal:												
Less dispositions and exchanges:						210,904			0	132,365	13,825	146,190
Grand Totals:						87,652			0	86,843	0	86,879
						123,252			0	45,522	13,825	59,311

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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.

Type or print	Name of Exempt Organization COUNCIL FOR NATIONAL POLICY	Employer identification number 72-0921017
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. 1411 K STREET NW, SUITE 601	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

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, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2005** 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.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization COUNCIL FOR NATIONAL POLICY	Employer identification number 72-0921017
	Number, street, and room or suite no. If a P.O. box, see instructions. 1411 K STREET NW, SUITE 601	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

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

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• 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 is for _____

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**
- 5 For calendar year **2005**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ESSENTIAL THIRD PARTY INFORMATION NECESSARY FOR THE COMPLETION OF AN ACCURATE AND COMPLETE RETURN PRESENTLY IS NOT AVAILABLE.

- 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. 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**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Richard Leonard* Title *CPA* Date *8/14/06*

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

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