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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)

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.

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: CAMPAIGN FOR AMERICA'S FUTURE; D Employer identification number: 52-1861766; E Telephone number: 202-955-5665

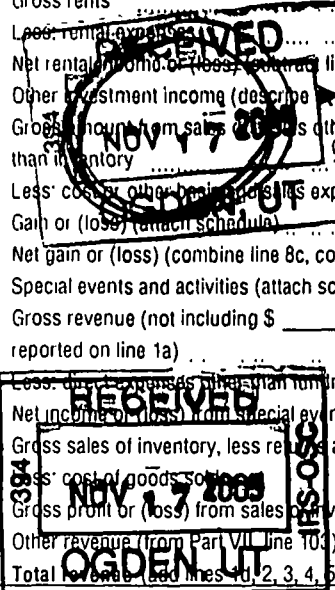
G Website: WWW.OURFUTURE.ORG; J Organization type: 501(c)(4); K Check here: [] if the organization's gross receipts are normally not more than \$25,000; M Check: [] if the organization is not required to attach Sch. B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,393,918.

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

Table with 21 rows and 4 columns: Description, Sub-column (1a-1c, 6a-6b, 8a-8c, 10a-10b), Total, and Final Total. Includes sections for Contributions, Program Service Revenue, Other Revenue, and Expenses.

SCANNED DEC 08 2005



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

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 \$ 50,000, noncash \$)	50,000.	50,000.	STATEMENT 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	19,158.	8,415.	8,253.	2,490.
26	Other salaries and wages	654,587.	287,513.	281,979.	85,095.
27	Pension plan contributions				
28	Other employee benefits	94,887.	41,677.	40,875.	12,335.
29	Payroll taxes	51,361.	22,559.	22,125.	6,677.
30	Professional fundraising fees				
31	Accounting fees	13,945.	3,870.	1,336.	8,739.
32	Legal fees	9,057.	5,950.	1,941.	1,166.
33	Supplies	67,001.	536.	66,320.	145.
34	Telephone	33,738.	2,251.	31,366.	121.
35	Postage and shipping	12,663.		12,663.	
36	Occupancy	268,555.		268,555.	
37	Equipment rental and maintenance				
38	Printing and publications	84,754.	79,209.	5,409.	136.
39	Travel	67,445.	50,963.	789.	15,693.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 2	-129,714.	660,707.	-697,106.	-93,315.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	1,297,437.	1,213,650.	44,505.	39,282.

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 3		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.)		
a	PROPOSE, EXPLORE, AND PROMOTE NEW ECONOMIC IDEAS TO ADDRESS PRESSING ECONOMIC AND SOCIAL PROBLEMS.	
	(Grants and allocations \$)	1,213,650.
b		
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,213,650.

Part IV Balance Sheets

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	337,339.	45 32,054.
	46 Savings and temporary cash investments		46 102,318.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 27,697.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a	57c	
b Less: accumulated depreciation	57b		
58 Other assets (describe ▶ DUE FROM CAF-IAF)		224,038. 58 538,167.	
59 Total assets (add lines 45 through 58) (must equal line 74)		569,780. 59 700,236.	
Liabilities	60 Accounts payable and accrued expenses		60 33,975.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶)		65
66 Total liabilities (add lines 60 through 65)		0. 66 33,975.	
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	569,780.	67 666,261.
	68 Temporarily restricted		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)	569,780.	73 666,261.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	569,780.	74 700,236.	

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

Part VI Other Information		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	76	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b	If "Yes," enter the name of the organization <u>SEE STATEMENT 7</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> 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?	81b	X
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?	82a	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?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
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.	85b	X
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? N/A	85g	
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	85h	
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>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</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>DISTRICT OF COLUMBIA</u>		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 24		
91	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>SEE PAGE 1</u>		

Located at SEE PAGE 1 ZIP + 4 SEE PAGE 1

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 page 33 of the instructions.)

	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 ANNUAL CONFERENCE					261,150.
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	2,977.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	71,980.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					30,878.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		74,957.	292,028.
105 Total (add line 104, columns (B), (D), and (E))					366,985.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	CONFERENCES HELD TO BUILD THE INFRASTRUCTURE NEEDED TO ENSURE THAT THE VOICE OF THE PROGRESSIVE MAJORITY IS HEARD.
103A	MISCELLANEOUS REVENUE EARNED IN FURTHERANCE OF ORGANIZATION'S EXEMPT PURPOSE.

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

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

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

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

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

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 preparer has any knowledge.

Signature of officer: *Roger D. Hickey* Date: 11-14-05 Type or print name and title: President + Co-Director Roger D. Hickey

Preparer's signature: *[Signature]* Date: 11/9/05 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN, CPA'S
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN: _____ Phone no: (301) 951-9090

Name of organization

Employer identification number

CAMPAIGN FOR AMERICA'S FUTURE

52-1861766

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SERVICE EMPLOYEES INTERNATIONAL UNION 1313 L STREET NW WASHINGTON, DC 20005	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	BERNARD AND AUDRE RAPOPORT 5400 BOSQUIE BLVD, SUITE 225 WACO, TX 76710	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	UNITED STEELWORKERS OF AMERICA 60 BOULEVARD OF ALLIES, SUITE 5 PITTSBURGH, PA 15222	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	THE ROCKEFELLER FAMILY FUND 437 MADISON AVENUE, 37TH FLOOR NEW YORK, NY 10022	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	RICHARD & SHARI FOOS 311 NORTH ROCKINGHAM AVENUE LOS ANGELES, CA 90049	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	MOVEGON.ORG PAC P.O.BOX 9063 BERKELEY, CA 94709	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

CAMPAIGN FOR AMERICA'S FUTURE

52-1861766

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CAROLINE M. GETTY 3334 E PACIFIC COAST HGWY, NUMBER 441 CORONA DEL MAR, CA 92625	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	AMERICAN FEDERATION OF LABOR & CONGRESS INDUSTRIAL ORG. 815 16TH STREET, NW WASHINGTON, DC 20006	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	GEORGE SOROS 888 7TH AVENUE, 33RD FLOOR NEW YORK, NY 10106	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	ROCKEFELLER FAMILY ASSOCIATES 30 ROCKEFELLER PLZ, ROOM 5600 NEW YORK, NY 10112	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11	TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS 9000 MACHINIST PLACE UPPER MARLBORO, MD 20772	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

CAMPAIGN FOR AMERICA'S FUTURE

52-1861766

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	COMMUNICATIONS WORKERS OF AMERICA 501-3RD STREET, NW WASHINGTON, DC 20001	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
14	SHEET METAL WORKERS' INT'L UNION 1750 NEW YORK AVENUE, NW WASHINGTON, DC 20006	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
15	AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES 80 F STREET NW WASHINGTON, DC 20001	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
16	PHILANTHROPIC COLLABORATIVE 437 MADISON AVENUE, 37TH STREET NEW YORK, NY 10022	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17	AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES 1625 L STREET, NW WASHINGTON, DC 20036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
18	AMERICAN INCOME LIFE INSURANCE COMPANY 1200 WOODED ACRES DRIVE WACO, TX 76710	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
SUB-LEASE INCOME - INSTITUTE FOR AMERICA FUTURE, INC.	1	71,980.	
TOTAL TO FORM 990, PART I, LINE 6A		71,980.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL FEES	29,784.	19,567.	6,383.	3,834.	
INSURANCE	2,156.		2,156.		
CONSULTING FEES	187,450.	52,025.	17,954.	117,471.	
RESEARCH	4,031.	2,037.	1,994.		
EVENTS	35,000.	27,748.	7,252.		
ADVERTISING AND PROMOTION	143,488.	142,307.	1,181.		
BANK FEES	4,617.	925.	3,692.		
EQUIPMENT	16,062.		16,062.		
ELECTRONIC AND WEBSITE SERVICES	182,641.	145,516.	37,125.		
OTHER EXPENSES	20,588.	744.	19,844.		
SPECIAL EVENT EXPENSES	552,124.	552,124.			
COSTS REIMBURSED BY RELATED ENTITIES	-1,307,655.	-282,286.	-810,749.	-214,620.	
TOTAL TO FM 990, LN 43	-129,714.	660,707.	-697,106.	-93,315.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

PROMOTING THE COMMON GOOD AND WELFARE OF THE GENERAL PUBLIC BY EDUCATING THE PUBLIC AND SUPPORTING PUBLIC EFFORTS AT REFORM OF ECONOMIC AND SOCIAL CONDITIONS.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS	PEOPLE FOR THE AMERICAN WAY	2000 M STREET NW SUITE 400, WASHINGTON, DC	NONE	50,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				50,000.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 5

DESCRIPTION	AMOUNT
MEETING REVENUE NETTED AGAINST EXPENSES ON FINANCIAL STATEMENT	552,124.
TOTAL TO FORM 990, PART IV-A	552,124.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
MEETING EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENT	552,124.
TOTAL TO FORM 990, PART IV-B	552,124.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 7

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CAMPAIGN FOR AMERICA'S FUTURE CC FUND	X	
INSTITUTE FOR AMERICA'S FUTURE	X	

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 CAMPAIGN FOR AMERICA'S FUTURE	Employer Identification number 52-1861766
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1025 CONNECTICUT AVENUE, N.W., NO. 205	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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 _____ Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005.**

5 For calendar year **2004**, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED FOR PREPARING 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 [Signature] Title CPA Date 8/11/05

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	Name GELMAN, ROSENBERG & FREEDMAN, CPA'S
	Number and street (include suite, room, or apt. no.) or a P.O. box number 4550 MONTGOMERY AVE., SUITE 650 NORTH
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MARYLAND 20814-2930

EXTENSION APPROVED

AUG 23 2005

SUBMISSION PROCESSING