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# Return of Organization Exempt From Income Tax

# 2005

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

### A For the 2005 calendar year, or tax year beginning

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 or print or type See Specific Instructions	<b>C Name of organization</b>		<b>D Employer identification number</b>	
		CAMPAIGN FOR AMERICA'S FUTURE		52-1861766	
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
		1025 CONNECTICUT AVENUE N.W.,		205	202-955-5665
City or town, state or country, and ZIP + 4		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)			
WASHINGTON, DC 20036					

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

H and I are not applicable to section 527 organizations.

**G Website:** WWW.OURFUTURE.ORG

**J Organization type** (check only one)  501(c) ( 4 ) (insert no )  4947(a)(1) or  527

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  N/A

**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.

**H(c)** Are all affiliates included?  N/A  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

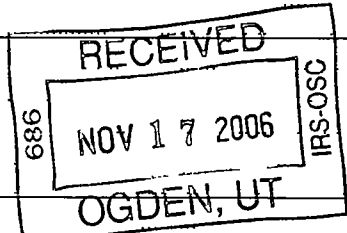
**I** Group Exemption Number  N/A

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12  1,060,686.

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	765,403.		
	<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 \$ 765,403. noncash \$ )	<b>1d</b>		765,403.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		196,384.	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		6,213.	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	6,867.		
	<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>		6,867.	
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>				
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>				
<b>8d</b>	<b>8d</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 \$ 107,263. of contributions reported on line 1a)	<b>9a</b>	35,100.			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	77,537.			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>SEE STATEMENT 2</b>		-42,437.	
<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>		50,719.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		983,149.		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		467,964.		
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		23,176.		
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		62,217.		
<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>		553,357.		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		429,792.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		666,261.		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		1,096,053.		



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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"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	22,078.	18,051.	2,125.	1,902.
26 Other salaries and wages	80,546.	65,857.	7,750.	6,939.
27 Pension plan contributions	1,398.	1,143.	135.	120.
28 Other employee benefits	18,635.	15,237.	1,793.	1,605.
29 Payroll taxes	7,850.	6,419.	754.	677.
30 Professional fundraising fees				
31 Accounting fees	40,975.	10,273.	790.	29,912.
32 Legal fees	25,378.	25,077.	159.	142.
33 Supplies	4,173.	3,506.	352.	315.
34 Telephone	4,686.	3,693.	524.	469.
35 Postage and shipping	2,376.	2,158.	115.	103.
36 Occupancy	22,003.	13,933.	4,258.	3,812.
37 Equipment rental and maintenance				
38 Printing and publications	10,104.	9,814.	153.	137.
39 Travel	17,058.	16,183.	462.	413.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	6,457.	4,088.	1,250.	1,119.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 3</b>	289,640.	272,532.	2,556.	14,552.
44 <b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	553,357.	467,964.	23,176.	62,217.

**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 4

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? ► <u>SEE STATEMENT 5</u>	<b>Program Service Expenses</b> (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</b> <u>PROPOSED, EXPLORED, AND PROMOTED NEW ECONOMIC IDEAS TO ADDRESS PRESSING ECONOMIC AND SOCIAL PROBLEMS.</u>	
_____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>467,964.</b>
<b>b</b> _____ _____ _____	
_____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> _____ _____ _____	
_____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> _____ _____ _____	
_____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ►	<b>467,964.</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	
Assets	45	Cash - non-interest-bearing	32,054.	45	89,353.
	46	Savings and temporary cash investments	102,318.	46	105,047.
	47 a	Accounts receivable	47a		
	b	Less allowance for doubtful accounts	47b	47c	
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	27,697.	53	21,000.
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b	55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	57a	32,421.		
b	Less accumulated depreciation STMT 6	57b	6,457.	57c	25,964.
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 7 )		538,167.	58	955,832.
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58		700,236.	59	1,197,196.
Liabilities	60	Accounts payable and accrued expenses	33,975.	60	99,368.
	61	Grants payable		61	
	62	Deferred revenue		62	1,775.
	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 <input type="checkbox"/> )		65	
66	<b>Total liabilities.</b> Add lines 60 through 65)		33,975.	66	101,143.
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	666,261.	67	1,096,053.
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		666,261.	73	1,096,053.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		700,236.	74	1,197,196.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	983,149.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	983,149.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	<b>Total revenue</b> (Part I, line 12) Add lines c and d		e	983,149.

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

a	Total expenses and losses per audited financial statements		a	553,357.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	553,357.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	<b>Total expenses</b> (Part I, line 17) Add lines c and d		e	553,357.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT BOROSAGE ALL CAN BE REACHED IN C/O ORGANIZATION	DIRECTOR 5.00	7,139.	720.	0.
ROGER HICKEY	DIRECTOR 10.00	6,305.	695.	0.
ELLEN MILLER	DEPUTY DIRECTOR 5.00	6,982.	237.	0.
JEFF FAUX	DIRECTOR 0.50	0.	0.	0.
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<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		<b>Yes</b>	<b>No</b>
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ _____ 4</span>		
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)	75b	X
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? <span style="float: right;"><b>SEE STATEMENT 9</b></span>	75c	X
<b>Note.</b> 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?	75d	X

(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
NONE				
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<b>Part VI</b> Other Information <i>(See the instructions)</i>		<b>Yes</b>	<b>No</b>
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? <span style="float: right;">N/A</span>	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 <span style="float: right;"><b>SEE STATEMENT 8</b></span> _____ 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) <span style="float: right;">81a   _____ 0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	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?	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		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?		
	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		
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		
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		X
89 a	501(c)(3) organizations		
	Enter: Amount of tax imposed on the organization during the year under section 4911   N/A; section 4912   N/A; section 4955   N/A		
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
	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		DC
b	Number of employees employed in the pay period that includes March 12, 2005	90b	31
91 a	The books are in care of		THE ORGANIZATION
	Located at		1025 CONNECTICUT AVENUE N.W., #205, WASHINGTON, ZIP + 4 20036
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		N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
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		N/A
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>ANNUAL CONFERENCE</b>					196,384.
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	6,213.	
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	6,867.	
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			01	-42,437.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>SUPPORT SERVICES</b>					43,454.
b <b>MISCELLANEOUS</b>					7,265.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		-29,357.	247,103.
105 Total (add line 104, columns (B), (D), and (E))					217,746.

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).
▼	SEE STATEMENT 10

**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 Personal Benefit Contracts** (See the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, 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.

Preparer's signature: *[Signature]* Date: 11-13-06 Type or print name and title: Roger D. Hickey President

Preparer's signature: *[Signature]* Date: 11/8/06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN  
4550 MONTGOMERY AVE., SUITE 605 NORTH  
BETHESDA, MARYLAND 20814-2930

EIN: \_\_\_\_\_ Phone no.: (301) 951-9090

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIES		.000	16	32,421.		0.	32,421.	0.	0.	6,457.
						32,421.		0.	32,421.	0.	0.	6,457.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	6,867.
TOTAL TO FORM 990, PART I, LINE 6A			6,867.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
DINNER	142,363.	107,263.	35,100.	77,537.	-42,437.	
TO FM 990, PART I, LINE 9	142,363.	107,263.	35,100.	77,537.	-42,437.	

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
PROFESSIONAL FEES	117,690.	116,293.	737.	660.		
INSURANCE	5,271.	0.	5,271.	0.		
CONSULTING FEES	15,840.	3,971.	306.	11,563.		
RESEARCH	1,102.	913.	100.	89.		
EVENTS	134,571.	134,027.	287.	257.		
OTHER EXPENSES	-1,615.	4,643.	-6,542.	284.		
ELECTRONIC AND WEBSITE SERVICES	16,281.	12,685.	1,897.	1,699.		
GRANTS M&G	500.		500.			
TOTAL TO FM 990, LN 43	289,640.	272,532.	2,556.	14,552.		



FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

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

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	32,421.	6,457.	25,964.
TOTAL TO FORM 990, PART IV, LN 57	32,421.	6,457.	25,964.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
DUE FROM CAF-IAF DEPOSITS	935,506. 20,326.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	955,832.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 8  
PART VI, LINE 80B

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

FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 9

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
ROBERT BOROSAGE	123,860.	12,481.	

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
INSTITUTE FOR AMERICA'S FUTURE	52-1971942

RELATIONSHIP BETWEEN ORGANIZATIONS

AFFILIATE

COMPENSATION DESCRIPTION

SHARED SERVICES, MANAGEMENT AND STAFF

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
ROGER HICKEY	109,394.	15,970.	

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
INSTITUTE FOR AMERICA'S FUTURE	52-1971942

RELATIONSHIP BETWEEN ORGANIZATIONS

AFFILIATE

COMPENSATION DESCRIPTION

SHARED SERVICES, MANEGEMENT AND STAFF

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
ELLEN MILLER	121,137.	4,109.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
INSTITUTE FOR AMERICA'S FUTURE		52-1971942	
RELATIONSHIP BETWEEN ORGANIZATIONS			
AFFILIATE			
COMPENSATION DESCRIPTION			
SHARED SERVICES, MANAGEMENT AND STAFF			

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 10  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CONFERENCES HELD TO BUILD THE INFRASTRUCTURE NEEDED TO ENSURE THAT THE VOICE OF THE PROGRESSIVE MAJORITY IS HEARD.
103A	REIMBURSEMENTS FOR ADMINISTRATIVE SUPPORT PROVIDED TO A RELATED PARTY ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. PAYMENTS COVER ACTUAL COSTS.
103B	MISCELLANEOUS REVENUE FROM ACTIVITIES RELATED TO ORGANIZATIONS EXEMPT PURPOSE.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>CAMPAIGN FOR AMERICA'S FUTURE</b>	Employer identification number <b>52-1861766</b>
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1025 CONNECTICUT AVENUE N.W., NO. 205</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

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

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

- The books are in the care of ▶ **THE ORGANIZATION**  
Telephone No. ▶ **SEE PAGE 1** FAX No. ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year **2005** or
  - ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions ..... \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)



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).

<b>Part II: Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>CAMPAIGN FOR AMERICA'S FUTURE</b>	Employer identification number <b>52-1861766</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1025 CONNECTICUT AVENUE N.W., NO. 205</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

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 **THE ORGANIZATION**  
 Telephone No. **SEE PAGE 1** 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 FOR PREPARING A COMPLETE AND ACCURATE RETURN**

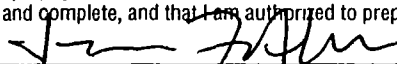
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

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  Title **CPA** Date **7/25/06**

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 <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>4550 MONTGOMERY AVE., SUITE 650 NORTH</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BETHESDA, MARYLAND 20814-2930</b>

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