

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

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning

and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

AMERICAN CONSERVATIVE UNION

Number and street (or P.O. box if mail is not delivered to street address)

1007 CAMERON STREET

City or town, state or country, and ZIP + 4

ALEXANDRIA, VA 22314

D Employer identification number

52-0810813

E Telephone number

(703) 836-8602

F Accounting method Cash Accrual
 Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.CONSERVATIVE.ORG

J Organization type (check only one) 501(c) (**4**) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

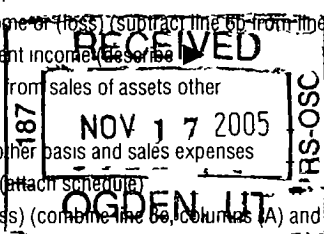
I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,889,979.**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	3,551,202.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 3,551,202. noncash \$ <input type="checkbox"/>)	1d	3,551,202.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe in Part VII, line 93)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, column (A) and (B))	8c			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	124,777.		
b	Less: direct expenses other than fundraising expenses	9b	79,234.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	45,543.		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	214,000.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,810,745.		
13	Program services (from line 44, column (B))	13	708,491.		
14	Management and general (from line 44, column (C))	14	329,232.		
15	Fundraising (from line 44, column (D))	15	2,797,098.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	3,834,821.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-24,076.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	95,622.		
20	Other changes in net assets or fund balances (attach explanation)	20	-1,457.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	70,089.		



SCANNED DEC 19 2005

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 219,300.	142,545.	43,860.	32,895.
26 Other salaries and wages	26 286,268.	186,074.	57,254.	42,940.
27 Pension plan contributions	27			
28 Other employee benefits	28 35,491.	23,069.	7,098.	5,324.
29 Payroll taxes	29 47,380.	30,797.	9,476.	7,107.
30 Professional fundraising fees	30			
31 Accounting fees	31 35,000.	22,750.	7,000.	5,250.
32 Legal fees	32 500.	325.	100.	75.
33 Supplies	33 54,778.	35,606.	10,955.	8,217.
34 Telephone	34 10,126.	6,582.	2,025.	1,519.
35 Postage and shipping	35 947,556.	20,798.	6,400.	920,358.
36 Occupancy	36 40,489.	26,318.	8,097.	6,074.
37 Equipment rental and maintenance	37 17,093.	11,110.	3,419.	2,564.
38 Printing and publications	38 435,288.	26,452.	8,139.	400,697.
39 Travel	39 39,102.	25,417.	7,820.	5,865.
40 Conferences, conventions, and meetings	40			
41 Interest	41 39,929.		6.	39,923.
42 Depreciation, depletion, etc (attach schedule)	42 14,703.	9,557.	2,941.	2,205.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 1,611,818.	141,091.	154,642.	1,316,085.
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 3,834,821.	708,491.	329,232.	2,797,098.

Joint Costs Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)</small>
EDUCATE PUBLIC ABOUT ISSUES <small>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.)</small>	
a PUBLIC AWARENESS: TO EDUCATE THE PUBLIC ABOUT CURRENT SOCIAL ECONOMIC AND POLITICAL ISSUES BY PROVIDING CURRENT AND TIMELY INFORMATION THROUGHOUT THE YEAR. (Grants and allocations \$ _____)	315,422.
b PUBLIC ADVOCACY: TO ENHANCE AWARENESS OF INDIVIDUALS AND CORPORATIONS REGARDING THE UNION'S POLITICAL ISSUES AND TO EDUCATE FEDERAL, STATE, EXECUTIVE AND LEGISLATIVE BODIES ON THE NEED TO ADDRESS THESE ISSUES. (Grants and allocations \$ _____)	393,069.
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	708,491.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	36,106.	45	79,295.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 121,030.			
	b Less: allowance for doubtful accounts	47b	47c	121,030.	
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments - securities	STMT 7 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	10,998.	54	10,998.
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b	55c		
56 Investments - other		56			
57 a Land, buildings, and equipment: basis	57a 433,907.				
b Less: accumulated depreciation	STMT 4 57b 159,892.	288,718.	57c	274,015.	
58 Other assets (describe SEE STATEMENT 5)		66,447.	58	66,447.	
59 Total assets (add lines 45 through 58) (must equal line 74)		402,269.	59	551,785.	
Liabilities	60 Accounts payable and accrued expenses	73,187.	60	73,188.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	STMT 6	221,908.	64b	396,956.
	65 Other liabilities (describe LEASE PAYABLE)		11,552.	65	11,552.
66 Total liabilities (add lines 60 through 65)		306,647.	66	481,696.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	29,275.	67	3,742.	
	68 Temporarily restricted	66,347.	68	66,347.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		95,622.	73	70,089.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		402,269.	74	551,785.

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

Part VI Other Information

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

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	45,543.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a REIMBURSED EXPENSES					214,000.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		45,543.	214,000.
105 Total (add line 104, columns (B), (D), and (E))					259,543.

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	REIMBURSEMENTS RECEIVED FOR EXPENSES PAID ON BEHALF OF AMERICAN CONSERVATIVE UNION FOUNDATION.

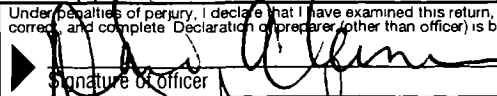
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)


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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here:  11/10/05 DAVID A. KEENIE, CHAIRMAN

Paid Preparer's Use Only:  11/10/05 FRANK & COMPANY, P.C.
1360 BEVERLY ROAD, SUITE 300
MCLEAN, VA 22101

Preparer's SSN or PTIN: _____
Check if self-employed:
EIN: _____
Phone no.: 703-821-0702

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER	071593	SL	5.00	16	3,395.			3,395.	3,395.		0.
2	COPIER	083093	SL	5.00	16	2,645.			2,645.	2,645.		0.
3	PRINTER	113093	SL	5.00	16	1,590.			1,590.	1,590.		0.
4	COMPUTER	113093	SL	5.00	16	1,656.			1,656.	1,656.		0.
5	CAPITAL HILL SOFTWARE	121493	SL	3.00	16	2,500.			2,500.	2,500.		0.
6	OFFICE FURNITURE	051094	SL	7.00	16	2,505.			2,505.	2,505.		0.
7	OFFICE FURNITURE	051694	SL	7.00	16	3,449.			3,449.	3,449.		0.
8	OFFICE FURNITURE	051694	SL	7.00	16	3,102.			3,102.	3,102.		0.
9	OFFICE FURNITURE	053194	SL	7.00	16	1,174.			1,174.	1,174.		0.
10	OFFICE FURNITURE	072994	SL	7.00	16	222.			222.	222.		0.
11	OFFICE FURNITURE	081594	SL	7.00	16	3,099.			3,099.	3,099.		0.
12	COMPUTER	022894	SL	5.00	16	2,294.			2,294.	2,294.		0.
13	OFFICE EQUIPMENT	051694	SL	5.00	16	3,491.			3,491.	3,491.		0.
14	OFFICE EQUIPMENT	071594	SL	5.00	16	941.			941.	941.		0.
15	OFFICE EQUIPMENT	110194	SL	5.00	16	1,619.			1,619.	1,619.		0.
16	OFFICE EQUIPMENT	113094	SL	5.00	16	3,776.			3,776.	3,776.		0.
17	OFFICE BUILDING	051094	SL	39.00	16	364,908.			364,908.	90,060.		9,357.
18	IMPROVEMENTS	102894	SL	39.00	16	3,859.			3,859.	912.		99.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation.
19	COMPUTER	022493	SL	5.00	16	506.			506.	506.		0.
20	COMPUTER EQUIPMENT	073196	SL	5.00	16	476.			476.	476.		0.
21	PHONE SYSTEM	010100	SL	5.00	16	9,136.			9,136.	5,999.		1,827.
22	FAX	013100	SL	5.00	16	1,045.			1,045.	785.		209.
23	LAPTOP	061500	SL	5.00	16	2,199.			2,199.	1,152.		440.
24	OFFICE FURNITURE	120100	SL	7.00	16	1,127.			1,127.	496.		161.
25	PHONE EQUIPMENT	050601	SL	5.00	16	12,225.			12,225.	6,724.		2,445.
26	COMPUTER	032701	SL	5.00	16	768.			768.	432.		154.
27	SOFTWARE	042501	SL	3.00	16	200.			200.	189.		11.
	* TOTAL 990 PAGE 2 DEPR					433,907.		0.	433,907.	145,189.	0.	14,703.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
ANNIVERSARY DINNER	124,777.		124,777.	79,234.	45,543.	
TO FM 990, PART I, LINE 9	124,777.		124,777.	79,234.	45,543.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED LOSS				-1,457.
TOTAL TO FORM 990, PART I, LINE 20				-1,457.

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
CONSULTANTS	30,000.	19,500.	6,000.	4,500.		
SALES TAX	1,534.	997.	307.	230.		
PROGRAM EXPENSE	5,278.	5,278.				
MISCELLANEOUS	6,010.	3,880.	1,194.	936.		
COMMUNICATION	53,551.	34,808.	10,710.	8,033.		
INTERN STIPEND	14,250.	9,263.	2,850.	2,137.		
PAYROLL FEES	1,697.	1,103.	339.	255.		
REPAIRS AND MAINTENANCE	1,350.	877.	270.	203.		
BANK FEES	19,198.		19,198.			
CONTRIBUTIONS	35,027.	35,027.				
DATA PROCESSING	36,751.	23,887.	7,351.	5,513.		
MAILSHOP	319,855.			319,855.		
DIRECT MAIL EXPENSES	735,009.			735,009.		
LIST RENTAL EXPENSE	234,972.			234,972.		
CAGING AND ESCROW	104,861.		104,861.			
CONTRACT LABOR	7,811.	5,077.	1,562.	1,172.		
DONOR MAINTENANCE	1,394.	1,394.				
STATE REGISTRATION	3,270.			3,270.		
TOTAL TO FM 990, LN 43	1,611,818.	141,091.	154,642.	1,316,085.		

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	3,395.	3,395.	0.
COPIER	2,645.	2,645.	0.
PRINTER	1,590.	1,590.	0.
COMPUTER	1,656.	1,656.	0.
CAPITAL HILL SOFTWARE	2,500.	2,500.	0.
OFFICE FURNITURE	2,505.	2,505.	0.
OFFICE FURNITURE	3,449.	3,449.	0.
OFFICE FURNITURE	3,102.	3,102.	0.
OFFICE FURNITURE	1,174.	1,174.	0.
OFFICE FURNITURE	222.	222.	0.
OFFICE FURNITURE	3,099.	3,099.	0.
COMPUTER	2,294.	2,294.	0.
OFFICE EQUIPMENT	3,491.	3,491.	0.
OFFICE EQUIPMENT	941.	941.	0.
OFFICE EQUIPMENT	1,619.	1,619.	0.
OFFICE EQUIPMENT	3,776.	3,776.	0.
OFFICE BUILDING IMPROVEMENTS	364,908.	99,417.	265,491.
COMPUTER	3,859.	1,011.	2,848.
COMPUTER EQUIPMENT	506.	506.	0.
PHONE SYSTEM	476.	476.	0.
FAX	9,136.	7,826.	1,310.
LAPTOP	1,045.	994.	51.
OFFICE FURNITURE	2,199.	1,592.	607.
PHONE EQUIPMENT	1,127.	657.	470.
COMPUTER	12,225.	9,169.	3,056.
SOFTWARE	768.	586.	182.
	200.	200.	0.
TOTAL TO FORM 990, PART IV, LN 57	433,907.	159,892.	274,015.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
DEPOSITS	100.
CONTRIBUTIONS RECEIVABLE	66,347.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	66,447.

FORM 990	MORTGAGES PAYABLE	STATEMENT	6
DESCRIPTION		BALANCE DUE	
BURKE & HERBERT BANK & TRUST COMPANY		0.	
BURKE & HERBERT BANK & TRUST COMPANY		0.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B			

FORM 990	OTHER SECURITIES	STATEMENT	7
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES	
INVESTMENT RESERVE ACCOUNT	COST	10,998.	
TO FORM 990, LINE 54, COL B		10,998.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEFFREY BELL 1101 PENNSYLVANIA AVE., NW SUITE 600 WASHINGTON, D.C. 20004	DIRECTOR 0.	0.	0.	0.
MORTON C. BLACKWELL 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	DIRECTOR 0.	0.	0.	0.
JAMESON G. CAMPAIGNE, JR. 722 COLUMBUS STREET OTTAWA, IL 61350	SECRETARY 0.	0.	0.	0.
DONALD DEVINE 4805 IDLEWILDE ROAD SHADY SIDE, MD 20764	SECOND VICE-CHAIRMAN 1	0.	0.	0.

M. STANTON EVANS 800 MARYLAND AVENUE, NE WASHINGTON, D.C. 20002	DIRECTOR 0.	0.	0.	0.
JESSE HELMS PO BOX 247 WINGATE, NC 28174	DIRECTOR 0.	0.	0.	0.
CHARLES BLACK 1801 K. STREET, NW SUITE 901-L WASHINGTON, D.C. 20006	DIRECTOR 0.	0.	0.	0.
BEAU BOULTER 6932 FAIRFAX DRIVE, APT. 204 ARLINGTON, VA 22213	DIRECTOR 0.	0.	0.	0.
FLOYD BROWN 217 STATE STREET SANTA BARBARA, CA 93101	DIRECTOR 0.	0.	0.	0.
MURIEL COLEMAN 7507 HUBBARD AVE. MIDDLETON, WI 53562	DIRECTOR 0.	0.	0.	0.
BECKY NORTON DUNLOP 2816 SOUTH JOYCE STREET ARLINGTON, VA 22202	DIRECTOR 0.	0.	0.	0.
ALAN M. GOTTLIEB 12500 NORTHEAST 10TH PLACE BELLEVUE, WA 98005	DIRECTOR 0.	0.	0.	0.
DUNCAN HUNTER 2265 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515-0552	DIRECTOR 0.	0.	0.	0.
DAVID A. KEENE 1301 K ST., NW SUITE 800, EAST TOWER WASHINGTON, DC 20004	CHAIRMAN 5	0.	0.	0.
WAYNE R. LAPIERRE, JR. 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	DIRECTOR 0.	0.	0.	0.
ROBERT LUDDY 112 WHEATON DRIVE YOUNGSVILLE, NC 27596	DIRECTOR 0.	0.	0.	0.
M.J. MINTZ 2101 L STREET, NW WASHINGTON, DC 20037-1526	DIRECTOR 0.	0.	0.	0.

GROVER G. NORQUIST 1920 L STREET NW, SUITE 200 WASHINGTON, DC 20036	DIRECTOR 0.	0.	0.	0.
JAMES ARTHUR POPE 3401 GRESHAM LAKE ROAD RALEIGH, NC 27615	DIRECTOR 0.	0.	0.	0.
JAMES V. LACY 30100 TOWN CENTER DRIVE, #0-269 LAGUNA NIGUEL, CA 92677	DIRECTOR 0.	0.	0.	0.
MICHAEL R. LONG 486 78TH STREET BROOKLYN, NY 11209	DIRECTOR 0.	0.	0.	0.
SERPHIN MALTESE 71-04 MYRTLE AVENUE GLENDALE, NY 11385	DIRECTOR 0.	0.	0.	0.
CLETA MITCHELL 3000 K STREET, NW WASHINGTON, DC 20007	DIRECTOR 0.	0.	0.	0.
RON ROBINSON 110 ELDEN STREET HERNDON, VA 20170	DIRECTOR 0.	0.	0.	0.
MARC E. ROTTERMAN 1209 KINSDALE RD. RALEIGH, NC 27615	TREASURER 0.	0.	0.	0.
LEWIS K. UHLER 151 NORTH SUNRISE AVENUE, SUITE 90 ROSEVILLE, CA 95661	DIRECTOR 0.	0.	0.	0.
THOMAS S. WINTER ONE MASSACHUSETTS AVE, STE 600 WASHINGTON, DC 20001	FIRST VICE-CHAIRMAN 1	0.	0.	0.
ALLEN ROTH 767 5TH AVENUE, #4200 NEW YORK, NY 10153	DIRECTOR 0.	0.	0.	0.
CRAIG SHIRLEY 122 SOUTH PATRICK STREET ALEXANDRIA, VA 22314	DIRECTOR 0.	0.	0.	0.
KIRBY WILBUR 140-4TH AVE. NORTH, SUITE 340 SEATTLE, WA 98109	DIRECTOR 0.	0.	0.	0.

ELIZABETH LEONARD 1007 CAMERON STREET ALEXANDRIA, VA 22314	FINANCE DIRECTOR 40	62,300.	0.	0.
JOSEPH MORRIS 100 WEST MONROE STREET CHICAGO, IL 60603	DIRECTOR 0.	0.	0.	0.
AL CARDENAS 201 SOUTH BISCAYNE BLVD., STE 2600 MIAMI CTR. MIAMI, FL 33131	DIRECTOR 0.	0.	0.	0.
STEPHEN MOORE 1776 K STREET, NW, SUITE 300 WASHINGTON, D.C. 20006	DIRECTOR 0.	0.	0.	0.
THOMAS W. PAUKEN 5646 MILTON ST., STE 628 DALLAS, TX 75206	DIRECTOR 0.	0.	0.	0.
RICHARD LESSNER 109 CAMERON PARKE CT. ALEXANDRIA, VA 22304	EXECUTIVE DIRECTOR 40	90,000.	0.	0.
W. STEVEN THAYER 1204 S. WASHINGTON ST. #114 ALEXANDRIA, VA 22314	FORMER EXECUTIVE DIRECTOR 40	0.	0.	0.
CHARLES MUTH 3659 SCOTWOOD ST. LAS VEGAS, NV 89121	FORMER EXECUTIVE DIRECTOR 40	0.	0.	0.
CHARLIE JARVIS 3900 JERMANTOWN ROAD, #450 FAIRFAX, VA 22030	DIRECTOR 0.	0.	0.	0.
STACEY RUMENAP 1020 PAPERMILL CT. NW WASHINGTON, D.C. 20007	DEPUTY DIRECTOR 40	67,000.	0.	0.
IAN WALTERS 1523 E. FALKLAND LN. #48 SILVER SPRING, MD 20910	COMMUNICATIONS DIRECTOR 40	0.	0.	0.
DANIEL LAWRENCE 610 S. CHAPEL BALTIMORE, MD 21231	IT MANAGER 40	0.	0.	0.
DIANA CARR 4817 VILLAGE DR. FAIRFAX, VA 22030	ADMIN. DIRECTOR 40	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		219,300.	0.	0.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN
PART VI, LINE 90

STATEMENT 9

STATES

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MN, MO, NJ, NY,
NC, NH, ND, OH, OK, OR, RI, SC, SD, TN, UT, VA, WA, WV, WI

Depreciation and Amortization 990 (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Name(s) shown on return: AMERICAN CONSERVATIVE UNION Business or activity to which this form relates: FORM 990 PAGE 2 Identifying number: 52-0810813

Part I Election To Expense Certain Property Under Section 179 Note. If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details. Line 1: 102,000. Line 3: 410,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-7.

Table with 13 rows for Section 179 calculations. Line 8: Total elected cost. Line 12: Section 179 expense deduction.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Special Depreciation Allowance. Line 16: 14,703.

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

Section A

Table with 2 rows for MACRS deductions. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2004.

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c.

Part IV Summary (See instructions)

Table with 3 rows for Summary. Line 22: 14,703. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes		No		Yes		No		Yes		No	
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year					
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f) See instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return

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

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

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

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

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

Type or print	Name of Exempt Organization AMERICAN CONSERVATIVE UNION	Employer identification number 52-0810813
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions 1007 CAMERON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ALEXANDRIA, VA 22314	

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

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

- The books are in the care of ▶ **ORGANIZATION**
 Telephone No ▶ **(703) 836-8602** FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6 months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2004** or
 - ▶ tax year beginning _____ and ending _____
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

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

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

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization AMERICAN CONSERVATIVE UNION	Employer identification number 52-0810813
	Number street, and room or suite no. If a P.O. box, see instructions 1007 CAMERON STREET	For IRS use only
	City, town or post office state and ZIP code. For a foreign address, see instructions ALEXANDRIA, VA 22314	

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

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

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

• The books are in the care of **ORGANIZATION**
Telephone No **(703) 836-8602** FAX No _____

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3 month extension of time until **NOVEMBER 15, 2005**
- 5 For calendar year **2004**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ORGANIZATION IS AWAITING COMPLETION OF ITS AUDIT TO ENSURE A COMPLETE AND ACCURATE FILING.

- 8a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Signature and Verification

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

Signature Majorie Mella Title CPA Date 8/2/05

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By: _____ Date _____

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

Type or print	Name FRANK & COMPANY, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1360 BEVERLY ROAD, SUITE 300
	City or town, province or state, and country (including postal or ZIP code) MCLEAN, VA 22101

423832 01-10-05