

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning , **2005**, and ending

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

C Name of organization
AMERICAN CONSERVATIVE UNION
 Number and street (or P O box if mail is not delivered to street addr) Room/suite
1007 CAMERON STREET
 City, town or country State ZIP code + 4
ALEXANDRIA VA 22314

D Employer Identification Number
52-0810813

E Telephone number
(703) 836-8602

F Accounting method: Cash Accrual
 Other (specify) ▶

G Web site: ▶ **N/A**

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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,387,098.**

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? Yes No (If 'No,' attach a list See instructions)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,387,081.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 1,387,081. noncash \$ 0.)	1d			1,387,081.
	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			17.
	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) ▶					
8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
b Less cost or other basis and sales expenses		8b			
c Gain or (loss) (attach schedule)		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,387,098.	
EXPENSES	13 Program services (from line 44, column (B))	13		1,029,903.	
	14 Management and general (from line 44, column (C))	14		344,582.	
	15 Fundraising (from line 44, column (D))	15		395,074.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			1,769,559.
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-382,461.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		70,089.	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			-312,372.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	421,113.	273,723.	84,223.	63,167.
26 Other salaries and wages	26	162,555.	105,661.	32,511.	24,383.
27 Pension plan contributions	27				
28 Other employee benefits	28	35,856.	23,306.	7,171.	5,379.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	7,107.	4,620.	1,421.	1,066.
32 Legal fees	32	10,115.	6,575.	2,023.	1,517.
33 Supplies	33	16,051.	10,433.	3,210.	2,408.
34 Telephone	34	11,136.	7,238.	2,227.	1,671.
35 Postage and shipping	35	340,432.	221,281.	68,086.	51,065.
36 Occupancy	36	20,139.	13,090.	4,028.	3,021.
37 Equipment rental and maintenance	37	20,656.	13,426.	4,131.	3,099.
38 Printing and publications	38	339,447.	220,641.	67,889.	50,917.
39 Travel	39	21,313.	13,853.	4,263.	3,197.
40 Conferences, conventions, and meetings	40	3,415.	2,220.	683.	512.
41 Interest	41	25,022.	16,264.	5,004.	3,754.
42 Depreciation, depletion, etc (attach schedule)	42	13,770.	8,951.	2,754.	2,065.
43 Other expenses not covered above (itemize)					
a <u>BANK CHARGES</u>	43a	9,260.	0.	9,260.	0.
b <u>CAGING FEES</u>	43b	25,139.	0.	25,139.	0.
c <u>CONSULTANTS</u>	43c	4,809.	3,126.	962.	721.
d <u>CONTRIBUTIONS</u>	43d	70.	70.	0.	0.
e <u>DIRECT MAIL</u>	43e	129,224.	0.	0.	129,224.
f <u>COMMUNICATIONS</u>	43f	81,347.	52,876.	16,269.	12,202.
g See Other Expenses Stmt	43g	71,583.	32,549.	3,328.	35,706.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,769,559.	1,029,903.	344,582.	395,074.

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 \$ _____

BAA

Part III Statement of Program Service Accomplishments

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? <u>Educate public about issues.</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>PUBLIC AWARENESS: TO EDUCATE THE PUBLIC ABOUT CURRENT SOCIAL ECONOMIC AND POLITICAL ISSUES BY PROVIDING CURRENT AND TIMELY INFORMATION THROUGHOUT THE YEAR.</u> (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	453,157.
b <u>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.</u> (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	576,746.
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,029,903.

BAA Form 990 (2005)

Part IV Balance Sheets (See Instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	79,295.	45	72,133.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 0.		
	b Less allowance for doubtful accounts	47b	121,030.	47c 0.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	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 (attach schedule) L-54 Stmt <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		10,998.	54 7,011.
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 433,907.			
b Less accumulated depreciation (attach schedule)	57b 173,662.	274,015.	57c 260,245.	
58 Other assets (describe ▶ See Line 58 Stmt)		66,447.	58 100.	
59 Total assets (must equal line 74) Add lines 45 through 58		551,785.	59 339,489.	
LIABILITIES	60 Accounts payable and accrued expenses		73,188.	60 267,407.
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)		396,956.	64b 384,454.
	65 Other liabilities (describe ▶ See Line 65 Stmt)		11,552.	65 0.
66 Total liabilities. Add lines 60 through 65		481,696.	66 651,861.	
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		3,742.	67 -312,372.
	68 Temporarily restricted		66,347.	68
	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)		70,089.	73 -312,372.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		551,785.	74 339,489.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

		N/A
a	Total revenue, gains, and other support per audited financial statements	a
b	Amounts included on line a but not on Part I, line 12	
	1 Net unrealized gains on investments	b1
	2 Donated services and use of facilities	b2
	3 Recoveries of prior year grants	b3
	4 Other (specify) _____	b4
	Add lines b1 through b4	b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 12, but not on line a :	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify) _____	d2
	Add lines d1 and d2	d
e	Total revenue (Part I, line 12) Add lines c and d	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

		N/A
a	Total expenses and losses per audited financial statements	a
b	Amounts included on line a but not on Part I, line 17	
	1 Donated services and use of facilities	b1
	2 Prior year adjustments reported on Part I, line 20	b2
	3 Losses reported on Part I, line 20	b3
	4 Other (specify) _____	b4
	Add lines b1 through b4	b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 17, but not on line a :	
	1 Investment expenses not included on Part I, line 6b	d1
	2 Other (specify) _____	d2
	Add lines d1 and d2	d
e	Total expenses (Part I, line 17) Add lines c and d	e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JEFFREY BELL 1101 PENN. AVE. WASH., D.C. 20004	DIRECTOR 0	0.	0.	0.
MORTON C. BLACKWELL 1101 N. HIGHLAND ST. ARL., VA 22201	DIRECTOR 0	0.	0.	0.
JAMESON G. CAMPAIGNE 722 COLUMBU STREET OTTOWA, 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 100 MARYLAND AVE. NE WASH., D.C. 20002	DIRECTOR 0	0.	0.	0.
See List of Officers, Etc Statement				

Part 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 substantially less than fair rental value?		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	X	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
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?		X
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?		X
86 a	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 a	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? If 'Yes,' complete Part IX		X
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? If 'Yes,' attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		0.
	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 ▶ <u>SEE STATEMENT ATTACHED</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		8
91 a	The books are in care of ▶ <u>ORGANIZATION</u> Telephone number ▶ <u>(703) 836-8602</u> Located at ▶ <u>1007 CAMERON STREET, ALEXANDRIA VA</u> ZIP + 4 ▶ <u>22314</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	17.	
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				17.	
105 Total (add line 104, columns (B), (D), and (E))					17.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions) N/A

(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
	0			
	0			
	0			
	0			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

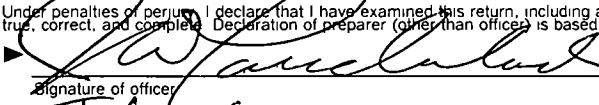
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (a), file Form 8870 and Form 4720 (see instructions)


Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and I declare that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Signature of officer: 

Type or print name and title: J.W. LAUDERBACK

Paid Preparer's Use Only

Preparer's signature: 

Firm's name (or yours if self employed), address, and ZIP + 4: JOHN W. HOLSINGER PC
120 N. ALFRED STREET
ALEXANDRIA

Form **4562**

(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0172

2005

Attachment
Sequence No **67**

Name(s) shown on return

AMERICAN CONSERVATIVE UNION

Identifying number

52-0810813

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$420,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	13	

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

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

14	Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	13,770.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	13,770.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction						(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25						
26 Property used more than 50% in a qualified business use													
27 Property used 50% or less in a qualified business use:													
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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
43 Amortization of costs that began before your 2005 tax year				43	0.
44 Total. Add amounts in column (f) See instructions for where to report				44	0.

Miscellaneous Statement

PART VI, LINE 90a

STATES:

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

Total

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize).				
INSURANCE	5,581.	3,628.	1,116.	837.
LIST RENTAL	33,209.	0.	0.	33,209.
MEMBERSHIPS	10,100.	6,565.	2,020.	1,515.
PAC ADMIN.	9,931.	9,931.	0.	0.
PAC. CONTRIBUTIONS	11,800.	11,800.	0.	0.
TAX & LICENSE	962.	625.	192.	145.
Amortization	0.			
Total	71,583.	32,549.	3,328.	35,706.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JESSE HELMS PO BOX 247 WINGATE NC 28174	DIRECTOR 0	0.	0.	0.
CHARLES BLACK 801 K ST ST 901-L WASH., D.C. 20006	DIRECTOR 0	0.	0.	0.
BEAU BOLTER 6932 FAIRFAX DRIVE ARL., 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 816 S. JOYCE ST. ARL., VA 22202	DIRECTOR 0	0.	0.	0.
ALAN M. GOTTLIEB 2500 NORTHEAST 10TH PLACE BELLEVUE, WA 98005	DIRECTOR 0	0.	0.	0.
DUNCAN HUNTER 2265 RAYBURN HOUSE WASH., D.C. 20515-0552	DIRECTOR 0	0.	0.	0.
DAVID A. KEENE 1301 K ST. STE 800 WASH., D.C. 20004	CHAIRMAN 5	0.	0.	0.
WAYNE LAPIERRE, JR. 1250 WAPLES MILL ROAD FAIRFAX, VA 22030	DIRECTOR 0	0.	0.	0.

Form 990, Page 5, Part V-A
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
ROBERT LUDDY 12 WHEATON DRIVE TOUNGSVILLE, NC 27596	DIRECTOR 0	0.	0.	0.
J. MINTZ 2101 L STREET NW WASH., D.C. 20037-1526	DIRECTOR 0	0.	0.	0.
GROVER G. NORDQUIST 1920 L STREET, NW SUITE 200 WASH., D.C. 20036	DIRECTOR 0	0.	0.	0.
JAMES ARTHUR POPE 401 GRESHAM DRIVE RALEIGH NC 27615	DIRECTOR 0	0.	0.	0.
JAMES V. LACY 30100 TOWN CENTER DRIVE 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 DRIVE GLENDALE NY 11385	DIRECTOR 0	0.	0.	0.
CLETA MITCHELL 3000 K STREET NW WASH., D.C. 20007	DIRECTOR 0	0.	0.	0.
RON ROBISON 110 ELDEN STREET HERDON VA 20170	DIRECTOR 0	0.	0.	0.
MARC E. ROTTERMAN 1209 KINSDALE ROAD RALEIGH NC 27615	TREASURER 0	0.	0.	0.
LEWIS K. UHLER 151 N. SUNRISE AVE. ROSEVILLE, CA 95661	DIRECTOR 0	0.	0.	0.
THOMAS S. WINTER 1 MASS. AVE, STE 600 WASH., D.C. 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. N. STE 340 SEATTLE, WA 98109	DIRECTOR 0	0.	0.	0.
ELIZABETH LEONARD 1007 CAMERON STREET ALEXANDRIA, VA 22314	FINANCE DIRECTOR 40	62,319.	0.	0.

Form 990, Page 5, Part V-A
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JOSEPH MORRIS 100 WEST MONROE ST. CHICAGO, IL 60603	DIRECTOR 0	0.	0.	0.
AL CARDENAS 101 S. BISCAYNE BLVD. STE 2600 MIAMI FL 33131	DIRECTOR 0	0.	0.	0.
STEPHEN MOORE 1776 K ST., NW STE 300 WASH., D.C. 20006	DIRECTOR 0	0.	0.	0.
THOMAS W. PAUKEN 646 MILTON ST., STE 628 DALLAS, TX 75206	DIRECTOR 0	0.	0.	0.
RICHARD LESSNER 109 CAMERON PARKE CT. ALEXANDRIA, VA 22304	PAST EXECUTIVE DIREC 40	33,750.	0.	0.
W. STEVEN THAYER 1204 S. WASHINGTON ST. ALEXANDRIA, VA 22314	FORMER EXEC. DIR. 40	0.	0.	0.
CHARLES MUTH 3659 SCOTWOOD ST. LAS VEGAS, NV 89121	FORMER EXEC. DIR. 40	0.	0.	0.
CHARLIE JARVIS 3900 JERMANTOWN ROAD #450 FAIRFAX, VA 22030	DIRECTOR 0	0.	0.	0.
STACEY RUMENAP 1020 PAPERMILL CT., NW WASH., D.C. 20007	DEPUTY DIRECTOR 40	83,050.	0.	0.
IAN WALTERS 523 E. FALKLAND LN, #48 SILVER SPRING, MD 20910	COMM. DIRECTOR 40	8,776.	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	32,008.	0.	0.
JAMES W. LAUDERBACK 5524 PARKSTON ROAD BETHESDA, MD 20816	EXECUTIVE DIRECTOR 40	45,000.	0.	0.
ROBERT L. BARR, JR. 328 WILLIAM FALLS DR. CANTON, GA 30014	DIRECTOR 40	156,210.	0.	0.

Form 990, Page 4, Part IV, Line 54
Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
INVESTMENT RESERVE ACCOUNT	10,998.	7,011.
Total	<u>10,998.</u>	<u>7,011.</u>

Form 990, Page 4, Part IV, Line 56
Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
JAMES M. MURRY TRUST		
Total		

Form 990, Page 4, Part IV, Line 58
Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEPOSITS	100.	100.
CONTRIBUTIONS RECEIVABLE	66,347.	0.
Total	<u>66,447.</u>	<u>100.</u>

Form 990, Page 4, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
DUE TO FOUNDATION		
DUE TO CPAC		
Total		