Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

OMB No 1545-0047 Open to Public Inspection

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 471, 823.	A	For the 200	7 calendar year, or tax year beginning		and endir	<u> </u>		
Non-time	В	Check if	Please C Name of organization	D Employe	er identification number			
State   Sta		change	label or COLINICATE FOR NAME ON A T	72-	0921017			
Second   14   1   K STREET NW, SUITE 601   20 2 - 20 7 - 0165		Name change	type See Number and street (or P O. box if mail is n					
Section   Sect	Ļ		Specific 1411 K STREET NW, SU	ITE 601			202	
Section 501 (19) organizations and 497(a)(1) nonesampt charitable trusts must allace a complete Schedule A (Ferm 999 or 990-52).  6 Wabsits ►N/A  J Organization type once viron ► ∑ 501(c) (3	닏	Jation	tions   City or town, state or country, and ZIP + 4	F				
Website: N/A   Solicit   N/	늗	lretum			te u			
General State   No.   A   State   S	L_	lpending	must attach a completed Schedule A (Form 9	90 or 990-EZ).	"			
Complete the property of the complete setup of the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A claum is not required, but if the organization and its gross receipts are normally not more than \$25,000. A claum is not required, but if the organization covered by a group pulmp?	G 1	Website: <b>&gt;</b>	N/A			• • • •		
Receipts are normally not more than \$25,000. A return is not required, but if the organization on the grant of the complete return is not required, but if the organization of the property of				tno) 4947(a)(1) or	<del></del>	(C) Are all affiliates i	ncluded?	, ————
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return    Group Exemption Number   N/A	K	Check here	if the organization is not a 509(a)(3) suppo	rting organization and its gros	s H			d by an or-
Part				ired, but if the organization	<u></u>	ganization cover	ed by a gro	oup ruling? Yes X No
Part		chooses to	file a return, be sure to file a complete return	·				
Pearl	Ł	Gross recei	nts Add lines 6b 8b 9b and 10b to line 12	1.805.95				
1   Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds b. Direct public support (not included on line 1a)   1   1   1   403,591.							0,000	<u></u>
1		T						
C   Indirect public support (not included on line 1a)   1c   1d   1d   1d   1d   1d   1d   1d		1 -			1a			
10   1,403,591.		b D	Direct public support (not included on line 1a)		1b	1,403,5	91.	
Total (add lines 1a through 1d) (cash \$ 1, 403,591. noncash \$ 2   Program service revenue including government fees and contracts (from Part VII, line 93)   2   340,021.		1				· <del>-</del>		
Membership dues and assessments  4 Interest on savings and temporary cash investments  5 Dividends and interest from securities  6 a Gross rents  b Less rental expenses  c Net rental income or (loss) Subtract line 6b from line 6a  7 Other investment income (describe)  8 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss) (attach schedule)  d Net gain or (loss) (combine line 8c, columns (A) and (B)  9 Special events and activities (attach schedule) If any amount is from gamling, check here  a Gross reneme froit including a of contributions reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a of contributions reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a contributions reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a contribution reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a contribution reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross scales of invention activities (attach schedule) If any amounts is from gamling, check here  b Description of (loss) from special events Subtract line 99 from line 9a  10 a Gross scales of line activities (attach schedule) If any amounts is from gamling, check here  b Description of (loss) from special events Subtract line 10 from line 10a  10 a Gross scales of line activities (attach schedule) If any amounts is from gamling, check here  b Description of (loss) from special events Subtract line 10b from line 10a  10 a Gross scales of line activities activi					1 402 501			
Membership dues and assessments  4 Interest on savings and temporary cash investments  5 Dividends and interest from securities  6 a Gross rents  b Less rental expenses  c Net rental income or (loss) Subtract line 6b from line 6a  7 Other investment income (describe)  8 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss) (attach schedule)  d Net gain or (loss) (combine line 8c, columns (A) and (B)  9 Special events and activities (attach schedule) If any amount is from gamling, check here  a Gross reneme froit including a of contributions reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a of contributions reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a contributions reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a contribution reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross reneme for including a contribution reported on line to)  9 Special events and activities (attach schedule) If any amounts is from gamling, check here  a Gross scales of invention activities (attach schedule) If any amounts is from gamling, check here  b Description of (loss) from special events Subtract line 99 from line 9a  10 a Gross scales of line activities (attach schedule) If any amounts is from gamling, check here  b Description of (loss) from special events Subtract line 10 from line 10a  10 a Gross scales of line activities (attach schedule) If any amounts is from gamling, check here  b Description of (loss) from special events Subtract line 10b from line 10a  10 a Gross scales of line activities activi							· —	e 1,403,591.
Interest on savings and temporary cash investments   5   5   62   339   5   62		1						
Dividends and interest from securities  6 a Gross rents  b Less rental expenses  Net rental income or (loss) Subtract line 6b from line 6a  7 Other investment income (describe  8 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss) Cattach schedule)  9 Special events and activities (attach schedule) if any amount is from gaming, check here a Gross menus froit including 5 of combinations reported on line 1b)  9 Special events and activities (attach schedule) if any amount is from gaming, check here a Gross menus froit including 5 of combinations reported on line 1b)  9 Less direct expenses other than fundriaising expenses  c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross sales of unembory restrictions and allowances  b Received Subject of the special events Subtract line 9b from line 9a  10 a Gross sales of unembory restrictions and allowances  b Received Subject (Input Part Victor 103)  11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		J	•	<del>-</del>				
B a Gross rents b Less rental expenses c Net rental income or (loss) Subtract line 6b from line 6a 7 Other investment income (describe ► ) 7 8 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (attach schedule) f Net gain or (loss) (attach schedule) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a 10 a Gross cales of unventory test turns and allowances 11 a 1, 217, 335. 12 1, 805, 951. 13 1, 217, 335. 14 1, 641, 854. 15 93, 139. 16 1 1, 641, 854. 17 Total expenses. Add lines 16 and 44, column (C)) 18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 17 Total expenses. Add lines 16 and 44, column (B) 18 Excess or (deficit) fo			· · ·	<del></del>				
b Less rental expenses c Net rental income or (loss) Subtract line 6b from line 6a 7 Other investment income (describe > 7 8 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B) Special events and activities (attach schedule) If any amount is from gamling, check here b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a 10 a Gross revenue (not including) 5 b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of inventory test subtract line 9b from line 9a 10 a Gross sales of inventory (attach schedule) Subtract line 10b from line 10a 10c 11c 11c 11c 11c 11c 11c 11c 11c 11c		_						
7 Other investment income (describe		1	· · · · · · · · · · · · · · · · · · ·					
than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B)  9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ of combibutions reported on line 1b) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of invention; less returns and allowances b Resource (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of invention; less returns and allowances b Resource (loss) from special events Subtract line 10b from line 10a  10c	0	c N	let rental income or (loss). Subtract line 6b from line 6	60	C			
than inventory b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B)  9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ of combibutions reported on line 1b) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of invention; less returns and allowances b Resource (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of invention; less returns and allowances b Resource (loss) from special events Subtract line 10b from line 10a  10c	eun	7 0	Other investment income (describe	<del></del>			_) 7	<u>'</u>
b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross review (not including \$ of combibutions reported on line 1b) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances b Recombined to the first of the sales of inventory (attach schedule) Subtract line 10b from line 10a  Other gevenue, (from Part Vote 103) 110 111 112 113 Program services (from line 44, column (B)) 114 331, 380. 115 93, 139. 116 Payments to affiliates (attach schedule) 117 Total expenses. Add lines 16 and 44, column (A) 118 Excess or (deficit) for the year Subtract line 17 from line 12 119 Net assets or fund balances at beginning of year (from line 73, column (A)) 110 111 112 113 114 115 115 116 117 118 118 118 119 119 119 119 119 119 119	Rev	l .		(A) Securities	-	(B) Other		
c Gain or (loss) (attach schedule) d Net gain or (loss) Combine line 8c, columns (A) and (B)  9 Special events and activities (attach schedule) If any amount is from gaming, check here  a Gross revenue froit including \$ of contributions reported on line 1b)  b Less direct expenses other than fundraising expenses  c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross sales of inventory, test eturns and allowances  10 a lob  10 program services (from Part ViCtor 103)  11	_		-					
d Net gain or (loss) Combine line 8c, columns (A) and (B)  9 Special events and activities (attach schedule) If any amount is from gaming, check here  a Gross revenue (not including \$ of contributions reported on line 1b)  b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross sales of inventor; less returns and allowances  b Company of inventor; less returns and allowances  b Gross profit of (loss) from special events Subtract line 9b from line 10a  Other revenue, (from part vicine 103)  Total revenue, Add lines 1 to 2, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  12 1, 805, 951.  13 Program services (from line 2 to lumn (B))  14 Output line 44, column (C))  15 93, 139.  16 Payments to affiliates (attach schedule)  17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficti) for the year Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 2  20 <55,553.>  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20		1	•					
9 Special events and activities (attach schedule) If any amount is from gaming, check here been gas gross revenue (not including \$		1		L	OL		81	4
a Gross revenue (not including \$		,			here 🕨		<u> </u>	
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events Subtract line 9b from line 9a  10 a Gross sales of inventory, less returns and allowances  10 a Gross sales of inventory less returns and allowances  10 a Gross profit or (loss) from the second of inventory (attach schedule) Subtract line 10b from line 10a  11								
10 a Gross sales of inventory less returns and allowances  b Procedure (from Part Viole 103)  Total revenue (from Part Viole 103)  13 Program services (from Inne 21 column (B))  14 On a Payments to affiliates (attach schedule)  16 Payments to affiliates (attach schedule)  17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 SEE STATEMENT 2  22 STATEMENT 2  23 SEE STATEMENT 2  24 771, 823.		1			9b			
10b   10c		c N	let income or (loss) from special events. Subtract line	9b from line 9a	1 1		90	c
Gross profit of (loss) from \$35\$ of inventory (attach schedule) Subtract line 10b from line 10a  Other revenue (from Part Victor 103)  Total revenue Abolities 1 0 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  12 1, 805, 951.  13 Program services (from line 24 column (B))  14 Catabolisting (from line 44, column (C))  15 93, 139.  16 Payments to affiliates (attach schedule)  17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 2  20 <55,553.>  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  21 471,823.								
13   Program services (from line 42, column (B))   13   1, 217, 335.   14   (1, 217, 335.   14   (1, 217, 335.   15   (1, 217, 335.   16   (1, 217, 335.		D P	Proceedings with the control of the					
13   Program services (from line 42, column (B))   13   1, 217, 335.     14   (1, 217, 335.     15   Program services (from line 43, column (C))   14   331, 380.     15   Program services (from line 44, column (C))   15   93, 139.     16   Payments to affiliates (attach schedule)   16     17   Total expenses. Add lines 16 and 44, column (A)   17   1, 641, 854.     18   Excess or (deficit) for the year Subtract line 17 from line 12   18   164, 097.     19   Net assets or fund balances at beginning of year (from line 73, column (A))   19   313, 279.     20   Other changes in net assets or fund balances (attach explanation)   SEE STATEMENT 2   20   <5, 553.     21   Net assets or fund balances at end of year Combine lines 18, 19, and 20   21   471, 823.     22   (1, 805, 951.     13   1, 217, 335.     14   331, 380.     15   93, 139.     16   17   1, 641, 854.     17   1, 641, 854.     18   164, 097.     19   313, 279.     20   <5, 553.     21   471, 823.     22   (2)   (3)   (3)     33   (3)   (4)     471, 823.     34   (4)   (4)     471, 823.     471, 823.				chedule) Subtract line 10b fro	m line 10a	9		
Program services (from line 42, column (B))  13			The revenue (from Part VICINE 103)	On and 11				
14 (CARDED MATACH GROWN ACCORDING (C)) 15 93, 139.  16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  14 331, 380. 15 93, 139.  16 17 1, 641, 854.  18 164, 097.  19 313,279.  20 <5,553.>  21 471, 823.		13 P	Program services (from lines 1992, 6, 4, 5, 60, 7, 60, 50, 10	JC, and TT				
17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  22 STATEMENT 2  23 STATEMENT 2  24 471, 823.	ses							
17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  22 STATEMENT 2  23 STATEMENT 2  24 471, 823.	Sens	( <b>1</b>					15	5 93,139.
18 Excess or (deficit) for the year Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  22 SEE STATEMENT 2  23 SEE STATEMENT 2  24 471, 823.	Ext	1					10	
Net assets or fund balances at beginning of year (from line 73, column (A))  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18, 19, and 20  19 313, 279.  20 <5, 553.> 21 Net assets or fund balances at end of year Combine lines 18, 19, and 20  21 471, 823.		T						
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 471, 823.	y,	18 E						
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20 21 471, 823.	Net sset	19 N		_	ਾਣ ਕਾੜ	<b>ተ</b> ለጥ <b>ድ</b> Μ <b>ድ</b> እነጥ		
	ď		•	• •	<u>""</u>	TATEMENT		
	7230 12-2	001 7-07 II			ructions.			Form 990 (2007)

		NATIONAL POI			21017 Page <b>2</b>				
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				
22a Grants paid from donor advised funds									
(attach schedule)									
(cash \$ 0 • noncash \$ 0	:"III	•							
If this amount includes foreign grants, check here	22a								
22b Other grants and allocations (attach schedule	"								
(cash \$	22b								
23 Specific assistance to individuals (attach	220								
schedule)	23								
24 Benefits paid to or for members (attach									
schedule)	24								
25a Compensation of current officers, directors, key	$\Box$				<u> </u>				
employees, etc. listed in Part V-A	25a	238,093.	154,761.	35,714.	47,618.				
b Compensation of former officers, directors, key									
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.				
c Compensation and other distributions, not included	1								
above, to disqualified persons (as defined under	1 1								
section 4958(f)(1)) and persons described in	1								
section 4958(c)(3)(B)	25c								
26 Salaries and wages of employees not		200 201	152 200	102 166	22 017				
included on lines 25a, b, and c	26	280,291.	153,208.	103,166.	23,917.				
27 Pension plan contributions not included on		20 220	14,736.	12,030.	2,564.				
lines 25a, b, and c	27	29,330.	14,730.	12,030.	2,304.				
28 Employee benefits not included on lines	20	34,784.	22,610.	5.217.	6.957.				
25a - 27	28	31,330.	20,045.	5,217. 4,627.	6,957. 6,658.				
29 Payroll taxes 30 Professional fundraising fees	30		20,043.	1/02/1					
30 Professional fundraising fees 31 Accounting fees	31	17,284.		17,284.					
32 Legal fees	32	4,338.		4,338.					
33 Supplies	33	53,863.	36,711.	17,152.					
34 Telephone	34	24,432.	15,881.	8,551.					
35 Postage and shipping	35	22,790.	15,159.	8,127.	<496.				
36 Occupancy	36	55,311.	36,320.	18,991.					
37 Equipment rental and maintenance	37	9,574.		9,574.					
38 Printing and publications	38	501.		501.					
39 Travel .	39	40,694.	40,694.						
40 Conferences, conventions, and meetings	40	643,352.	637,431.	10.410	5,921.				
41 Interest	41	10,413.	04 047	10,413.					
42 Depreciation, depletion, etc. (attach schedule)	42	38,380.	24,947.	13,433.					
43 Other expenses not covered above (itemize):		42.050	42.050						
a CONSULTING	43a	42,059.	42,059.	11,223.	<del></del>				
b AUTOMOBILE	43b	11,223. 12,199.		12,199.	<del></del>				
t INSURANCE PRODUCTION COST	43c	1,273.	1,273.	12/177.					
MISCELLANEOUS EXPENSE	43d 43e	30,213.	1,500.	28,713.					
DATABASE MAINTENANCE	431	9,942.		9,942.					
PROPERTY TAX	43g	185.		185.					
44 Total functional expenses. Add lines 22a through									
43g (Organizations completing columns (B)-(D),			İ						
carry these totals to lines 13-15)	44	1,641,854.	1,217,335.	331,380.	93,139.				
Joint Costs. Check ▶ ☐ If you are following	SOP								
Are any joint costs from a combined educational campa		l fundraising solicitation rep			Yes X No				
If "Yes," enter (i) the aggregate amount of these joint co	sts \$ _	<u> </u>	(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				
723011 12-27-07			_		Form <b>990</b> (2007)				

Down III	Statement of Program	Samina Accom	plichmonto	(Can the instructions)
E 221 6 131	Clateriletit of Program	SELAICE MCCOILL	huarmenra	(3 <del>60</del> (11 <del>0</del> 1113(10C(10113.)

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 3									
clie	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.)								
а	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 \$ ) If this amount includes foreign grants, check here ► □ 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.	1,175,909.							
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	41,426.							
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □								
e	(Grants and allocations \$ ) If this amount includes foreign grants, check here   Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here   □								
<u>f</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,217,335.							
		Form <b>990</b> (2007)							

Form **990** (2007)

Pa	Reconciliation of Revenue per Audited Final Instructions.)	ncial Statements W	ith Revenue po	er Re	eturr	ı (Se	e the
a	Total revenue, gains, and other support per audited financial statemen	nts			а	1,	800,398.
b	Amounts included on line a but not on Part I, line 12:						
1	Net unrealized gains on investments	lt	< 5, 5	53.	<b>&gt;</b>		
2	Donated services and use of facilities	Ĩŧ	2				
3	Recoveries of prior year grants	t	3				
4		[t	04				
	Add lines b1 through b4				ь		<5,553.
C	Subtract line b from line a				C	1,	805,951.
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b	<u>  (</u>	j1				
2	Other (specify):		12				_
	Add lines d1 and d2				đ		0.
e	Total revenue (Part I, line 12). Add lines c and d				e		805,951.
Pε	rt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements V	Vith Expenses	per	Retu		
a	Total expenses and losses per audited financial statements				a	1,	641,854.
þ	Amounts included on line a but not on Part I, line 17:	1	1				
1	Donated services and use of facilities	<u>L</u> !	o1				
2	Prior year adjustments reported on Part I, line 20	<u>L</u>	02		1 1		
3	Losses reported on Part I, line 20		13		1 1		
4	Other (specify):		04		1 1		•
	Add lines b1 through b4				ь		0.
C	Subtract line <b>b</b> from line <b>a</b>				С	1,	641,854.
đ	Amounts included on Part I, line 17, but not on line a:	1	1				
1	Investment expenses not included on Part I, line 6b		11		[		
2	Other (specify):	[	12		1		0
	Add lines d1 and d2				d.		0.
	Total expenses (Part I, line 17). Add lines c and d			<u> </u>	<u>e  </u>		641,854.
Pa	current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we			s an o	micer,	, direc	tor, trustee,
	or key employee at any time during the year even it they we	(B) Title and average hours		(D)Co	ntributi	ons to	(E) Expense
	(A) Name and address	per week devoted to	(If not paid, enter	empl plans	ntributi oyee be s & defe	enefit erred	account and
Cm	EVE BALDWIN	EXEC. DIRECTO		compe	risauor	pians	0,110, 2110,1000
	833 EARLY LIGHT PLACE	EREC. DIRECTO	7	ł			
	HBURN, VA 20148	40.00	206,310.	44	69	92.	0.
_		DIRECTORS	200/310.		, , .		
25	E ATTACHED STATEMENT	DIRECTORS					
		0.00	0.			0.	0.
_		0.00	<del>                                     </del>		_		
				1			
				<u> </u>		-	
				ļ			
_				<del>                                     </del>			
_							
							1
		<u> </u>	<del>                                     </del>	1		_	
				1			1
_							
				1			1

Forn	m 990 (2007) COUNCIL FOR NATIONAL POLICY 72	<u>-092101</u>		<u>age 6</u>
Pa	ert V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board			
	meetings	<u> 16</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employee	es		
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedu			
	Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identification of the statement of the sta		1	v
	the individuals and explains the relationship(s)	75b	-	X
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employee	:s		
	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedu			
	Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to organization? See the instructions for the definition of "related organization." SEE STATEMEN		x	
	•	T / 75c	- A	
	If "Yes," attach a statement that includes the information described in the instructions.	75d		х
	Does the organization have a written conflict of interest policy?  Does the organization have a written conflict of interest policy?  Does the organization have a written conflict of interest policy?  Does the organization have a written conflict of interest policy?			
LFG	Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits			ring
	the year, list that person below and enter the amount of compensation or other benefits in the appropriate c			
	(C) Compensation (D) of		(E) Expe	
	(A) Name and address   (b) Eduns and Advances   (n not paid,	pensation plans 0t	account per allow	
	Trotta tributa	pensation plans of	101 01101	
			_	
		i		
		-		
F FR			V	NI-
	Other Information (See the instructions.)	<del></del>	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed		1	v
	statement of each change	76	+	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		
70	If "Yes," attach a conformed copy of the changes.	,	1	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	37/3		<u> </u>
70 70	•		+	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement of the experience with a stateme	ent 79		
80 a	•	00-	X	-
<b>A</b> -	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	1	<del> </del>
b	- 1750) Cital the hame of the organizations	nexempt		
Q1 -		0.		
81 a		816		х
b	Did the organization file Form 1120-POL for this year?		m <b>990</b>	
		. 01	550	,,

Form		-0921017		age 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substa	antially		
	less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			ĺ
	amount as revenue in Part I or as an expense in Part II.			ĺ
	(See instructions in Part III.)		1	ĺ
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	A 84a	ļ	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			ĺ
	tax deductible?			<u> </u>
	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		<del> </del>	<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ļ	-	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received	а		İ
	waiver for proxy tax owed for the prior year.	,		
C	Dues, assessments, and similar amounts from members  Section 162(e) lobbying and political expenditures  85t N/2			
đ				
e	37 /:			
ı	Taxable amount of lobbying and political expenditures (line 85d less 85e)    Stimulation elect to pay the section 6033(e) tax on the amount on line 85f?			l
g	boso and organization office to pay the boston office (c) that on the amount of the control of t	A <u>85g</u>	╁	<del></del>
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? $N/N$	۱		
00	, , , , , , , , , , , , , , , , , , ,	A 85h	-	ļ
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	Δ		
_	37/			
	37/:			
87		1		
U	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  87b	Δ.		
00 -	against amounts due or received from them.)  At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership	<del></del>		
00 a	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	'		
	If "Yes," complete Part IX	88a	1	Х
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	<b>▶</b> 88b		Х
RQ a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
03 4	section 4911 ► 0 • ; section 4912 ► 0 • , section 4955 ►	0.		
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
•	sections 4912, 4955, and 4958	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
q	E A CONTRACTOR OF THE CONTRACT	ization,		
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	77 N			
b	Number of employees employed in the pay period that includes March 12, 2007			6
91 a	The books are in care of $\blacktriangleright$ THE ORGANIZATION Telephone no $\blacktriangleright$ 2			
	Located at ► 1411 K STREET, NW, WASHINGTON, DC ZIP	+4 <b>≥</b> 200		
b			Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ►N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			<u> </u>
		For	m <b>990</b>	(2007)

Form 990			NOITA	AL POLICY		72-	0921017 Page <b>8</b>
Part VI	Other Information (co	ontinued)					Yes No
`c Ataı	ny time during the calendar yea	ar, did the organia	zation maır	tain an office outside	of the Ur	nited States?	91c X
If "Y	es," enter the name of the fore	ign country 🕨 _		N/A			
	ion 4947(a)(1) nonexempt char				Check he	ere	▶ □
and	enter the amount of tax-exemp	t interest receive	d or accru	ed during the tax year		▶ 92	N/A
Part VI	Analysis of Income-I	Producing Ac	ctivities	(See the instructions.)			
Note: Ent	er gross amounts unless other	wise		ed business income		led by section 512, 513, or 514	(E)
ındıcated.			(A) Business	(B)	(C)	(D)	Related or exempt
93 Progr	am service revenue:		code	Amount	sion	Amount	function income
a CO	NFERENCE FEES						340,021.
b							
_		[					
4							
е							
f Medi	care/Medicaid payments						
	and contracts from governmen	nt agencies					
94 Memi	bership dues and assessments	,					
	st on savings and temporary cash i						
	ends and interest from securition				14	62,339.	
	ental income or (loss) from real	Į <del></del>					
	financed property	<u> </u>					
	ebt-financed property						
	ental income or (loss) from pers	sonal property					
	r investment income						
	or (loss) from sales of assets	Ī				<u> </u>	
	than inventory						
	ncome or (loss) from special ev	ents					
	s profit or (loss) from sales of in	Г					
103 Other	• •	,	,			<del></del>	
a					1		
· · ·							
ď —							
ē							
104 Subt	otal (add columns (B), (D), and	(E)		0	•	62,339.	340,021.
	l (add line 104, columns (B), (D)	• • •		<u></u>	-, -	<b>&gt;</b>	402,360.
	105 plus line 1e, Part I, should		nt on line 1	2. Part I.		·	
Part VI					not Pur	rposes (See the instructi	ons.)
Line No.	Explain how each activity for whi						
¥	exempt purposes (other than by				iou iiiipoii	tarity to the doornphilani	or the organization o
93A	EDUCATE CONFERE				DS O	F BUSINESS, G	OVERNMENT,
	RELIGION AND AC					LICY ALTERNAT	•
						<del></del>	<del></del>
Part IX	Information Regardi	ng Taxable S	Subsidia	ries and Disregar	ded Er	ntities (See the Instruction	ons.)
1 101 2 103	(A)	(B)	Juboraia	(C)		(D)	(E)
	ddress, and EIN of corporation, lership, or disregarded entity	Percentage of ownership interest	,	Nature of activities		Total income	End-of-year assets
parti	istamp, or disregarded entity	9				**	a550[5
	N/A	9	1				
	11 / Ω	9		·-			
		9	+				-
Part X	Information Regardi			ated with Persons	al Rene	efit Contracts (See th	e instructions )
	···· <del>·</del>						Yes X No
• •	the organization, during the year, re						
• •	the organization, during the year, pa				contract	•	└─ Yes X No
Note: /f	"Yes" to (b), file Form 8870 and	u rorm 4/20 (See	instructio	ris).			Fare 000 (0007)
							Form <b>990</b> (2007)

723163 12-27-07

				Yes N
	the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity a nelete the schedule below for each controlled entity.	s defined in section 5	12(b)(13) of the Code? If "Yes	,,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
;				
	Totals			
	I the reporting organization <b>receive</b> any transfers <b>from</b> a controlled en	tity as defined in sect	ion 512(b)(13) of the Code? If	"Yes,"
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
<b>b</b>				
c		-		
•	Totals			
	of the organization have a binding written contract in effect on August in utilies described in question 107 above?			
lease ign lere	Under penalties of perjury, I declare that I have examined this return, including accompany and complete Declaration of preparer (other than officer) is based on all information of which is based	/	Steve BAID	08 [wi'n
aid reparer'	Type or print name and title  Preparer's signature  Lail Chandles  Total Chandles	817/08	self- employed >	SN or PTIN (See Gen Inst
se Only	Firm's name (or yours if self-employed), address, and ZIP + 4  HOMES, LOWRY, HORN & JOHN 3998 FAIR RIDGE DRIVE, SU FAIRFAX, VA 22033-2907		Phone no ► (703	31281_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),

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

OMB No 1545-0047

Employer identification number Name of the organization 72 0921017 COUNCIL FOR NATIONAL POLICY 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") (b) Title and average hours d) Contributions to (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation account and other allowances per week devoted to (c) Compensation more than \$50,000 position JENNIFER A. RUTLEDGE FINANCE DIR. 4214 KINCAID CT., CHANTILLY, 40.00 VA 20151 116,843 26,624 DAVID T. FENNER DIRECTOR IT 4230 WILLOW WOODS DRIVE ANNANDALE, 35.00 68,565. 16,082. **PROGRAMS** AMY GREENE DIRECTOR OF 40.00 4207 35TH STREET 50,766 4,916. SOUTH ARLINGTON Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over 0 \$50,000 for professional services 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 0  $\triangleright$ 

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

723101/12-27-07

	Part III Statements About Activities (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 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B )	1		X
	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			
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?	2a		X
	b Lending of money or other extension of credit?	2b		Х
	c Furnishing of goods, services, or facilities?	20		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments )	3a		X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	İ	
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			_
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

5	rganization is not a private foundation because it is (church, convention of churches, or association of chischool. Section 170(b)(1)(A)(ii). (Also complete Parhospital or a cooperative hospital service organization federal, state, or local government or governmental immedical research organization operated in conjunction distate.  In organization operated for the benefit of a college or also complete the Support Schedule in Part IV-A) an organization that normally receives a substantial prection 170(b)(1)(A)(vi). (Also complete the Support community trust. Section 170(b)(1)(A)(vi). (Also coin organization that normally receives. (1) more than deepts from activities related to its charitable, etc., fully support from gross investment income and unrelative the organization after June 30, 1975. See section 5 organization that is not controlled by any disqualified 199(a)(3). Check the box that describes the type of su	nurches Section 170(b)(t V ) on Section 170(b)(1)(A) unit. Section 170(b)(1)(A) on with a hospital Section r university owned or ope art of its support from a Schedule in Part IV-A ) implete the Support Schi 33 1/3% of its support inctions - subject to certa ed business taxable inco 609(a)(2) (Also compleied ed persons (other than fi	(1)(A)(I).  (III) A)(V) on 170(b)(1)(A)(III) Enter to erated by a governmental in governmental unit or from edule in Part IV-A.) from contributions, members and exceptions, and (2) no ome (less section 511 tax) te the Support Schedule III	unit Section  the general pership fees, at more than 33 from busines in Part IV-A )	nd gross 3 1/3% of sees acquired	
6	school. Section 170(b)(1)(A)(II). (Also complete Parhospital or a cooperative hospital service organization federal, state, or local government or governmental immedical research organization operated in conjunction of state.  In organization operated for the benefit of a college or also complete the Support Schedule in Part IV-A) an organization that normally receives a substantial prection 170(b)(1)(A)(vI). (Also complete the Support community trust. Section 170(b)(1)(A)(VI). (Also conformally receives. (1) more than deceipts from activities related to its charitable, etc., further organization that is not controlled by any disqualified to organization that is not controlled by any disqualified to (3). Check the box that describes the type of support organization after June 30, 1975.	t V ) on Section 170(b)(1)(A) unit. Section 170(b)(1)(A) on with a hospital Section r university owned or ope art of its support from a Schedule in Part IV-A ) implete the Support Schi 33 1/3% of its support inctions - subject to certa ed business taxable incc 509(a)(2) (Also compleied persons (other than fi	(III) A)(v) on 170(b)(1)(A)(III) Enter to erated by a governmental in governmental unit or from edule in Part IV-A.) from contributions, member ain exceptions, and (2) no ome (less section 511 tax) te the Support Schedule III	unit Section  the general pership fees, at more than 33 from busines in Part IV-A )	nd gross 3 1/3% of sees acquired	
7 A 8 A 9 A 10 A 11a X A 11b A 12 A 11c its	hospital or a cooperative hospital service organization federal, state, or local government or governmental immedical research organization operated in conjunction of state.  In organization operated for the benefit of a college or also complete the Support Schedule in Part IV-A) an organization that normally receives a substantial prection 170(b)(1)(A)(vi). (Also complete the Support community trust. Section 170(b)(1)(A)(vi). (Also conformally receives. (1) more than deepts from activities related to its charitable, etc., further support from gross investment income and unrelated the organization after June 30, 1975. See section 5 organization that is not controlled by any disqualification (3). Check the box that describes the type of support organization and organization that is not controlled by any disqualification.	on Section 170(b)(1)(A) unit. Section 170(b)(1)(A) on with a hospital Section r university owned or ope art of its support from a Schedule in Part IV-A) implete the Support Sche 33 1/3% of its support inctions - subject to certa ed business taxable inco 509(a)(2) (Also compleied ed persons (other than fi	A)(v) on 170(b)(1)(A)(iii) Enter to erated by a governmental in governmental unit or from edule in Part IV-A.) from contributions, member ain exceptions, and (2) no ome (less section 511 tax) te the Support Schedule in	unit Section  the general pership fees, at more than 33 from busines in Part IV-A )	nd gross 3 1/3% of sees acquired	
8	federal, state, or local government or governmental in medical research organization operated in conjunction of state.  In organization operated for the benefit of a college or also complete the Support Schedule in Part IV-A) an organization that normally receives a substantial prection 170(b)(1)(A)(vi). (Also complete the Support community trust. Section 170(b)(1)(A)(vi). (Also coin organization that normally receives. (1) more than incepts from activities related to its charitable, etc., fully support from gross investment income and unrelately the organization after June 30, 1975. See section 5 in organization that is not controlled by any disqualification (3). Check the box that describes the type of su	unit. Section 170(b)(1)(a) on with a hospital Section runiversity owned or operant of its support from a Schedule in Part IV-A) implete the Support Schedule in Part IV-A and a 1/3% of its support frontions - subject to certain ded business taxable incompleted persons (other than freedom with a hospital part of the support A)(v) on 170(b)(1)(A)(iii) Enter to erated by a governmental in governmental unit or from edule in Part IV-A.) from contributions, member ain exceptions, and (2) no ome (less section 511 tax) te the Support Schedule in	unit Section  the general pership fees, at more than 33 from busines in Part IV-A )	nd gross 3 1/3% of sees acquired		
9	medical research organization operated in conjunction distate.  In organization operated for the benefit of a college or also complete the Support Schedule in Part IV-A) are organization that normally receives a substantial pection 170(b)(1)(A)(vi). (Also complete the Support community trust. Section 170(b)(1)(A)(vi). (Also coin organization that normally receives. (1) more than accepts from activities related to its charitable, etc., fully support from gross investment income and unrelately the organization after June 30, 1975. See section 5 organization that is not controlled by any disqualification (3). Check the box that describes the type of su	on with a hospital Section runiversity owned or operant of its support from a Schedule in Part IV-A) implete the Support Sching 33 1/3% of its support frontions - subject to certain deal business taxable incompleted persons (other than freedometric supports of the support of	erated by a governmental erated by a governmental unit or from edule in Part IV-A.) from contributions, member an exceptions, and (2) no one (less section 511 tax) te the Support Schedule in	unit Section  the general pership fees, at more than 33 from busines in Part IV-A )	nd gross 3 1/3% of sees acquired	
10 Ar (A 11a X A 11b A 12 Ar re	n organization operated for the benefit of a college or also complete the <b>Support Schedule</b> in Part IV-A) an organization that normally receives a substantial pection 170(b)(1)(A)(vi) (Also complete the <b>Support</b> community trust Section 170(b)(1)(A)(vi). (Also connorganization that normally receives (1) more than receipts from activities related to its charitable, etc., further organization after June 30, 1975. See section 5 or organization that is not controlled by any disqualification organization that is not controlled by any disqualification (3). Check the box that describes the type of su	r university owned or operate of its support from a Schedule in Part IV-A) implete the Support Sching 33 1/3% of its support froctions - subject to certain deal business taxable incompleted persons (other than freedometric operated).	erated by a governmental or governmental unit or from edule in Part IV-A.) from contributions, member ain exceptions, and (2) not ome (less section 511 tax) te the Support Schedule in	unit Section  the general pership fees, at more than 33 from busines in Part IV-A )	nd gross 3 1/3% of sees acquired	
10	n organization operated for the benefit of a college of Also complete the <b>Support Schedule</b> in Part IV-A) an organization that normally receives a substantial pection 170(b)(1)(A)(vi) (Also complete the <b>Support</b> community trust Section 170(b)(1)(A)(vi). (Also connorganization that normally receives (1) more than receipts from activities related to its charitable, etc., fulls support from gross investment income and unrelated the organization after June 30, 1975. See section 5 organization that is not controlled by any disqualification (3). Check the box that describes the type of su	art of its support from a Schedule in Part IV-A ) mplete the Support Schi 33 1/3% of its support foctions - subject to certaed business taxable inco 509(a)(2) (Also completed persons (other than forest support from the support of t	governmental unit or from edule in Part IV-A.) from contributions, member ain exceptions, and (2) no ome (less section 511 tax) te the Support Schedule in	ership fees, a more than 33 from busines n Part IV-A )	oublic nd gross 3 1/3% of ses acquired	
11a X A Se 11b A 12 Ar re its	Also complete the <b>Support Schedule</b> in Part IV-A) in organization that normally receives a substantial prection 170(b)(1)(A)(vi). (Also complete the <b>Support</b> community trust Section 170(b)(1)(A)(vi). (Also coin organization that normally receives (1) more than incepts from activities related to its charitable, etc., furst support from gross investment income and unrelated the organization after June 30, 1975. See section 5 in organization that is not controlled by any disqualified 199(a)(3). Check the box that describes the type of su	art of its support from a Schedule in Part IV-A ) mplete the Support Schi 33 1/3% of its support foctions - subject to certaed business taxable inco 509(a)(2) (Also completed persons (other than forest support from the support of t	governmental unit or from edule in Part IV-A.) from contributions, member ain exceptions, and (2) no ome (less section 511 tax) te the Support Schedule in	ership fees, a more than 33 from busines n Part IV-A )	oublic nd gross 3 1/3% of ses acquired	
11a X A Se 11b A 12 Ar re its	on organization that normally receives a substantial prection 170(b)(1)(A)(vi) (Also complete the <b>Support</b> community trust Section 170(b)(1)(A)(vi). (Also connorganization that normally receives (1) more than incepts from activities related to its charitable, etc., fully support from gross investment income and unrelated the organization after June 30, 1975. See section 5 or organization that is not controlled by any disqualified (3)(3). Check the box that describes the type of support in the controlled by any disqualified (3)(3).	Schedule in Part IV-A) implete the Support Schi 33 1/3% of its support f inctions - subject to certa ed business taxable inco 509(a)(2) (Also completed persons (other than fi	edule in Part IV-A.) from contributions, members in exceptions, and (2) no one (less section 511 tax) te the Support Schedule in	ership fees, ai m <b>ore than 3</b> 3 from busines n Part IV-A)	nd gross 3 1/3% of ses acquired	vents of section
Se 11b A 12 Ar re its	ection 170(b)(1)(A)(vi) (Also complete the <b>Support</b> community trust Section 170(b)(1)(A)(vi). (Also coin organization that normally receives (1) more than ceipts from activities related to its charitable, etc., fulls support from gross investment income and unrelated the organization after June 30, 1975. See section 5 or organization that is not controlled by any disqualification (3). Check the box that describes the type of su	Schedule in Part IV-A) implete the Support Schi 33 1/3% of its support f inctions - subject to certa ed business taxable inco 509(a)(2) (Also completed persons (other than fi	edule in Part IV-A.) from contributions, members in exceptions, and (2) no one (less section 511 tax) te the Support Schedule in	ership fees, ai m <b>ore than 3</b> 3 from busines n Part IV-A)	nd gross 3 1/3% of ses acquired	vents of section
11b A 12 Ar re its	community trust Section 170(b)(1)(A)(vi). (Also coin organization that normally receives (1) more than occipts from activities related to its charitable, etc., fulls support from gross investment income and unrelated the organization after June 30, 1975. See section 5 or organization that is not controlled by any disqualified (3). Check the box that describes the type of su	mplete the <b>Support Sch</b> i <b>33 1/3</b> % of its support f nctions - subject to certa ed business taxable inco 509(a)(2) (Also completed persons (other than for	edule in Part IV-A.) from contributions, member ain exceptions, and (2) no ome (less section 511 tax) te the Support Schedule in	more than 33 from busines n Part IV-A )	3 1/3% of ses acquired	vents of section
12 Ar	n organization that normally receives (1) more than receipts from activities related to its charitable, etc., full is support from gross investment income and unrelater the organization after June 30, 1975. See section 5 organization that is not controlled by any disqualified to 199(a)(3). Check the box that describes the type of su	33 1/3% of its support f nctions - subject to certa ed business taxable incc 509(a)(2) (Also comple ed persons (other than f	rom contributions, member ain exceptions, and (2) no ome (less section 511 tax) te the Support Schedule in	more than 33 from busines n Part IV-A )	3 1/3% of ses acquired	vents of section
re	celpts from activities related to its charitable, etc., fulls support from gross investment income and unrelated the organization after June 30, 1975. See section 5 organization that is not controlled by any disqualified the controlled by any disqualified by any disqualified the controlled by any disqualified by any disquali	nctions - subject to certa ed business taxable incc 509(a)(2) (Also comple ed persons (other than f	ain exceptions, and (2) no ome (less section 511 tax) te the <b>Support Schedule</b> in	more than 33 from busines n Part IV-A )	3 1/3% of ses acquired	sents of section
its	s support from gross investment income and unrelated the organization after June 30, 1975. See section 5 organization that is not controlled by any disqualified the section of the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified the controlled by any disqualified by an	ed business taxable inco 509(a)(2) (Also comple ed persons (other than f	ome (less section 511 tax) te the <b>Support Schedule</b> in	from busines n Part IV-A )	ses acquired	nents of section
	y the organization after June 30, 1975 See section 5 n organization that is not controlled by any disqualifie 09(a)(3). Check the box that describes the type of su	509(a)(2) (Also comple ed persons (other than f	te the Support Schedule in	n Part IV-A)		nents of section
	n organization that is not controlled by any disqualific 09(a)(3). Check the box that describes the type of su	ed persons (other than f		-	ets the requiren	rents of section
	09(a)(3). Check the box that describes the type of su		oundation managers) and	otherwise me	ets the requiren	nents of section
		DDOMING OMANIZATION				101110 01 00011011
5L	I Trime II	·· •—	ف مقدد معقبات المعادمة			<b>.</b>
L	Type II	L Type III-F	unctionally Integrated		Type III-O	mer
	Provide the following information a	bout the supported orga	anizations. (See page 8 of	the instruction	ons )	
	(a)	(b)	(c)	(d)	)	(e)
Na	ame(s) of supported organization(s)	Employer	Type of organization	is the su		Amount of
		identification number (EIN)	(described in lines 5 through 12 above	organization organization the sup	on listed in	support
		ilumber (Liny)	or IRC section)		zation's	
				governing	documents?	
				Yes	No	
			· ·	169	NU	
						<del></del>
<del></del> -						
		J	<u> </u>	I	<del>'</del>	
Total					<u> </u>	
				-A		
14 Ar	n organization organized and operated to test for pub			Structions.)		

ra	Note: You may use the	omplete only if you che worksheet in the inst	ecked a box on line 10 auctions for converting	, 11, or 12.) <b>Use cash</b> from the accrual to the	metnod of accounting cash method of acco	<b>g.</b> unting.
	ndar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,311,554.	1,184,476.	1,098,583.	986,203.	4,580,816.
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	333,475.	266,790.	456,915.	354,737.	1,411,917.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,277.	4,129.		888.	15,815.
19	Net income from unrelated business		·			
20	activities not included in line 18  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	2,148.	7,219.	SEE STATEME 4,464.	26,280.	40,111.
23	Total of lines 15 through 22	1,656,454.	1,462,614.	1,561,483.	1,368,108.	6,048,659.
24	Line 23 minus line 17			1,104,568.		4,636,742.
25	Enter 1% of line 23	16,565.	14,626.	<del></del>	13,681.	
26	Organizations described on lines 1				<b>▶</b> 26a	92,735.
þ	Prepare a list for your records to sho					
	unit or publicly supported organizati			ded the amount shown in		0.
_	Do not file this list with your return				► 26b ► 26c	4,636,742.
	Total support for section 509(a)(1) t  Add Amounts from column (e) for l		15,8 <u>15.</u> 19		200	1/030//12:
u	Add Amounts from Column (e) for i	22	40,111. 26b		≥ 26d	55,926.
	Public support (line 26c minus line 2		20 / 22 20		<b>▶</b> 26e	4,580,816.
í	Public support percentage (line 26	•	line 26c (denominator)	1	≥ 261	98.7939%
27	Organizations described on line 12				disqualified person," prep	are a list for your
	records to show the name of, and to					
	(2006)	(2005)	(2	2004)	(2003)	
b						to show the name of,
	and amount received for each year,					
	described in lines 5 through 11b, as	well as individuals ) Do n	ot file this list with your	return. After computing t		amount received and
	the larger amount described in (1) o	or (2), enter the sum of the	ese differences (the exces	ss amounts) for each year		
	(2006)	(2005)	•	2004)	(2003)	
C	Add Amounts from column (e) for t					37 / 7
				21		N/A
đ	Add Line 27a total		id line 27b total		27d	N/A N/A
e	Public support (line 27c total minus		22 octume (a)	<b>▶</b>   27f	N/A ≥ 27e	IN/A
f	Total support for section 509(a)(2) to Public support percentage (line 27)				N/A ≥ 27g	N/A %
g h					27h	N/A %
28	Invenal Grants: For an ornanization d	lescribed in line 10, 11, or	12 that received any uni	isual grants during 2003	through 2006, prepare a l	ist for your records to
9	show, for each year, the name of the c	ontributor, the date and a	mount of the grant, and a	brief description of the n	ature of the grant Do not	file this list with your
	eturn. Do not include these grants in	mis 12 N	ONE		Schedu	ule A (Form 990 or 990-EZ) 2007

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			ĺ
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
		_		
		-		
2	Does the organization maintain the following	_		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		-
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	<del> </del>	<u> </u>
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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	_		
3	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	33a	<del> </del>	
b	Admissions policies?	33b	ļ	
C	Employment of faculty or administrative staff?	33c	ļ	<u> </u>
d	Scholarships or other financial assistance?	33d		├
е	Educational policies?	33e		₩
f	Use of facilities?	331	-	
g	Athletic programs?	33g	<del> </del>	$\vdash$
h	Other extracurricular activities?	33h	ļ	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	_		
		_		
4 a	Does the organization receive any financial aid or assistance from a governmental agency?			$oxed{oxed}$
b	Has the organization's right to such aid ever been revoked or suspended?	34b		ļ
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
5	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	<u> </u>	L

Schedule A (Form 990 or 990-EZ) 2007

72-0921017 Schedule A (Form 990 or 990-EZ) 2007 COUNCIL FOR NATIONAL POLICY Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ b If you checked "a" and "limited control" provisions apply. Check ► a If the organization belongs to an affiliated group (a) (b) Limits on Lobbying Expenditures To be completed for all Affiliated group totals electing organizations (The term "expenditures" means amounts paid or incurred ) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 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 -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 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 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 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 13 of the instructions ) **Lobbying Expenditures During 4-Year Averaging Period** N/A (e) (d) Calendar year (or (a) (c) 2005 2004 Total 2007 2006 fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying 0. expenditures 48 Grassroots nontaxable 0. amount 49 Grassroots ceiling amount 0. (150% of line 48(e)) 50 Grassroots lobbying 0. expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 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
- 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.)

11 163 to any of the above, also attach a statement giving a detailed aboundation of the leady ing activities	If "Yes" to any of the above, also attach a statement giving a detailed description of	the	lobbying	activities
---	--	-----	----------	------------

162	NU	Ainount
•		
	<u> </u>	
		0.

723151 12-27-07 Schedule A (Form 990 or 990-EZ) 2007

A			NATIONAL POLICY		092101		Page 7	
Par		garding Transfers To zations (See page 14 of the		d Relationships With Noncha	iritable			
51				r organization described in section				
	· -		) or in section 527, relating to po	_	_			
а	Transfers from the reporting or	rganization to a noncharitable ex	empt organization of			Yes	No	
	(I) Cash				51a(i)		X	
	(ii) Other assets				a(ii)	_	X	
b	Other transactions							
	• •	ets with a noncharitable exempt	•		b(i)		X	
		a noncharitable exempt organiza	ation		b(ii)	X	X	
	(iii) Rental of facilities, equipme				b(ili) b(iv)	<u> </u>	-	
	<ul><li>(iv) Reimbursement arrangeme</li><li>(v) Loans or loan guarantees</li></ul>		b(v)		Х			
	(vi) Performance of services or membership or fundraising solicitations							
		, mailing lists, other assets, or p			b(vi)	X		
	•	-	• •	always show the fair market value of the	(			
	•	·	•	l less than fair market value in any				
	transaction or sharing arranger	nent, show in column (d) the va	alue of the goods, other assets, o	r services received			_	
(a)	(b)		(c)	(d)				
Line n		<del></del>	ole exempt organization	Description of transfers, transactions, a	nd sharing arr	rangen	nents	
51B			NC.	SEE STATEMENT 10	<del></del>			
51C		CNP ACTION, IN	NC.					
		<u> </u>	<del></del>					
		<del>                                     </del>						
			<del></del>					
		<u> </u>						
		<del> </del>						
		<u> </u>						
	le the experiention directly or in	adventhy affiliated with an extent	d to one or more toy exempt are	anizations described in section 501(c) of t				
	Code (other than section 501(c		a to, one or more tax-exempt org		X Yes		No	
	If "Yes," complete the following		•	•				
	(a	<u> </u>	(b)	(c)		_		
	Name of or	rganization	Type of organization	Description of relation	nship			
CNP	ACTION, INC.		501(C)(4)	SEE STATEMENT 11				
	<del></del>							
	<del>_</del>	<del></del>						
	<del>-</del>		<del></del>					
	<del></del>							
	<del>-</del>					_		
	<del></del>							
			İ	i .				

723152 12-27-07

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). \$5,585 OF HIS TOTAL SALARY FOR 2007 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 2007 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	OTHER	CHANGES	IN NET	ASSETS	OR FUN	D BALANCES	STATEMENT	2
DESCRIPTION							AMOUNT	
UNREALIZED GAIN	<5,5	53.>						
TOTAL TO FORM 9	90, PAR	TI, LI	NE 20				<5,5	53 <b>.</b> >
EODW 000 CMA	mpmpnm	OF OPCAN	IT 7 A M T (A)	J/C DDIA	IADV EV	EMDE DIEDOCI	E STATEMENT	<del></del>
FORM 990 STA	TEMENT	OF ORGAI		r III	IARY EX	EMPT PURPOSI	E STATEMENT	3

### EXPLANATION

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

FORM 990 OTHER ASSET	S	STATEMENT 4
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS DUE FROM CNP ACTION, INC.	4,584. 14,818.	11,834. 7,503.
TOTAL TO FORM 990, PART IV, LINE 58	19,402.	19,337.

FORM 990		OTHER N	OTES AN	STATEMENT				
LENDER'S	NAME	TER	MS OF R	EPAYMENT				
MINOLTA E	SUSINESS SYST	TEMS 48	MONTHS					
		ORIGIN LOAN AMO						
10/25/02	10/25/06	15	,600.	29.63	<del>_</del> ፄ			
SECURITY	PROVIDED BY	BORROWER	PURF	OSE OF I	OAN			
COPIER			CAPI	TAL LEAS	<u>—</u> Е			
RELATIONS	HIP OF LENDE	ER						
UNRELATED	)	<del></del>						
DESCRIPTI	ON OF CONSI	ERATION				MV OF SIDERATION	BALANCE DU	E
CAPITAL I	EASE					3,264.	3,2	64
TOTAL INC	LUDED ON FOR	RM 990, PA	RT IV,	LINE 64,	COLUMN	В :	3,2	64
FORM 990		NON-G	OVERNME	NT SECUR	ITIES		STATEMENT	
	DESCRIPTION	COST/FMV	CORPOR STOCK		RPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI	
SECURITY	DEBCRITTION					- <del></del>	_	
SECURITY MUTUAL FU		FMV	453,	531.			453,5	31

FORM 990

## PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT

EMPLOYEE

BENEFIT PLAN EXPENSE

COMPENSATION CONTRIBUTION ACCOUNT

5,585. STEVE BALDWIN

NAME OF RELATED ORGANIZATION

EMPLOYER ID NUMBER

CNP ACTION, INC.

OFFICER'S NAME

52-1530983

RELATIONSHIP BETWEEN ORGANIZATIONS

## COMPENSATION DESCRIPTION

THE COUNCIL SHARES OFFICE SPACE WITH CNP ACTION, INC. AND IS REIMBURSED BY CNP ACTION AT FAIR MARKET VALUE FOR USE OF ITS FACILITIES. 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.

EMPLOYEE

BENEFIT PLAN EXPENSE

OFFICER'S NAME

2,568.

COMPENSATION CONTRIBUTION ACCOUNT

JENNIFER RUTLEDGE

NAME OF RELATED ORGANIZATION

EMPLOYER ID NUMBER

CNP ACTION, INC.

52-1530983

RELATIONSHIP BETWEEN ORGANIZATIONS

### COMPENSATION DESCRIPTION

THE COUNCIL SHARES OFFICE SPACE WITH CNP ACTION, INC. AND IS REIMBURSED BY CNP ACTION AT FAIR MARKET VALUE FOR USE OF ITS FACILITIES. 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.

FOOTNOTES

STATEMENT

8

SCHEDULE A, PART VII, LINE 51B III

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 INC	នា	PATEMENT	
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	2,148.	7,219.	4,464.	26,280
TOTAL TO SCHEDULE A, LINE 22	2,148.	7,219.	4,464.	26,280

SCHEDULE A INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART VII, LINE 51, COLUMN (D)

STATEMENT 10

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CNP ACTION, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS SEE ATTACHED STATEMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CNP ACTION, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SEE ATTACHED STATEMENT

SCHEDULE A AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 11 PART VII, LINE 52, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

CNP ACTION, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

SEE ATTACHED STATEMENT

Department of the Treasury Internal Revenue Service

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

➤ See separate instructions. ► Attach to your tax return.

990

OMB No 1545-0172

Name(s	s) shown on return		Busin	ess or activity to w	Identifying number			
						_		
	NCIL FOR NATIONAL P				RM 990 I			72-0921017
Par	·····				sted property,	complete Part		
	faximum amount. See the instructions t	•					1	125,000.
2 T	otal cost of section 179 property place	d in service (see	instructions	)			2	500 000
	hreshold cost of section 179 property t						3	500,000.
4 F	leduction in limitation. Subtract line 3 fr	om line 2 if zero	or less, ent	er -0·			4	<del></del>
	ollar limitation for tax year Subtract line 4 from line 1	•	-0- If mamed fi				5	
_6	(a) Description of prop	perty		(b) Cost (busi	ness use only)	(c) Elected	cost	
	·							
						<del> </del>		
				· · · ·	···			
<del></del>					<del></del>			
	isted property. Enter the amount from I			\	. 7		10	
	otal elected cost of section 179 proper		in column (	c), lines 6 and	3 /		8	
	entative deduction. Enter the smaller of						9	
	Carryover of disallowed deduction from	•					10	
	susiness income limitation. Enter the sm		•		•		11	
	ection 179 expense deduction. Add lin	•			, , ,		12	
	Carryover of disallowed deduction to 20 : Do not use Part II or Part III below for				▶ 13			<u> </u>
Par					ide listed proc	norty l		
	pecial allowance for qualified New York Libe		-	· · · · · · · · · · · · · · · · · · ·	<del></del>			<u> </u>
	iomass ethanol plant property placed in serv	-	-	perty (other the	an noted propert	ly / and centrosic	144	
	, , , , ,	•	your				15	
	roperty subject to section 168(f)(1) election 168(f)(1) election (including ACRS)	ction	•				16	
7111	1 III MACRS Depreciation (Do not	include listed or	operty ) (Se	e instructions	:)		10	
[ F 444	* 113 mixerie pepiedidion (pe ilet	moleco notes pi		ection A	,			
17 N	MACRS deductions for assets placed in	service in tax ve			17		17	
	you are electing to group any assets placed in serving	•	-	-		. ▶□	7	I
10 11	Section B - Assets I						tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use e instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property				<u> </u>			
	7-year property			•				
d	10-year property							
e	15-year property							
f	20-year property	1						
g	25-year property	•	-		25 yrs.		S/L	
	<del></del> - <del>-</del>	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets Pl	aced in Service	During 200	7 Tax Year L	Jsing the Alte	rnative Depre	iation Sy	stem
20a	Class life						S/L	
b	12-year	S/L						
C	40-year	/			40 yrs.	MM	S/L	
Pai	t IV Summary (see instructions)		<u> </u>					<u> </u>
21 L	Isted property. Enter amount from line	<u></u> _		. —			21	
22 T	otal. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 2	0 ın column (	g), and line 21	•		
	Inter here and on the appropriate lines						22	38,380.
23 F	or assets shown above and placed in s	service during th	e current ye	ar, enter the				
	portion of the basis attributable to section	on 263A costs			23	· <u>·</u> ···		
71625 11-03-	1 LHA For Paperwork Reduction	Act Notice, see	separate in	structions.				Form <b>4562</b> (2007)

Earm	4562	(2007)
Form	4502	(2007)

•					
Form 4562	(2007) COUNCIL	FOR N	NATIONAL POLICY	72-0921017	Page 2
Part V	Listed Property (Include automobile	es, certain d	other vehicles, cellular telephones,	certain computers, and property used for ente	rtainment,
•	recreation, or amusement.)				

٠	recreation, or a	musement.)				-lilo			-4 <b>/</b>				.04- 2	15	(-)
	Note: For any v through (c) of S	rehicle for wi Section A. all	nich you are u I of Section B.	ising the and Sec	standari ction C if	u mileagi applical	e rate oi ble.	aeau	cting lease	expense	e, comp	lete only	/ 24a, 2	46, COIUN 	nns (a)
Sec	ction A - Depreciation a							mits fo	or passeng	er auton	obiles.)				
	Do you have evidence to s						es	No					en?	Yes	No
	(a) Type of property (list vehicles first )	(b) Date placed in	(c) Business, investmen	t s	(d) Cost or ther basis	Bas (bus	(e) as for depressiness/inve	ciation stment	(f) Recovery period	(	(g) (h) lethod/ Depreciation		h) ciation	Elec sectio	n 179
25	Special allowance for qu	service	use percenta Opportunity Z	ye			use only ervice di		he tax yea	L .				CO	st
-	used more than 50% in				• •			•	•		25				
26	Property used more that			ess use:											
	· · · · · · · · · · · · · · · · · · ·			%							•				
_				%											_
				%			-								
27	Property used 50% or le	ess in a qual	Ified business	use:		•									
	, , , , , , , , , , , , , , , , , , ,			%						S/L					
				%						S/L ·					
-				%						S/L·	_			]	
28	Add amounts in column	(h), lines 25	through 27.	Enter her	e and or	line 21,	, page 1			•	28				
	Add amounts in column						,, ,						29	1	
	-			Section			on Use	of Vel	hicles						
Co	mplete this section for ve	hicles used	by a sole pro	prietor. p	artner, c	or other '	more th	an 5%	owner,"	or related	persor	١.			
lf y	ou provided vehicles to y se vehicles.	our employe	ees, first ansv	er the q	uestions	in Secti	on C to	see If y	you meet	an excep	tion to	completi	ng this :	section fo	or
				1 7	a)		b)		(c)	le	d)	(	e)	(1	<u> </u>
30	Total business/investment miles driven during the		luring the	1	hicle	1 '	hicle	١ ,	/ehicle	1	ehicle Vehicle		•	Veh	
00	year (do not include comr		idning the		11010	1		† <u>`</u>		1					
21	Total commuting miles	•	the year			1									
	Total other personal (no	-	-			1									
JZ	driven	inconsinuting	g) Italies	1											
33	Total miles driven during	the year				<u> </u>				<u> </u>		-			
55	Add lines 30 through 32	-				1									
24	Was the vehicle availab		nal usa	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?	ic for person	iai use	103	<del> </del>	1,05	1.10	1.00	- 110	1.55		1.55	110	1	
35	Was the vehicle used p	rimarily by a	more				1								
••	than 5% owner or relate			1									1		
36	Is another vehicle availa	•	onal					<u> </u>	-						
•	use?	ibio foi poro	o.i.a.		1					'					
_		Section C	- Questions	for Emp	lovers V	Vho Pro	vide Ve	nicles	for Use b	v Their E	Employe	ees			
Δn	swer these questions to												re not n	nore than	5%
	ners or related persons.	octon mile ii	you moot an	choopilo		.p.og				,					
	Do you maintain a writte	en policy sta	tement that r	rohibits	all perso	nal use	of vehicl	es. inc	ludina coi	mmuting	by you	r		Yes	No
•	employees?	o., po, o							ŭ						
38	Do you maintain a writte	en policy sta	tement that c	rohibits	persona	l use of \	vehicles	excep	ot commu	ting, by y	our				
	employees? See the ins														
39	Do you treat all use of v														
	Do you provide more th	•				ınforma	tion fron	your	employee	s about					
	the use of the vehicles,							-							
41	Do you meet the require					emonstra	ation use	?							
	Note: If your answer to								covered v	ehicles					
P	art VI Amortization														
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs	Da	te amortization begins	<b>'</b>	Amortiza amoun	ble t		Code section		Amortiza penod or pe			mortization or this year	
42	Amortization of costs th	nat begins di	uring your 200		ar:										
_		<del>-</del>													
_													<del></del>		
43	Amortization of costs th	nat began be	efore your 200	7 tax ye	ar				. – –			43			
	Total. Add amounts in					o report						44			_
	252/11-03-07												- 1	Form <b>456</b>	<b>2</b> (2007)

## **COUNCIL FOR NATIONAL POLICY**

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2 10 4

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Vice President
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Washington, DC 20002

Vice President
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3780 Will Scarlet Rd.
Winston-Salem, NC 27104

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Mr. Stacy W. Taylor President Revelation, LP 777 Post Oak Blvd, Suite 925 Houston, TX 77056-3235

Mr. Richard Viguerie Chairman American Target Advertising, Inc. 9625 Surveyor Court, Suite 400 Manassas, VA 20110 .4.9. 6/12/2008 7:58:58AM

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

Federal

Sorted: General - tax link 01/01/2007 - 12/31/2007

72-0921017

01/01/2007 - 12/31/2007

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904 1,032 6,032 22,223 279 3,135 3,982 3,982 569 4,055 836 836 514 4,016 987 1,538 1,538 1,538 2,600 2,600 2,169 1,395 1,395 1,395 400 746 1,594 1,594 431 Depreciation 配 45 102 187 452 516 3,016 134 134 192 373 736 235 222 59 941 68 00000 121 144 1,004 252 1,159 401 218 80 800 723 533 189 189 267 267 Current Depreciation 3,016 11,556 208 208 373 858 858 196 185 49 592 3,135 3,982 569 4,055 200 299 2,585 426 325 3,012 735 2,898 581 581 214 1,800 1,446 393 44 44 933 331 888 Beg. Accum. Depreciation Salvage/ Basis Adj. Sec. 179/ Bonus 0000000 100.0000 100 0000 0000000 0000000 100.000 100,000 100.0000 100,000 100 0000 000000 00000 000000 100.000 100 0000 100 0000 000000 100,000 000000 000000 000000 100,000 000'00 000000 00000 000.000 000000 000000 000000 000000 000'00 000000 100,000 100,000 000.000 00000 Bus/Inv. 1,309 3,162 3,613 21,115 32,000 576 200 299 3,300 555 502 836 606 606 61,250 1,500 1,600 1,600 1,600 1,522 1,600 1,522 1,337 1,337 1,337 1,337 1,337 1,337 1,337 1,337 1,337 1,337 1,600 1 1,864 2,207 2,207 1,174 1,112 294 1,129 Cost / Other Basis 7.0000 7.0000 7.0000 7.0000 3.0000 5.0000 5.0000 5.0000 3.0000 3.0000 3.0000 3.0000 5.0000 5.0000 7.0000 7.0000 5,0000 0000 3.0000 5.0000 5 0000 5.0000 5.0000 5.0000 3.0000 5.0000 5.0000 5.0000 5.0000 5.0000 3.0000 3.0000 3.0000 3.0000 Method / Conv. 1/16/2001 SL / N/A 10/1/2003 SL / N/A 1/25/2003 SL / N/A 6/29/2004 SL / N/A 2/27/2004 SL / N/A 10/5/2004 SL / N/A 4/10/2005 SL / N/A 4/20/2005 SL / N/A 9/20/2005 SL / N/A 1/6/2006 SL / N/A 12/1/2005 SL / N/A 2/28/2005 SL / N/A 11/1/2005 SL / N/A 11/1/2005 SL / N/A 8/19/1999 SL / N/A 11/5/1999 SL / N/A 6/30/2000 SL / N/A 0/31/2000 SL / N/A 6/25/2002 SL / N/A 9/23/2002 SL / N/A SL/N/A 1/30/2003 SL / N/A 2/20/2003 SL / N/A 0/2/2003 SL / N/A 9/24/2003 SL / N/A 1/14/2004 SL / N/A 1/27/2004 SL / N/A 4/26/2004 SL / N/A 4/26/2004 SL / N/A 1/12/2005 SL / N/A 3/25/2005 SL / N/A 3/25/2005 SL / N/A 1/6/2006 SL / N/A 1/6/2006 SL / N/A 1/6/2006 SL / N/A 1/6/2006 SL / N/A 1/6/2006 SL / N/A 1/29/2005 SL / N/A 12/1/2005 SL / N/A 9/23/2002 Date in Service TELEPHONE SY: WJ135 Mailing N Blackbaud The R Richard - HD & M DELL COMPUTE DELL BACKUP S BACK-UP SERVE Toshiba M2V Cor 2 Reception Chai Flat Panel Monito IBM Thinkpad T4 DELL LAPTOP C ASER PRINTER 2 COMPUTER M MAGER ONE PF CD-R Power Tow 3 MARANTZ POF RIM HANDHELD RECORDING DU Toshiba S810 Cc Brother Multi-fun Toshiba S810 Cc Edirol V-4 Video I Canon XL-1s Vide Conference Roor 8 Conference Rrr BM Thinkpad T4 **NALKIE TALKIE NALKIE TALKIE** Reception Table Office Furniture 7 Work Chairs Phone System Description COMPUTER Flat Screen PRINTER CAMERA 390-EZ, Pg 1 #1 - Indirect Depreciation Server Printer တြ System No.

Page 1 of 2

100 0000

2/31/2006 SL / N/A

ENTIRE OFFICE

SOFTWARE SOFTWARE

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3 FLST SCREEN 3 HANDHELD PC

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

Sorted: General - tax link 01/01/2007 - 12/31/2007

72-0921017

01/01/2007 - 12/31/2007

56 273 41 28 28 58 15 41 104,569 104,569 92 63 249 207 149 130 114 114 87 106 479 92 320 470 175 603 104,569 104,569 Total Depreciation 58 40 113 113 81 71 70 62 58 58 383 45 92 320 56 273 470 175 603 38,380 38,380 38,380 Current Depreciation 68,189 68,189 68,189 86,189 7,637 Beg. Accum. Depreciation 0 0 Salvage/ Basis Adj. 0000 o 0 0000000000000 0 Sec. 179/ Bonus 100 0000 100.0000 100.0000 100.000 100 0000 100 0000 100 0000 100.000 100.000 100,000 100.000 100,000 100,000 100,000 100 0000 100,000 100.000 100 0000 100,000 100.000 000000 100,000 100.000 000.000 00000 Bus / Inv. % 290 1,150 22,912 225 616 2,132 481 2,339 2,350 290 200 678 678 407 354 348 349 178,629 311 243 583 178,629 178,629 809 4,017 957 Cost / Other Basis 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 3.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 5.0000 뿔 Method / 2/27/2006 SL / N/A 2/27/2006 SL / N/A 2/27/2006 SL / N/A 9/25/2006 SL / N/A 1/1/2006 SL / N/A 1/11/2007 SL / N/A 3/24/2007 SL / N/A 3/19/2007 SL / N/A 5/23/2007 SL / N/A 6/6/2006 SL / N/A 6/6/2006 SL / N/A 2/27/2006 SL / N/A 2/27/2006 SL / N/A 2/27/2006 SL / N/A 7/2/2006 SL / N/A 2/27/2006 SL / N/A 3/17/2007 SL / N/A 3/22/2007 SL / N/A 6/5/2007 SL / N/A 8/28/2007 SL / N/A SL/N/A 3/13/2007 SL / N/A 1/7/2007 SL / N/A 2/2/2007 SL / N/A 4/1/2007 SL / N/A 9/2/2007 SL / N/A 1/23/2007 Date In Service Subtotal: 990-EZ, Pg 1 #1 - Indirect Depreciation Computer upgrac BOGEN 3046343 PELICAN 1660 F PELICAN 1660 F Software implem Mini DV Camcord Computer Produk Verizon - SB Balc Verizon · Motorol PreSonus Compr Mac Book Pro La Five Sony VRD-N PANASONIC DVI SONY DVD RECK VARIZOOM VZPF SANYO LC13SH Richard Compute Verizon - Motorol Micro Center - Co Dell Marketing Co Microboards DVE NUMARK VM-03 BOGEN 503-351 VARIZOON VZPF Lenovo - Fenner Net for: 990-EZ, Pg 1 #1 - Indirect Depreciation Description 990-EZ, Pg 1 #1 - Indirect Depreclation Printer Less dispositions and exchanges: Less dispositions and exchanges: တြ System No. Grand Totals: Subtotal: 

135,993 Acct 1500

4100.01

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14,128 1501 28,508 1502

178,629

## \$ 1 Form 8868

(Rev March 2008)

Department of the Treasury

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

File a separate application for each return.

OMB No. 1545-1709

<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright$ $X$
<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	s form).		
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Fo	rm 8868.	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
	, , , , , ,			
	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete		_
Part I c	niy			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a ncome tax returns.	an exter	ision of time	
Electro	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens	ion of ti	me to file one of	f the returns
noted i (not au	pelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or c	nically if onsolid	(1) you want thated Form 990-1	e additional L. Instead.
you mu	ist submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic	filing of	this form, visit	,
	s gov/efile and click on e-file for Charities & Nonprofits.	<del></del>		
Type o	r Name of Exempt Organization	Emp	loyer identifica	tion number
print	COUNCIL FOR NATIONAL POLICY	7	2-092101	7
File by th	O Niverbox advantaged to the DO I		2-072101	. /
due date filing you	1411 K STREET NW. SUITE 601			
return Se instructio				
	WASHINGTON, DC 20005			
<u> </u>				· · <u> </u>
Check	type of return to be filed (file a separate application for each return):			
X F	form 990 Form 990-T (corporation) Form 4	1720		
∐ F	form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5	5227		
Щf	form 990-EZ Form 990-T (trust other than above)	6069		
L_J F	form 990-PF Form 1041-A Form 8	3870		
	- THE ODGINITATION			
	books are in the care of ► THE ORGANIZATION	<del></del>		
	phone No. ► 202-207-0165 FAX No. ►			
	e organization does not have an office or place of business in the United States, check this box			
	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
DOX -	. If it is for part of the group, check this box	II memb	ers the extension	on will cover.
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time ur	n+ıl		
• '	AUGUST 15, 2008 , to file the exempt organization return for the organization named		The extension	
- 19	s for the organization's return for:	abovo.	THE EXICITED OF	
	X calendar year 2007 or			
	tax year beginning, and ending			
	· · · · · · · · · · · · · · · · · · ·		_	
2 1	this tax year is for less than 12 months, check reason: Initial return Final return		Change in acco	ounting period
3a H	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
_	onrefundable credits See instructions.	3a	\$	
b it	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
-	ax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$	
	lalance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	leposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			/.
	See Instructions.	3c	\$	N/A
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr	n 8879-	EO for payment	instructions.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.		Form 886	58 (Rev 3-2008)
	•		· · · · · · · · · · · · · · · · · · ·	, 5 2500