

# 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.

**2005**

Open to Public Inspection

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

<b>B</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	Please use IRS label of print or type See Specific Instructions	<b>C Name of organization</b> <b>CENTER OF THE AMERICAN EXPERIMENT</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>12 SOUTH SIXTH STREET 1024</b> City or town, state or country, and ZIP + 4 <b>MINNEAPOLIS, MN 55402-1525</b>	<b>D Employer identification number</b> <b>36-3611426</b>
	<b>E Telephone number</b> <b>(612) 338-3605</b>		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		<b>H and I are not applicable to section 527 organizations.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates <b>N/A</b> <b>H(c)</b> Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Group Exemption Number <b>N/A</b>

**6 Website:** **HTTP://WWW.AMEXP.ORG**

**J Organization type** (check only one)  501(c) ( 03 ) (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 **1,265,689.**

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>945,535.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>945,535.</b> noncash \$ _____)	<b>1d</b>	<b>945,535.</b>		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>25,535.</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>1,348.</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)					
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	<b>13,133.</b>		(B) Other		
	<b>13,470.</b>	<b>8b</b>			
<b>b</b> Less: cost or other basis and sales expenses					
<b>c</b> Gain or (loss) (attach schedule)		<b>-337.</b>	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>STMT 1</b>	<b>8d</b>	<b>-337.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>272,327.</b> of contributions reported on line 1a)	<b>9a</b>	<b>280,138.</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>280,138.</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>SEE STATEMENT 2</b>	<b>9c</b>	<b>0.</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>972,081.</b>			
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>810,829.</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>56,668.</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>153,010.</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>1,020,507.</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-48,426.</b>			
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>-311,745.</b>		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>-360,171.</b>		

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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 (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 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	198,504.	149,062.	19,728.	29,714.
26 Other salaries and wages 26	398,936.	327,363.	20,696.	50,877.
27 Pension plan contributions 27	12,387.	11,347.		1,040.
28 Other employee benefits 28	98,584.	74,983.	8,899.	14,702.
29 Payroll taxes 29	46,396.	37,125.	3,079.	6,192.
30 Professional fundraising fees 30				
31 Accounting fees 31	9,000.	7,567.	403.	1,030.
32 Legal fees 32				
33 Supplies 33	3,847.	3,235.	172.	440.
34 Telephone 34	3,395.	2,855.	152.	388.
35 Postage and shipping 35	4,950.	4,162.	222.	566.
36 Occupancy 36	45,077.	37,901.	2,018.	5,158.
37 Equipment rental and maintenance 37	1,916.	1,611.	86.	219.
38 Printing and publications 38	95,615.	95,615.		
39 Travel 39	1,837.	1,545.	82.	210.
40 Conferences, conventions, and meetings 40	35,399.	35,093.	86.	220.
41 Interest 41	9,090.	7,643.	407.	1,040.
42 Depreciation, depletion, etc (attach schedule) 42	2,188.	1,840.	98.	250.
43 Other expenses not covered above (itemize).				
a MEMBERSHIP FEES 43a	1,750.	1,750.		
b FUNDRAISING 43b	39,580.			39,580.
c OTHER 43c	12,056.	10,132.	540.	1,384.
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) 44	1,020,507.	810,829.	56,668.	153,010.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 3

**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? <b>PUBLIC POLICY EDUCATION</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SEE STATEMENT 4</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>63,072.</b>
<b>b THREE ISSUES OF OUR ONLINE JOURNAL, AMERICAN EXPERIMENT QUARTERLY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31,079.</b>
<b>c SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>49,059.</b>
<b>d SEE STATEMENT 6</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>100,149.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 7</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>567,470.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>810,829.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing	32,694.	6,922.
	46 Savings and temporary cash investments	62,409.	331.
	47 a Accounts receivable	2,710.	
	b Less: allowance for doubtful accounts		2,710.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	53,209.	5,269.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other	0.	0.	
57 a Land, buildings, and equipment basis	107,201.		
b Less: accumulated depreciation	99,887.	7,314.	
58 Other assets (describe <input type="checkbox"/> )			
<b>59 Total assets (must equal line 74) Add lines 45 through 58</b>	<b>166,082.</b>	<b>22,546.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	37,452.	76,542.
	61 Grants payable		
	62 Deferred revenue	204,600.	30,000.
	63 Loans from officers, directors, trustees, and key employees	22,000.	52,000.
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	137,500.	137,500.
65 Other liabilities (describe <input type="checkbox"/> <b>DEFERRED COMPENSATION</b> )	76,275.	86,675.	
<b>66 Total liabilities. Add lines 60 through 65)</b>	<b>477,827.</b>	<b>382,717.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	-418,484.	-409,940.
	68 Temporarily restricted	106,739.	49,769.
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
<b>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)</b>	<b>-311,745.</b>	<b>-360,171.</b>	
<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	<b>166,082.</b>	<b>22,546.</b>	



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

Yes No

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... 0
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)
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: Question ID (75b, 75c, 75d) and Answer (Yes/No). 75b: No (X), 75c: No (X), 75d: Yes (X)

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: NONE

Part VI Other Information (See the instructions.)

Yes No

- 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
78 a 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? N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
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?
b If "Yes," enter the name of the organization N/A and check whether it is [ ] exempt or [ ] nonexempt
81 a Enter direct or indirect political expenditures (See line 81 instructions.) 81a 0
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Question ID (76, 77, 78a, 78b, 79, 80a, 81b) and Answer (Yes/No). 76: No (X), 77: No (X), 78a: No (X), 78b: No (X), 79: No (X), 80a: No (X), 81b: Yes (X)

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)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
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?	X	
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		85c N/A
d	Section 162(e) lobbying and political expenditures		85d N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g 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?		85h N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		86a N/A
b	Gross receipts, included on line 12, for public use of club facilities		86b N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		87a N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b 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		88 X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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		89b 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		0.
90 a	List the states with which a copy of this return is filed <u>MN</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	11
91 a	The books are in care of <u>CENTER OF THE AMERICAN EXPERIMENT</u> Telephone no. <u>(612) 338-3605</u> Located at <u>12 SOUTH SIXTH STREET, STE 1024, MINNEAPOLIS, MN</u> ZIP + 4 <u>55402</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	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 <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>PROGRAM REVENUE</b>					25,535.
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			14	1,348.	
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			18	-337.	
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))		0.		1,011.	25,535.
105 Total (add line 104, columns (B), (D), and (E))					26,546.

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

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

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

93A PUBLIC FORUMS ON EDUCATION, HISTORY, CULTURE, AND PUBLIC POLICY  
RELATED TOPICS

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

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

**Part X Information Regarding Transfers Associated with**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract described in section 501(c)(17)(B)?

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

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

Signature of officer: *[Signature]* Date: \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature: *Jay M. Abdo*

Firm's name (or yours if self-employed), address, and ZIP + 4: **ABDO, EICK & MEYERS, LL**  
**5201 EDEN AVENUE, SUITE**  
**EDINA, MN 55436**

523163 02-03-08



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization

**CENTER OF THE AMERICAN EXPERIMENT**

Employer identification number

**36 3611426**

**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
<b>RICHARD E. TOSTENSON</b> 38064 - 441ST AVENUE, NICOLLET, MN 56	DEVLOP. DIR 32.00	58,482.		5,395.
<b>PETER J. ZELLER</b> 832 TORCHWOOD DRIVE, NEW BRIGHTON, MN	OPERATIONS DIRECTOR 40.00	56,714.		15,906.
<b>CHRIS TIEDEMENN</b> 2538 CLINTON AVE S, MINNEAPOLIS, MN 5	DIR GOV'T AFFAIRS 40.00	51,285.		5,093.
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>N/A</b>		0.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>17,263.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p style="text-align: center;"><b>VI-B, LINE I</b></p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	<b>X</b>	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p>		<b>X</b>
<p>b Lending of money or other extension of credit?</p>	<b>X</b>	
<p>c Furnishing of goods, services, or facilities?</p>		<b>X</b>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>X</b>	
<p>e Transfer of any part of its income or assets?</p>		<b>X</b>
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>		<b>X</b>
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		<b>X</b>
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		<b>X</b>
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		<b>X</b>
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		<b>X</b>

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

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

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

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	524,000.	900,990.	536,701.	567,887.	2,529,578.
16 Membership fees received	0.	0.	0.	0.	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	558,846.	229,336.	521,534.	452,462.	1,762,178.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,208.	362.	8,725.	17,099.	27,394.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 9 1,793.	3,960.	5,753.
23 Total of lines 15 through 22	1,084,054.	1,130,688.	1,068,753.	1,041,408.	4,324,903.
24 Line 23 minus line 17	525,208.	901,352.	547,219.	588,946.	2,562,725.
25 Enter 1% of line 23	10,841.	11,307.	10,688.	10,414.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 51,255.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 349,451.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,562,725.
d Add: Amounts from column (e) for lines: 18 27,394. 19 _____ 22 5,753. 26b 349,451.					26d 382,598.
e Public support (line 26c minus line 26d total)					26e 2,180,127.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.0707%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? 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?		
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.		
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		

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

**N/A**

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h** )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	<b>X</b>	
<b>X</b>		
	<b>X</b>	
<b>X</b>		59.
<b>X</b>		15,180.
	<b>X</b>	
<b>X</b>		524.
<b>X</b>		1,500.
		17,263.

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

**SEE STATEMENT 10**



FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT      1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
ALLSTATE CORP	10,030.	10,240.	0.	-210.
US BANKCORP	1,001.	1,061.	0.	-60.
TXU CORP	998.	1,055.	0.	-57.
BARRICK GOLD CORP	1,104.	1,114.	0.	-10.
TO FORM 990, PART I, LINE 8	13,133.	13,470.	0.	-337.

FORM 990                      SPECIAL EVENTS AND ACTIVITIES                      STATEMENT      2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER	479,625.	249,263.	230,362.	230,362.	0.
FALL BRIEFING	72,840.	23,064.	49,776.	49,776.	0.
TO FM 990, PART I, LINE 9	552,465.	272,327.	280,138.	280,138.	0.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3  
 PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MITCHELL PEARLSTEIN	99,864.	10,400.	23,789.	134,053.
A. PROGRAM SERVICES	74,988.	10,400.	23,789.	109,177.
B. MANAGEMENT AND GENERAL	9,926.			9,926.
C. FUNDRAISING	14,950.			14,950.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANNETTE MEEKS	98,640.	0.	13,164.	111,804.
A. PROGRAM SERVICES	74,069.		13,164.	87,233.
B. MANAGEMENT AND GENERAL	9,805.			9,805.
C. FUNDRAISING	14,766.			14,766.

TOTAL PROGRAM SERVICES				196,410.
TOTAL MANAGEMENT AND GENERAL				19,731.
TOTAL FUNDRAISING				29,716.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				245,857.



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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT      4

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DESCRIPTION OF PROGRAM SERVICE ONE

FOUR PUBLIC FORUMS FEATURING PROMINENT EXPERTS ON BLOGGING, GAMBLING, ACADEMIC BIAS IN HISTORY TEXTS, AND A BIOGRAPHER OF REAGAN AND CHURCHILL. ALSO, WE HOSTED THE MINNESOTA PREMIER OF THE MOVIE "IN THE FACE OF EVIL" ABOUT RONALD

REAGAN'S 40-YEAR CONFRONTATION WITH COMMUNISM. TOTAL REGISTERED ATTENANCE: 1,029.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
_____	_____
=====	63,072. =====

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

5

DESCRIPTION OF PROGRAM SERVICE THREE

CONTINUED OUR ON-LINE MINNESOTAVOTES.ORG[, ] A USER FRIENDLY WEBSITE THAT PUTS THE VOTING RECORDS OF ALL MINNESOTA LEGISLATORS AT YOUR FINGERTIPS, 24 HOURS A DAY. IT INCLUDES A "REAL-TIME," CONCISE, NON-PARTISAN DESCRIPTION OF ALL

BILLS INTRODUCED EACH LEGISLATIVE SESSION.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

49,059.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE FOUR

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DEVELOPED OUR COLLEGE OUTREACH PROGRAM (FACT - FOUNDATIONS FOR ACTIVE CONSERVATIVE THINKING) AND THE CORRESPONDING WEBSITE (INTELLECTUALTAKEOUT.COM). THIS WEBSITE WILL PROVIDE STUDENTS WITH THE FREE-MARKET AND CONSERVATIVE IDEAS ON

CURRENT ISSUES OF THE DAY AS WELL AS TO PROVIDE THOUGHTFUL, INTELLECTUAL BACKGROUND INFORMATION IN EIGHT SUBJECT AREAS. WE ALSO PROVIDE SPEAKERS FOR COLLEGES THROUGHOUT THE STATE AND ASSIST CAMPUS LEADERS IN FINDING FREE-MARKET SPEAKERS ON

VARIOUS TOPICS OF INTEREST TO STUDENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		100,149.

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FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
RELEASED TWO RESEARCH REPORTS: ONE COMPARING THE EFFICIENCY AND EFFECTIVENESS OF MINNESOTA SCHOOL DISTRICTS AND A SPECIAL REPORT ON THE TRUE SOCIAL COSTS ASSOCIATED WITH GAMBLING, OTHER		41,478. 525,992.
TOTAL TO FORM 990, PART III, LINE E		567,470.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MITCHELL B. PEARLSTEIN 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	PRESIDENT 40.00	99,864.	10,400.	23,789.
THOMAS STAUBER 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	CHAIRMAN 0.00	0.	0.	0.
RON SCHUTZ 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	VICE CHAIRMAN 0.00	0.	0.	0.
MARK S. LARSON 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	SECRETARY 0.00	0.	0.	0.
BRUCE A. THOMSON 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	TREASURER 0.00	0.	0.	0.
GINA DINGMAN 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
KENNETH EVENSTAD 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
SCOTT W. JOHNSON 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
A.M. KEITH 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
THOMAS F. KORDONOWY 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
SARAH MEALEY 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.

KENNETH W. MORRIS 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
RICHARD W. PERKINS 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
ANNETTE MEEKS 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	CEO 40.00	98,640.	0.	13,164.
BILL SCHNEIDER 12 SOUTH SIXTH STREET, SUITE 1024 MINNEAPOLIS, MN 55402	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>198,504.</u>	<u>10,400.</u>	<u>36,953.</u>

SCHEDULE A	OTHER INCOME				STATEMENT 9
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
MISC	0.	0.	1,793.	3,960.	
TOTAL TO SCHEDULE A, LINE 22	<u>0.</u>	<u>0.</u>	<u>1,793.</u>	<u>3,960.</u>	

SCHEDULE A

STATEMENT OF LOBBYING ACTIVITIES - PART VI-B

STATEMENT 10

LINE B: PAID STAFF OR MGMT: OUR DIRECTOR OF GOVERNMENT AFFAIRS AND PUBLIC PROGRAMS WORKED PART TIME IN THIS CAPACITY THROUGH JULY OF 2005. DURING THE FIRST FIVE MONTHS OF THE YEAR WHEN THE MINNESOTA LEGISLATURE WAS IN SESSION, HE DEVOTED LESS THAN 10% OF HIS TIME TO MONITOR AND TRACK LEGISLATION OF INTEREST TO OUR ORGANIZATION.

LINE D: MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC: WE SENT TWO REPORTS TO THE MINNESOTA LEGISLATURE IN 2005: A REPORT ON EFFICIENCY AND EFFECTIVENESS IN MINNESOTA SCHOOL DISTRICTS AND A SPECIAL REPORT ON GAMBLING. THE ONLY OTHER CORRESPONDENCE WE SEND TO ELECTED OFFICIALS IS TO RESPOND TO THEIR INDIVIDUAL REQUESTS FOR INFORMATION ON CERTAIN TOPICS.

LINE E: PUBLICATIONS, OR PUBLISHED OR BROADCASTED STATEMENTS: WE POST ON OUR WEBSITE A QUARTERLY JOURNAL WHICH OCCASIONALLY CONTAINS ARTICLES THAT PERTAIN TO LEGISLATIVE ACTIVITY. DURING THE LEGISLATIVE SESSION, WE MAINTAINED A NON-PARTISAN WEBSITE THAT LISTED ALL LEGISLATION INTRODUCED AND CHRONICLED EVERY VOTE TAKEN IN THE STATE HOUSE AND SENATE. THIS WEBSITE DOESN'T PROMOTE A POSITION ON ANY ISSUE AND IS AVAILABLE FREE OF CHARGE TO ANYONE INTERESTED IN THE MINNESOTA LEGISLATIVE PROCESS. WE ALSO DISTRIBUTED INFORMATION ABOUT THE FOLLOWING LEGISLATIVE ACTIVITIES DURING 2005: A REPORT ON EFFICIENCY AND EFFECTIVENESS IN MINNESOTA SCHOOL DISTRICTS AND A SPECIAL REPORT ON GAMBLING. WE DO NOT LOBBY THE FEDERAL GOVERNMENT, HOWEVER.

LINE G: DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: OUR STAFF, IN THEIR OFFICIAL CAPACITIES, HAD DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, AND GOVERNMENT OFFICIALS ON APPROXIMATELY 10 OCCASIONS TO DISCUSS EDUCATION, GAMBLING, AND GOVERNMENT ACCOUNTABILITY ISSUES. THIS CONTACT WAS EITHER BY PHONE OR IN PERSON. WE HELD ONE LEGISLATIVE ROUNDTABLE DISCUSSION ON GAMBLING FOR MEMBERS OF THE MINNESOTA LEGISLATURE.

LINE H: RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY OTHER MEANS: WE HOSTED SEVEN PUBLIC PROGRAMS DURING 2005. JOHN HINDERAKER AND SCOTT JOHNSON SPOKE ABOUT BLOGGING AND THE ROLE THEY PLAYED IN EXPOSING A FRAUDULENT 60 MINUTES REPORT; EARL GRINOLS SPOKE ABOUT THE TRUE SOCIAL COST OF GAMBLING; RUDY GIULIANI SPOKE ON LEADERSHIP; WE HOSTED THE MINNESOTA PREMIER OF THE MOVIE "IN THE FACE OF EVIL" ABOUT RONALD REAGAN'S 40-YEAR CONFRONTATION WITH COMMUNISM; LARRY SCHWEIKART SPOKE ABOUT HOW ACADEMIC BIAS DISTORTS AMERICA'S PAST; P.J. O'ROURKE SPOKE ON "GOVERNMENT VS. THE FREE MARKET;" AND STEVEN HAYWARD SPOKE ON "REAGAN, CHURCHILL AND THE MAKING OF EXTRAORDINARY LEADERS." WE DO NOT LOBBY THE FEDERAL GOVERNMENT ON THESE OR ANY OTHER TOPICS.

**Center of the American Experiment Depreciation Schedule (5 year straightline)**

Cost	1,276	2,254	2,285	1,424	325	801	3,188	2,142			
	Jul-00	Mar-02	May-03	Nov-04	Dec-04	Jan-05	Apr-05	Sep-05			
	Phone Eq	Winng	Soft. & Laptop	Comp. Eq	2 Comp	Phone Eq	1 Comp	3 Comp./S.	Lap. & Com	Month Total	2005 Total
Jan-05	21 27	37 57	38 09	23 74	5 42	13 36				139.44	
Feb-05	21 27	37 57	38 09	23 74	5 42	13 36				139.44	
Mar-05	21 27	37 57	38 09	23 74	5 42	13 36				139.44	
Apr-05	21 27	37 57	38 09	23 74	5 42	13 36	53 14			192.58	
May-05	21 27	37 57	38 09	23 74	5 42	13 36	53 14			192.58	
Jun-05	21 27	37 57	38 09	23 74	5 42	13 36	53 14			192.58	
Jul-05	21 27	37 57	38 09	23 74	5 42	13 36	53 14			192.58	
Aug-05		37 57	38 09	23 74	5 42	13 36	53 14			171.31	
Sep-05		37 57	38 09	23 74	5 42	13 36	53 14	35 70		207 01	
Oct-05		37 57	38 09	23 74	5 42	13 36	53 14	35 70		207 01	
Nov-05		37 57	38 09	23 74	5 42	13 36	53 14	35 70		207 01	
Dec-05		37 57	38 09	23 74	5 42	13 36	53 14	35 70		207.01	2187 99

- 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	Name of Exempt Organization <b>CENTER OF THE AMERICAN EXPERIMENT</b>	Employer identification number <b>36-3611426</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>12 SOUTH SIXTH STREET, NO. 1024</b>	For IRS use only
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MINNEAPOLIS, MN 55402-1525</b>	

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 **CENTER OF THE AMERICAN EXPERIMENT**  
Telephone No **(612) 338-3605** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006.**

5 For calendar year **2005**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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 **Thorn J. Kadal** Title **CPA** Date **8-14-06**

**Notice to Applicant - To Be Completed by the IRS**

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

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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

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

