

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

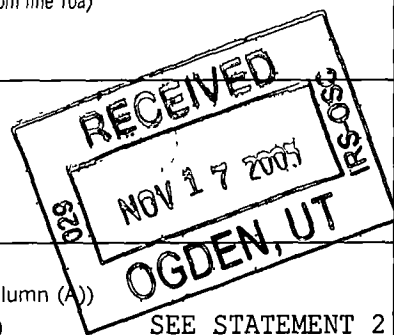
Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2004 calendar year, or tax year beginning, 2004, and ending; B Check if applicable; C Please use IRS label or print or type; D Employer Identification Number; E Telephone number; F Accounting method; G Web site; H and I are not applicable to section 527 organizations; J Organization type; K Check here; L Gross receipts; M Check if the organization is not required to attach Schedule B.

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

Table with 21 rows detailing revenue and expenses. Columns include description, sub-rows (a, b, c), and total amounts. Total revenue is 8,747,319 and total expenses are 8,421,962.



SCANNED DEC 15 2005

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	273,740.	215,074.	14,920.	43,746.
26 Other salaries and wages	26	120,593.	99,555.	20,378.	660.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	26,029.	20,768.	2,330.	2,931.
30 Professional fundraising fees	30				
31 Accounting fees	31	25,285.		25,285.	
32 Legal fees	32	20,371.		9,516.	10,855.
33 Supplies	33	8,768.	6,996.	785.	987.
34 Telephone	34	11,962.	9,544.	1,071.	1,347.
35 Postage and shipping	35	17,946.	13,916.	1,644.	2,386.
36 Occupancy	36	114,406.	91,282.	10,241.	12,883.
37 Equipment rental and maintenance	37	475.	379.	42.	54.
38 Printing and publications	38	37,582.	15,954.	8,543.	13,085.
39 Travel	39	9,147.	7,298.	819.	1,030.
40 Conferences, conventions, and meetings	40	1,250.	997.	112.	141.
41 Interest	41	9,960.	7,946.	892.	1,122.
42 Depreciation, depletion, etc (attach schedule)	42	8,524.	6,801.	763.	960.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	7,735,924.	5,449,201.	19,112.	2,267,611.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	8,421,962.	5,945,711.	116,453.	2,359,798.

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 \$ 7,601,927.; (ii) the amount allocated to Program services \$ 5,351,051.; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ 2,250,876.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? PUBLIC POLICY RESEARCH AND EDUCATION.
 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

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

a SEE STATEMENT 4				
		(Grants and allocations \$ _____)		5,945,711.
b		(Grants and allocations \$ _____)		
c		(Grants and allocations \$ _____)		
d		(Grants and allocations \$ _____)		
e Other program services		(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				5,945,711.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45	Cash – non-interest-bearing	581,927.	45	1,174,073.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	2,088.		
		b Less: allowance for doubtful accounts		47c	2,088.
	48a	Pledges receivable	30,000.		
		b Less: allowance for doubtful accounts		48c	30,000.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	80.
	51a	Other notes & loans receivable (attach sch)			
		b Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	13,663.	53	26,543.
	54	Investments – securities (attach schedule)		54	
		<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a	Investments – land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c		
56	Investments – other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	1,343,229.			
	b Less: accumulated depreciation (attach schedule)				
	STATEMENT 5	47,986.	7,877.	57c	1,295,243.
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 6)		58	20,046.	
59	Total assets (add lines 45 through 58) (must equal line 74)	649,447.	59	2,548,073.	
LIABILITIES	60	Accounts payable and accrued expenses	542,995.	60	960,350.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)		64b	1,129,345.
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	542,995.	66	2,089,695.	
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	99,873.	67	458,378.
	68	Temporarily restricted	6,579.	68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	106,452.	73	458,378.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	649,447.	74	2,548,073.

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	▶ a	8,747,319.	a Total expenses and losses per audited financial statements
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:
(1) Net unrealized gains on investments \$ _____			(1) Donated services and use of facilities \$ _____
(2) Donated services and use of facilities \$ _____			(2) Prior year adjustments reported on line 20, Form 990 \$ _____
(3) Recoveries of prior year grants \$ _____			(3) Losses reported on line 20, Form 990 \$ _____
(4) Other (specify) _____			(4) Other (specify) _____
----- \$ _____			----- \$ _____
Add amounts on lines (1) through (4) ▶ b			Add amounts on lines (1) through (4) ▶ b
c Line a minus line b ▶ c		8,747,319.	c Line a minus line b ▶ c
			8,421,962.
d Amounts included on line 12, Form 990 but not on line a:			d Amounts included on line 17, Form 990 but not on line a:
(1) Investment expenses not included on line 6b, Form 990 \$ _____			(1) Investment expenses not included on line 6b, Form 990 \$ _____
(2) Other (specify) _____			(2) Other (specify) _____
----- \$ _____			----- \$ _____
Add amounts on lines (1) and (2) ▶ d			Add amounts on lines (1) and (2) ▶ d
e Total revenue per line 12, Form 990 (line c plus line d) ▶ e		8,747,319.	e Total expenses per line 17, Form 990 (line c plus line d) ▶ e
			8,421,962.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
AMY RIDENOUR 501 CAPITOL CT. N.E. SUITE 2 WASHINGTON, DC 20002	PRESIDENT 40	165,428.	0.	0.
DAVID RIDENOUR 501 CAPITOL CT, NE, SUITE 20 WASHINGTON, DC 20002	VICE PRESIDENT 40	108,312.	0.	0.
EDMUND F. HAISLMAIER THE HERITAGE FOUNDATION WASHINGTON, DC	DIRECTOR NONE	0.	0.	0.
VICTOR PORLIER CENTER FOR CIVIC RENEWAL NEW YORK, NY	DIRECTOR NONE	0.	0.	0.
JAY W. TIMMONS NATIONAL ASSOC. OF MANUFACTU WASHINGTON, DC	DIRECTOR NONE	0.	0.	0.
HORACE COOPER GEORGE MASON UNIVERSITY ARLINGTON, VA	DIRECTOR NONE	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

▶ Yes No

If 'Yes,' attach schedule -- see instructions

Part VI Other Information (See 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		X
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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?		X
81a	Enter direct and indirect political expenditures. See line 81 instructions. <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81b	Did the organization file Form 1120-POL for this year?		X
82a	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
82b	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.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	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
85c	c Dues, assessments, and similar amounts from members		N/A
85d	d Section 162(e) lobbying and political expenditures		N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. a Initiation fees and capital contributions included on line 12		N/A
86b	b Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) organizations. a Gross income from members or shareholders		N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		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
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
89b	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
	d Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90a	List the states with which a copy of this return is filed ▶ SEE STATEMENT 7		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		5
91	The books are in care of ▶ AMY RIDENOUR Telephone number ▶ 202-543-4110 Located at ▶ 501 CAPITOL COURT, NE SUITE 200 WASH DC ZIP + 4 ▶ 20002		
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 instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	119.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	2,921.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	500.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a _____					
b EXPENSE REIMB					4,227.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		2,921.		619.	4,227.
105 Total (add line 104, columns (B), (D), and (E))					7,767.

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 instructions.)

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

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

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

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

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 of which he or she has any knowledge.

Signature of officer: Amy Ridenour

Type or print name and title: AMY RIDENOUR, P

Paid Preparer's Use Only

Preparer's signature: John D. Hollis

Firm's name (or yours if self-employed): POLAN WHITE & ASSOCIATES

Address: 1901 RESEARCH BLVD SUITE 300

City and ZIP + 4: ROCKVILLE, MD 20850

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 Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	Employer identification number 52-1226614
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
DAVID ALMASI ----- 501 CAPITOL CT. NE, # 200, WASH DC	40	72,001.	0.	0.

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
DIRECT MAIL PROCESSORS, INC. ----- 1150 CONRAD CT.	FUNDRAISING FEES	120,752.
RESPONSE DYNAMICS, INC. ----- 2070 CHAIN BRIDGE RD. VIENNA VA 22182	FUNDRAISING FEES	1,648,861.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See 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> N/A </u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-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>		X
<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>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3a 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>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4a 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>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

Part IV Reason for Non-Private Foundation Status (See 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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,496,340.	6,663,849.	5,885,973.	5,169,027.	24,215,189.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		9,346.	600.	891.	10,837.
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.				1,133.	1,133.
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 STMT 8	185.	1,419.	4,432.		6,036.
23 Total of lines 15 through 22	6,496,525.	6,674,614.	5,891,005.	5,171,051.	24,233,195.
24 Line 23 minus line 17	6,496,525.	6,665,268.	5,890,405.	5,170,160.	24,222,358.
25 Enter 1% of line 23	64,965.	66,746.	58,910.	51,711.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 484,447.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 24,222,358.
d Add. Amounts from column (e) for lines	18 1,133.	19			26d 7,169.
	22 6,036.	26b			26e 24,215,189.
e Public support (line 26c minus line 26d total)					26e 24,215,189.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.97 %
27 Organizations described on line 12: N/A					
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:					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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 11, 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:					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add. Amounts from column (e) for lines:	15 _____	16 _____			27c
	17 _____	20 _____	21 _____		
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		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.) ----- ----- -----		
34a	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 instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table --		
If the amount on line 40 is --		
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		
The lobbying nontaxable amount is --		
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	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720		

4 -Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4 -Year Averaging Period

Calendar year (or fiscal year beginning in) ▶					
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

	Yes	No	Amount
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 .)			

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

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	TELEPHONE SYSTEM		
DATE ACQUIRED:	11/24/1998		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	12/31/2004		
TO WHOM SOLD:			
GROSS SALES PRICE:	500.		
COST OR OTHER BASIS:	9,624.		
DEPRECIATION:	9,624.		
		GAIN (LOSS)	500.
TOTAL GAIN (LOSS) OTHER ASSETS			<u>\$ 500.</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			<u>\$ 500.</u>

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT		\$ 26,569.
	TOTAL	<u>\$ 26,569.</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	1,010.	1,010.		
BANK SERVICE CHARGE	12,161.		12,161.	
BOOKS & SUBSCRIPTION	4,548.	4,548.		
CLIP SERVICES	6,669.	6,669.		
CONSULTING	22,625.	22,525.		100.
CONTRIBUTION	5,200.	5,200.		
DIRECT MAILING	7,601,927.	5,351,051.		2,250,876.
DUES	3,780.	3,780.		
GIFTS	1,140.		1,140.	
GOVERNMENT FILING FEE	9,323.			9,323.
INSURANCE	29,921.	23,874.	2,678.	3,369.
INTERNET	11,938.	9,525.	1,069.	1,344.
MISCELLANEOUS	1,662.	1,326.	149.	187.
MOVING EXPENSE	493.	393.	44.	56.
OUTSIDE SERVICE	5,679.	4,531.	508.	640.
PAYROLL SERVICES	2,880.	2,298.	258.	324.
PHOTO EXPENSE	521.	416.	46.	59.
REPAIR & MAINTENANCE	8,656.	6,906.	775.	975.
RESEARCH	28.	28.		
STORAGE COSTS	2,586.	2,586.		
TAXES	2,377.	1,896.	213.	268.

STATEMENT 3 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
WRITTING FEES	800.	639.	71.	90.
TOTAL	\$ 7,735,924.	\$ 5,449,201.	\$ 19,112.	\$ 2,267,611.

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
PROMOTE DEBATE ON ENVIRONMENTAL POLICIES & REGULATORY REFORM THROUGH THE TEN-SECOND RESPONSE NEWSLETER, NATIONAL POLICY ANALYSIS PAPERS, SEMINARS, SPEECHES, MEDIA INTERVIEWS, A WEB SITE, AND OP/EDS (SYNDICATED)		137,693.
PROMOTE POLICY/PRACTICE IMPROVEMENTS IN MINORITY ISSUES SUCH AS EDUCATION, INTACT FAMILIES, CIVIL RIGHTS, HEALTH CARE, WELFARE, & SOCIAL SECURITY THROUGH NEW VISIONS EDITORIALS TO 375 AFRICAN-AMERICAN NEWSPAPERS, SEMINARS, AND MEDIA INTERVIEWS.		104,050.
WORK TO EDUCATE AMERICANS ABOUT GOVERNMENT ACCOUNTABILITY THROUGH SEMINARS, SPEECHES, MEDIA INTERVIEWS, & WEB SITE.		6,137.
EDUCATE THE PUBLIC ON ISSUES OF PUBLIC CONCERN, INCLUDING US DOMESTIC & FOREIGN POLICY, SOCIAL SECURITY/MEDICARE, GOVERNMENT ACCOUNTABILITY/REFORM, THE ENVIRONMENT, REGULATORY AFFAIRS, CAMPAIGN REFORM, HEALTH CARE, BUDGET & TAXES THROUGH OP/EDS, PRESS RELEASES, WEB SITE & E-MAILS, SPEECHES, SEMINARS, PETITIONS, CONFERENCES AND MEETINGS.		5,697,831.
	<u>\$ 0.</u>	<u>\$ 5,945,711.</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 65,107.	\$ 41,823.	\$ 23,284.
BUILDINGS	961,475.	6,163.	955,312.
LAND	316,647.		316,647.
TOTAL	\$ 1,343,229.	\$ 47,986.	\$ 1,295,243.

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

NET INTANGIBLE ASSETS

TOTAL \$ 20,046.
20,046.

STATEMENT 7
FORM 990, PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, IN, KY, MA, MD, ME, MI, MN, NC, NH,
 NJ, NM, NY, OH, OR, PA, RI, SC, UT, VA, WA, WI & WV.

STATEMENT 8
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2003	(B) 2002	(C) 2001	(D) 2000	(E) TOTAL
LIST RENTAL INCOME	\$ 185.	\$ 1,419.	\$ 2,910.	\$ 0.	\$ 4,514.
DEBT FORGIVENESS	0.	0.	1,522.	0.	1,522.
SALE OF FIXED ASSETS	0.	0.	0.	0.	0.
OTHER INCOME	0.	0.	0.	0.	0.
TOTAL	<u>\$ 185.</u>	<u>\$ 1,419.</u>	<u>\$ 4,432.</u>	<u>\$ 0.</u>	<u>\$ 6,036.</u>

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
<u>AMORTIZATION</u>																
8	SOFTWARE	7/16/92	12/31/04	245							245	245	S/L	5		0
10	SOFTWARE (WORD LOTUS)	10/01/93	12/31/04	372							372	372	S/L	5		0
11	SOFTWARE	5/01/93	12/31/04	333							333	333	S/L	5		0
12	SOFTWARE-MICROSOFT	5/01/93	12/31/04	973							973	973	S/L	5		0
13	SOFTWARE	6/19/93	12/31/04	197							197	197	S/L	5		0
27	SOFTWARE (APPLICATION)	12/27/95	12/31/04	328							328	327	S/L	3		1
31	SOFTWARE (APPLICATION)	11/19/96	12/31/04	329							329	329	S/L	3		0
45	MAC SOFTWARE	6/04/99		405							405	405	S/L	3		0
46	SOFTWARE	6/30/01		381							381	318	S/L	3		63
55	SOFTWARE	5/31/02		2,224							2,224	777	S/L	3		741
56	SOFTWARE	12/04/03		299							299	8	S/L	3		100
64	SOFTWARE	4/27/04		990							990		S/L	3		220
65	SOFTWARE	11/27/04		773							773		S/L	3		21
68	LOAN FEES	10/14/04		17,775							17,775		S/L	30		148
TOTAL AMORTIZATION				25,624		0	0	0	0	0	25,624	4,284				1,294
<u>BUILDINGS</u>																
67	BUILDING	10/14/04		961,475							961,475		S/L	39		6,163
TOTAL BUILDINGS				961,475		0	0	0	0	0	961,475	0				6,163
<u>FURNITURE AND FIXTURES</u>																

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2	DESK	11/27/90		643							643	643	S/L	5		0
15	EXECUTIVE DESK	8/10/93		423							423	423	S/L	7		0
28	EXCUTIVE DESK	4/10/96	12/31/04	302							302	302	S/L	7		0
43	4 DRAWER FILE & STORAGE	7/30/99		1,743							1,743	1,100	S/L	7		249
44	ARTWORK FOR OFFICE WALLS	11/19/99		559							559	327	S/L	7		80
TOTAL FURNITURE AND FIXTURE				3,670		0	0	0	0	0	3,670	2,795				329
LAND																
66	LAND	10/14/04		316,647							316,647					0
TOTAL LAND				316,647		0	0	0	0	0	316,647	0				0
MACHINERY AND EQUIPMENT																
1	REFRIGERATOR	3/14/90	12/31/04	313							313	313	S/L	5		0
3	ANSWERING MACHINE	11/27/90	12/31/04	111							111	111	S/L	5		0
4	COMPUTER HARD DRIVE	12/25/92	12/31/04	515							515	515	S/L	5		0
5	PRINTER	9/02/92	12/31/04	633							633	633	S/L	5		0
6	FURNITURE STAND	4/25/92	12/31/04	41							41	41	S/L	7		0
7	RADIO	12/28/92	12/31/04	34							34	34	S/L	7		0
9	DISK DRIVE	7/25/92	12/31/04	302							302	302	S/L	5		0
14	LASERWRITER SELECTS	5/01/93	12/31/04	2,079							2,079	2,079	S/L	5		0
16	VCR	2/05/94	12/31/04	262							262	262	S/L	5		0
17	VCR	2/05/94		305							305	305	S/L	5		0
18	CAMCORDER	2/05/94	12/31/04	1,354							1,354	1,354	S/L	5		0
19	540 EXTERNAL HARD DRIVE	1/31/94	12/31/04	390							390	390	S/L	5		0
20	2 TOSHIBA 6010S TELS	6/27/94	12/31/04	448							448	448	S/L	5		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
21	COMPUTER EQUIP - LACIE	1/23/95	12/31/04	508							508	508	S/L	5		0
22	PRINTER-APPLE LASER WRIT	4/24/95		1,197							1,197	1,197	S/L	5		0
23	COMPUTER EQUIP MONITOR	4/24/95		924							924	924	S/L	5		0
24	LC 550 MAC COMPUTER	5/30/95	12/31/04	2,041							2,041	2,041	S/L	5		0
25	COMP EQUIP -ONE POWER	5/30/95		1,851							1,851	1,851	S/L	5		0
26	2 MAGNAVOX TV/VCR COMBO	10/17/95		798							798	798	S/L	5		0
29	MONITOR	6/12/96		399							399	399	S/L	5		0
30	COPIER	5/10/96	11/30/04	2,537							2,537	2,521	S/L	5		16
32	1 MAC CLASSICS II COMP.	2/14/95	12/31/04	900							900	900	S/L	5		0
33	MAC 12/640 PS LASER PRINT	8/05/97		2,165							2,165	2,165	S/L	5		0
34	COMPUTER (DAVID RIDENOUR)	7/31/97		1,260							1,260	1,260	S/L	5		0
35	JAZZ DRIVE	10/03/97		403							403	403	S/L	5		0
36	CD-ROM DRIVE	10/03/97	12/31/04	442							442	442	S/L	5		0
37	MAC & PRINTER (KEREN'S)	12/08/97		1,852							1,852	1,852	S/L	5		0
38	COMPUTER (JOHN CARLISLE'S)	12/10/97	12/31/04	1,141							1,141	1,141	S/L	5		0
39	240 MHRTZ G3 MACINTOSH	1/06/98		3,229							3,229	3,229	S/L	5		0
40	POWERBOOK 1400 C	3/23/98	12/31/04	2,051							2,051	2,051	S/L	5		0
41	COMP. MAIL MACH (LEASE)	3/08/98		1,800							1,800	1,800	S/L	5		0
42	TELEPHONE SYSTEM	11/24/98	12/31/04	9,624							9,624	9,624	S/L	5		0
47	HARD DRIVE	4/08/96	12/31/04	361							361	361	S/L	5		0
48	COMPUTER W/ MONITOR	9/25/97	1/01/04	3,176							3,176	3,176	S/L	5		0
50	USED IMAC COMPUTER	5/24/01		789							789	562	200DB	5		91
51	POWER MAC G4 COMPUTER	3/10/01		2,529							2,529	1,801	200DB	5		291
52	PRINTER & ACCESSORIES	3/16/01		2,834							2,834	2,018	200DB	5		326
53	COMPUTER REIMB TO AMY	4/16/02		4,779							4,779	2,485	200DB	5		918
54	COMPUTER & HARDDRIVE DA	3/31/02		2,330							2,330	1,212	200DB	5		447
57	COMPUTER	5/11/04		1,096							1,096		S/L	5		146

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
58	DESKTOP COMPUTER	11/01/04		2,911							2,911		S/L	5		97
59	LASER FAX MACHINE	1/22/04		873							873		S/L	5		160
60	CANON COPIER #2	12/20/04		2,111							2,111		S/L	5		0
61	CANON COPIER #1	8/05/04		2,019							2,019		S/L	5		168
62	COMPUTER	12/18/04		1,401							1,401		S/L	5		0
63	LAPTOP COMPUTER	10/26/04		2,966							2,966		S/L	5		99
	TOTAL MACHINERY AND EQUIPME			72,084		0	0	0	0	0	72,084	53,508				2,759
	MISCELLANEOUS															
49	LEASED MAILING MACHINE	11/20/98		11,914							11,914	11,914	S/L	5		0
69	LEASED TELEPHONE SYSTEMS	11/18/04		7,004							7,004		S/L	7		83
	TOTAL MISCELLANEOUS			18,918		0	0	0	0	0	18,918	11,914				83
	TOTAL DEPRECIATION			<u>1,372,794</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,372,794</u>	<u>68,217</u>				<u>9,334</u>
	GRAND TOTAL AMORTIZATION			25,624		0	0	0	0	0	25,624	4,284				1,294
	AMORTIZATION ASSETS SOLD			2,777		0	0	0	0	0	2,777	2,776				1
	AMORT REMAINING ASSETS			22,847		0	0	0	0	0	22,847	1,508				1,293
	GRAND TOTAL DEPRECIATION			<u>1,372,794</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,372,794</u>	<u>68,217</u>				<u>9,334</u>
	DEPRECIATION ASSETS SOLD			29,565		0	0	0	0	0	29,565	29,549				16
	DEPR REMAINING ASSETS			<u>1,343,229</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,343,229</u>	<u>38,668</u>				<u>9,318</u>

• 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 NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	Employer identification number 52-1226614 For IRS use only
	Number, street, and room or suite number If a P O box, see instructions 501 CAPITOL COURT, N.E. #200	
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 WASHINGTON, DC 20002	

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

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 care of **AMY RIDENOUR**
Telephone No. **202-543-4110** 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 organizations four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is **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 11/15, 2005.

5 For calendar year 2004, or other tax year beginning _____, 20____, and ending _____, 20____.

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 INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME.

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. _____ \$ _____

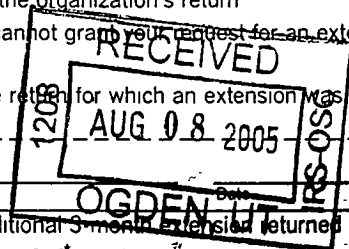
Signature and Verification

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 [Signature] Title CPA Date 8/4/05

Notice to Applicant – To be Completed by the IRS

- We **have** approved this application Please attach this form to the organization's return.
- We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed 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 POLAN WHITE & ASSOCIATES
	Number and street (include suite, room, or apartment number) or a P.O. box number 1901 RESEARCH BLVD SUITE 300
	City or town, province or state, and country (including postal or ZIP code) ROCKVILLE, MD 20850

