

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 **2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN STUDIES CENTER	D Employer identification number 51-0232804
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1030 15TH STREET, NW STE 1040	E Telephone number (202) 408-0944
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
	Please use IRS label or print or type. See Specific Instructions	

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? 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 Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.RADIOAMERICA.ORG; WWW.WWIIVETS.COM

J Organization type (check only one) 501(c)(3) 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 **8,050,218.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	5,591,242.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 5,591,242. noncash \$)	1d	5,591,242.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	66,681.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	179.	
	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)	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, columns (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 \$ 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		
Expenses	11 Other revenue (from Part VII, line 103)	11	2,392,116.	
	12 Total revenue (add lines 1, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	8,050,218.	
	13 Program services (from line 4, column (B))	13	3,656,676.	
	14 Management and general (from line 44, column (C))	14	726,693.	
	15 Fundraising (from line 44, column (D))	15	3,893,084.	
	16 Payments to affiliates (attach schedule)	16		
Net Assets	17 Total expenses (add lines 16 and 44, column (A))	17	8,276,453.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-226,235.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	151,037.	
	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	-75,198.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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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 (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	234,360.	166,305.	68,055.	
26	Other salaries and wages	1,266,297.	898,584.	367,713.	
27	Pension plan contributions	NONE			
28	Other employee benefits				
29	Payroll taxes	99,977.	70,945.	29,032.	
30	Professional fundraising fees	373,023.			373,023.
31	Accounting fees	37,545.	26,643.	10,902.	
32	Legal fees	8,941.	6,345.	2,596.	
33	Supplies	15,075.	10,697.	4,378.	
34	Telephone	98,504.	69,900.	28,604.	
35	Postage and shipping	1,154,154.	12,849.	5,258.	1,136,047.
36	Occupancy	282,998.	200,820.	82,178.	
37	Equipment rental and maintenance	10,215.	7,249.	2,966.	
38	Printing and publications	914,746.	2,433.	996.	911,317.
39	Travel	17,901.	12,703.	5,198.	
40	Conferences, conventions, and meetings	160,642.	160,642.		
41	Interest	8,713.	6,183.	2,530.	
42	Depreciation, depletion, etc (attach schedule) STMT 16	53,844.	38,209.	15,635.	
43	Other expenses not covered above (itemize)				
a	STMT 1	43a 3,539,518.	1,966,169.	100,652.	1,472,697.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	8,276,453.	3,656,676.	726,693.	3,893,084.

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 \$ 4,347,015.; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ 687,017.; and (iv) the amount allocated to Fundraising \$ 3,659,998.

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

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

What is the organization's primary exempt purpose? **SEE STATEMENT 2**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

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

a SEE STATEMENT 17

(Grants and allocations \$) If this amount includes foreign grants, check here **3,656,676.**

b

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

c

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

d

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

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

f Total of Program Service Expenses (should equal line 44, column (B), Program services). **3,656,676.**

Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	138,050.	45	135,003.
	46 Savings and temporary cash investments	54,206.	46	54,232.
	47a Accounts receivable	47a 529,843.		
	b Less allowance for doubtful accounts	47b	393,881.	47c 529,843.
	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 and loans receivable (attach schedule)	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)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a 338,715.			
b Less accumulated depreciation (attach schedule)	STMT 16 57b 221,705.	170,346.	57c 117,010.	
58 Other assets (describe ▶ STMT 3)		17,205.	58 37,119.	
59 Total assets (must equal line 74) Add lines 45 through 58		773,688.	59 873,207.	
Liabilities	60 Accounts payable and accrued expenses	544,092.	60	873,862.
	61 Grants payable		61	
	62 Deferred revenue		62	16,675.
	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)	STMT 4 78,559.	64b	57,868.
65 Other liabilities (describe ▶)			65	
66 Total liabilities. Add lines 60 through 65		622,651.	66 948,405.	
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	40,037.	67	-206,198.
	68 Temporarily restricted	111,000.	68	131,000.
	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)		151,037.	73 -75,198.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		773,688.	74 873,207.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 10
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT. 9
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax-exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d with X marks in Yes/No columns.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains dashes.

Part VI Other Information (See the instructions.)

- 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? If "Yes," attach a conformed copy of the changes
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
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? If "Yes," attach a statement
80a 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?
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions).
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with X marks in Yes/No columns.

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	N/A		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		N/A
c	Dues, assessments, and similar amounts from members	85 c	N/A
d	Section 162(e) lobbying and political expenditures	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87 a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE; section 4912 <input type="checkbox"/> NONE; section 4955 <input type="checkbox"/> NONE		
b	501(c)(3) and 501(c)(4) orgs 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	89 b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> NONE		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> NONE		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> SEE ATTACHED LIST, STMT 18		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	29
91 a	The books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no <input type="checkbox"/> (202) 408-0944 Located at <input type="checkbox"/> 1030 15TH STREET, NW #1040, WASHINGTON, DC ZIP + 4 <input type="checkbox"/> 20005		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91 b	X
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 <input type="checkbox"/>	91 c	X
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 <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

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 CONFERENCE/PUBLICA					57,301.
b D-DAY 60TH ANNIV.					9,380.
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			14	179.	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b STMT 10		2,234,149.		157,967.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,234,149.		158,146.	66,681.
105 Total (add line 104, columns (B), (D), and (E))					2,458,976.

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)
▼	STMT 11

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

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

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

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

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

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

Please Sign Here

Signature of officer: James C. Roberts

Type or print name and title: James C. Roberts

Paid Preparer's Use Only

Preparer's signature: Joe C. Susco

Firm's name (or your name if self-employed), address, and ZIP + 4: BOND BEEBE, A PROF
1421 PRINCE STREET
ALEXANDRIA, VA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization: **AMERICAN STUDIES CENTER**
Employer identification number: **51-0232804**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 12				
Total number of other employees paid over \$50,000 . . . ▶	2			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 13		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 14		
Total number of other contractors receiving over \$50,000 for other services ▶	NONE	

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities and other organizational actions.

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

The organization is not a private foundation because it is. (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [] A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
12 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization [] Type 1 [] Type 2 [] Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes empty rows for data entry.

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns for years (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 7 of the instructions.) **NOT APPLICABLE**
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

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

Table with 4 columns: Description, Yes, No, Amount. Rows for various lobbying activities a-i.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART II - OTHER EXPENSES
=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
PUBLIC EDUCATION	687,017.	687,017.		
COMMENTATORS	477,459.	477,459.		
STUDIO/SATELLITE	108,842.	108,842.		
PROGRAM PRODUCTION	36,889.	26,177.	10,712.	
BUSINESS DEVELOPMENT	155,449.	110,309.	45,140.	
CAGING	18,391.			18,391.
LIST MAINTENANCE	84,629.			84,629.
MAIL HOUSE	483,506.			483,506.
FULFILLMENT MATERIALS	163,139.			163,139.
MISCELLANEOUS	489,946.			489,946.
INSURANCE	124,563.	88,392.	36,171.	
OFFICE EXPENSE	-4,404.	-3,125.	-1,279.	
COMPUTER EXPENSE	33,775.	23,967.	9,808.	
BAD DEBT	8,675.	8,675.		
PROMOTIONS	26,888.	26,888.		
AGENCY DISCOUNTS	173,503.	173,503.		
WORLD WAR II PROGRAM	238,065.	238,065.		
LIST ROYALTY EXPENSE	233,086.			233,086.
DC FRANCHISE TAX	100.		100.	
TOTALS	3,539,518.	1,966,169.	100,652.	1,472,697.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO ENGAGE IN NONPARTISAN ANALYSIS, STUDY AND RESEARCH INTO THE
INTERRELATIONSHIP OF GOVERNMENTAL SYSTEMS, ACTIVITIES AND POLICIES
ON THE PRIVATE SECTOR OF THE UNITED STATES AND TO MAKE THE RESULTS
AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
OTHER RECEIVABLES	17,214.
DEPOSITS	17,128.
INCOME TAX RECEIVABLE	2,777.
<hr/>	
TOTALS	37,119.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: BB&T - LINE OF CREDIT
ORIGINAL AMOUNT: 50,000.
DATE OF NOTE: 11/16/2001
REPAYMENT TERMS: DUE ON DEMAND
SECURITY PROVIDED: COMPANY ASSETS
PURPOSE OF LOAN: GENERAL FINANCING

BEGINNING BALANCE DUE 9,944.
ENDING BALANCE DUE 29,357.

LENDER: DEUTSCHE FINANCIAL
ORIGINAL AMOUNT: 31,370.
INTEREST RATE: 12.000000
DATE OF NOTE: 03/28/2001
MATURITY DATE: 03/28/2005
REPAYMENT TERMS: \$822 MONTHLY
SECURITY PROVIDED: COMPANY ASSET
PURPOSE OF LOAN: PURCHASE EQUIPMENT

BEGINNING BALANCE DUE 813.
ENDING BALANCE DUE NONE

LENDER: DEUTSCHE FINANCIAL
ORIGINAL AMOUNT: 11,723.
INTEREST RATE: 13.000000
DATE OF NOTE: 04/18/2001
MATURITY DATE: 02/18/2005
REPAYMENT TERMS: \$324 MONTHLY
SECURITY PROVIDED: COMPANY ASSET
PURPOSE OF LOAN: PURCHASE EQUIPMENT

BEGINNING BALANCE DUE 638.
ENDING BALANCE DUE NONE

LENDER: NEC FINANCIAL SERVICES
 ORIGINAL AMOUNT: 33,400.
 INTEREST RATE: 13.250000
 DATE OF NOTE: 06/18/2003
 MATURITY DATE: 06/01/2009
 REPAYMENT TERMS: \$674.68 MONTHLY
 SECURITY PROVIDED: COMPANY ASSET
 PURPOSE OF LOAN: PURCHASE TELEPHONE EQUIPMENT

BEGINNING BALANCE DUE 26,967.
 ENDING BALANCE DUE 22,177.

LENDER: BB&T
 ORIGINAL AMOUNT: 75,000.
 INTEREST RATE: 6.000000
 DATE OF NOTE: 09/15/2003
 MATURITY DATE: 09/15/2005
 REPAYMENT TERMS: \$3,327 MONTHLY
 SECURITY PROVIDED: COMPANY ASSETS
 PURPOSE OF LOAN: PURCHASE EQUIPMENT

BEGINNING BALANCE DUE 29,077.
 ENDING BALANCE DUE NONE

LENDER: GRAYBAR FINANCIAL
 ORIGINAL AMOUNT: 9,566.
 INTEREST RATE: 3.960000
 DATE OF NOTE: 01/06/2004
 MATURITY DATE: 03/06/2007
 REPAYMENT TERMS: \$251 PER MONTH
 SECURITY PROVIDED: COMPANY ASSETS
 PURPOSE OF LOAN: RADIO EQUIPMENT PURCHASE

BEGINNING BALANCE DUE 6,481.
 ENDING BALANCE DUE 3,672.

LENDER: GRAYBAR FINANCIAL
 ORIGINAL AMOUNT: 6,672.
 INTEREST RATE: 6.590000
 DATE OF NOTE: 01/27/2004
 MATURITY DATE: 03/27/2007
 REPAYMENT TERMS: \$185 PER MONTH
 SECURITY PROVIDED: COMPANY ASSETS
 PURPOSE OF LOAN: COMPUTER EQUIPMENT PURCHASE

BEGINNING BALANCE DUE	4,639.
ENDING BALANCE DUE	2,662.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	78,559.
---	---------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	57,868.
--	---------

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JAMES C. ROBERTS 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	PRESIDENT 40	234,360.	27,109.	NONE
MARC LIPSITZ 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	VICE PRESIDENT NONE	NONE	NONE	NONE
FRANK DONATELLI 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	SECRETARY NONE	NONE	NONE	NONE
PATRICIA J. ROBERTS 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	TREASURER NONE	NONE	NONE	NONE
ALLAN RYSKIND 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	AT-LARGE MEMBER NONE	NONE	NONE	NONE
HELEN KRIEBLE 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	AT-LARGE MEMBER NONE	NONE	NONE	NONE
ABBY S. MOFFAT	AT-LARGE MEMBER NONE	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005				
TIMOTHY DONNER 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	AT-LARGE MEMBER NONE	NONE	NONE	NONE
DAVID W. JOHNSON 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	AT-LARGE MEMBER NONE	NONE	NONE	NONE
CATHERINE WINDELS 1030 15TH STREET, NW STE 1040 WASHINGTON, DC 20005	AT-LARGE MEMBER NONE	NONE	NONE	NONE
	GRAND TOTALS	234,360.	27,109.	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE
=====

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	JAMES C. ROBERTS
NAME OF RELATED BUSINESS:	PATRICIA ROBERTS
TITLE OR ROLE:	TREASURER
RELATIONSHIP:	WIFE

FORM 990, PART VII - OTHER REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
BROADCAST/PRODUCTI	515100	340,425.			
RADIO ADVERTISING	541800	1,887,237.			
ROYALTY			15	112,374.	
PRODUCTION SERVICE	515100	6,487.			
OTHER REVENUE			01	45,593.	
		-----		-----	-----
TOTALS		2,234,149.		157,967.	
		=====		=====	=====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES
 =====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
-------------	--

93A	CONFERENCE FEES/SALES OF EXEMPT PUBLICATIONS AND VIDEOS WHICH EDUCATE THE PUBLIC ABOUT TRADITIONAL AMERICAN VALUES, LIMITED GOVERNMENT AND A FREE ECONOMY.
-----	--

93B	THE D-DAY 60TH ANNIVERSARY TOUR OF BRITAIN AND NORMANDY ENABLED WORLD WAR II COMMITTEE MEMBERS WHO PARTICIPATED IN THE TOUR TO GAIN FIRST-HAND KNOWLEDGE ABOUT THIS PIVOTAL EVENT IN AMERICAN HISTORY. THE FINDINGS OF THE TOUR WERE PUBLISHED IN THE WWII CHRONICLES, THE ORGANIZATION'S QUARTERLY PUBLICATION, THUS FURTHERING THE COMMITTEE'S GOAL TO FOSTER EDUCATION ABOUT WORLD WAR II.
-----	---

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
 =====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MICHAEL PARADISO 1030 - 15TH STREET, N.W. SUITE 1040 WASHINGTON, DC 20005	C.O.O. 40	153,210.	21,284.	NONE
RICHARD MCFADDEN 1030 - 15TH STREET, N.W. SUITE 1040 WASHINGTON, DC 20005	DIR OF OPERATIONS 40	88,605.	3,456.	NONE
JANE SILK 1030 - 15TH STREET, N.W. SUITE 1040 WASHINGTON, DC 20005	DIR BUS DEVELOPMENT 40	147,889.	3,456.	NONE
HAROLD GRAHAM 1030 - 15TH STREET, N.W. SUITE 1040 WASHINGTON, DC 20005	DIR AFFIL MKTG 40	67,917.	4,656.	NONE
HUGH COYLE 1030 - 15TH STREET, N.W. SUITE 1040 WASHINGTON, DC 20005	DIRECTOR OF FINANCE 40	55,697.	3,456.	NONE
	TOTAL COMPENSATION	----- 513,318. -----	----- 36,308. -----	----- NONE -----

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
BRUCE W. EBERLE & ASSOCIATES, INC. 1420 SPRING HILL ROAD, #490 MCLEAN, VA 22102	FUNDRAISING/EDU.	438,851.
TOTAL COMPENSATION		438,851.
		----- =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
MICHAEL REAGAN 4740 ALLOTT AVENUE SHERMAN OAKS, CA 91423	TALK SHOW HOST	150,000.
G. GORDON LIDDY 9112 RIVERSIDE DRIVE FORT WASHINGTON, MD 20744	TALK SHOW HOST	95,567.
BLANQUITA CULLUM 216 N. PITT STREET ALEXANDRIA, VA 22314	TALK SHOW HOST	61,029.
	TOTAL COMPENSATION	----- 306,596. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V, FORM 990

AMERICAN STUDIES CENTER
31-Dec-05
51-0232804
FIXED ASSETS AND ACCUMULATED DEPRECIATION

	Balance @ 12/31/04	Additions	Disposals	Balance @ 12/31/05
Furniture and Equipment	261,818 09	507 11	(10,168 05)	252,157 15
Leasehold Improvements	86,557 90	-	-	86,557 90
Total fixed assets	<u>348,375 99</u>	<u>507 11</u>	<u>(10,168 05)</u>	<u>338,715 05</u>
Acc Depr - Furniture and Equipment	(158,223 65)	(44,293 51)	10,168 05	(192,349 11)
Acc Depr. - Leasehold Improvements	(19,805.75)	(9,550 63)	-	(29,356 38)
Total Accumulated Depreciation	<u>(178,029 40)</u>	<u>(53,844 14)</u>	<u>10,168 05</u>	<u>(221,705 49)</u>

American Studies Center
EIN: 51-0232804
Form 990 – 2005

Attachment – Part III a

Radio America produces and distributes daily and weekly programs/commentaries on public policy issues totaling more than 4000 hours of broadcast time per year and airing on over 500 stations, satellite radio and the Internet.

The American Veterans Center seeks to preserve and pass on the legacy of valor and sacrifice of American veterans. The Center does this through publications, documentaries, conferences and youth outreach programs carried out through its two projects – The World War II Veterans Committee and The National Vietnam Veterans Committee.

PAGE 7, LINE 90a – LISTING OF STATES COPY OF FORM 990 PROVIDED

ALASKA	ALABAMA
ARIZONA	ARKANSAS
CALIFORNIA	COLORADO
CONNECTICUT	DISTRICT OF COLUMBIA
FLORIDA	GEORGIA
ILLINOIS	KANSAS
KENTUCKY	MARYLAND
MASSACHUSETTS	MICHIGAN
MAINE	MISSISSIPPI
MINNESOTA	NEW HAMPSHIRE
NEW JERSEY	NEW MEXICO
NEW YORK	NORTH CAROLINA
NORTH DAKOTA	OHIO
OKLAHOMA	OREGON
PENNSYLVANIA	RHODE ISLAND
SOUTH CAROLINA	TENNESSEE
UTAH	VIRGINIA
WASHINGTON	WEST VIRGINIA
WISCONSIN	

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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 <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization AMERICAN STUDIES CENTER		Employer identification number 51-0232804
	Number, street, and room or suite no. If a P.O. box, see instructions 1030 15TH STREET, NW STE 1040		
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20005		

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

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

• The books are in the care of ▶ THE ORGANIZATION

Telephone No. ▶ 202 408-0944 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 08/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2005 or
 ▶ tax year beginning _____, _____, and ending _____, _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
 c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 12-2004)