

EXTENSION ATTACHED

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

1999

Department of the Treasury
Internal Revenue Service

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

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

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning _____ and ending _____

B Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN LEGISLATIVE EXCHANGE COUNCIL		D Employer identification number 52-0140979
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 910 17TH STREET, NW 5TH FL		E Telephone number (202) 466-3800
		City or town, state or country, and ZIP+4 WASHINGTON, DC 20006		F Check <input type="checkbox"/> if exemption application is pending

G Type of organization Exempt under 501(c) (3) (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

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

(b) If "Yes," enter the number of affiliates for which this return is filed: _____

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

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) _____

J Accounting method: Cash Accrual Other (specify) _____

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

REVENUE
JUL 29 2000
Revenue

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	4,445,371.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 4,445,371. noncash \$ _____)	1d	STMT 1	4,445,371.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,214,414.	
	3 Membership dues and assessments	3		53,503.	
	4 Interest on savings and temporary cash investments	4		54,977.	
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	Gain or (loss) (attach schedule)	8d			
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,768,265.		
Expenses	13 Program services (from line 44, column (B))	13	3,998,425.		
	14 Management and general (from line 44, column (C))	14	1,407,739.		
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		5,406,164.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	362,101.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	186,697.		
	20 Other changes in net assets or fund balances (attach explanation)	20	0.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		548,798.	

Part I 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 \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	221,435.	115,146.	106,289.
26	Other salaries and wages	26	1,329,506.	687,450.	642,056.
27	Pension plan contributions	27			
28	Other employee benefits	28	190,239.	98,924.	91,315.
29	Payroll taxes	29	115,742.	60,218.	55,524.
30	Professional fundraising fees	30			
31	Accounting fees	31	44,247.		44,247.
32	Legal fees	32	35,296.		35,296.
33	Supplies	33	106,971.	19,039.	87,932.
34	Telephone	34	92,241.		92,241.
35	Postage and shipping	35	99,109.	39,741.	59,368.
36	Occupancy	36	169,563.		169,563.
37	Equipment rental and maintenance	37	78,323.	62,552.	15,771.
38	Printing and publications	38	211,961.	168,818.	43,143.
39	Travel	39	325,467.	258,096.	67,371.
40	Conferences, conventions, and meetings	40	1,874,107.	1,799,247.	74,860.
41	Interest	41	64,091.	21,723.	42,368.
42	Depreciation, depletion, etc. (attach schedule)	42	86,163.		86,163.
43	Other expenses (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	361,703.	667,471.	<305,768.>
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	5,406,164.	3,998,425.	1,407,739.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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 II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SEE STATEMENT 4	
	(Grants and allocations \$ _____)	1,983,546.
b	SEE STATEMENT 5	
	(Grants and allocations \$ _____)	1,317,655.
c	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	438,354.
d	SEE STATEMENT 7	
	(Grants and allocations \$ _____)	258,870.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,998,425.

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	110,138.	196,397.
	46 Savings and temporary cash investments	1,195,740.	735,519.
	47 a Accounts receivable	8,976.	
	b Less: allowance for doubtful accounts		3,949.
	48 a Pledges receivable	830,369.	
	b Less: allowance for doubtful accounts	20,000.	
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	21,617.	6,244.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other		
	57 a Land, buildings, and equipment: basis	964,612.	
	b Less: accumulated depreciation STMT 8	804,584.	
	58 Other assets (describe ► DEPOSITS)	16,618.	16,618.
59 Total assets (add lines 45 through 58) (must equal line 74)	2,177,482.	1,934,151.	
Liabilities	60 Accounts payable and accrued expenses	993,995.	824,065.
	61 Grants payable		
	62 Deferred revenue	435,062.	437,881.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 9	509,969.	85,764.
	65 Other liabilities (describe ► DEFERRED RENT PAYABLE)	51,759.	37,643.
66 Total liabilities (add lines 60 through 65)	1,990,785.	1,385,353.	
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	<493,853.>	<349,252.>
	68 Temporarily restricted	680,550.	898,050.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72. column (A) must equal line 19 and column (B) must equal line 21)	186,697.	548,798.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,177,482.	1,934,151.	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	5,871,515.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		103,250.
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	103,250.
c	Line a minus line b	c	5,768,265.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,768,265.

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

a	Total expenses and losses per audited financial statements	a	5,509,414.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		103,250.
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	103,250.
c	Line a minus line b	c	5,406,164.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,406,164.

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

(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	(E) Expense account and other allowances
DUANE PARDE 910 17TH ST., NW WASHINGTON, DC 20006	EXECUTIVE DIRECTOR FULL TIME	131,099.	4,913.	0.
BEVERLEE LEE 910 17TH ST., NW WASHINGTON, DC 20006	DIRECTOR OF FINANCE FULL TIME	90,336.	8,828.	0.
SEE ATTACHED LIST FOR NONCOMPENSATED BOARD MEMBERS	PART TIME	0.	0.	0.

923031 12-14-99

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
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt.
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81
81 b Did the organization file Form 1120-POL for this year?
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?
82 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 for reporting in Part III.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter:
87 a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax in 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 1999

91 The books are in care of THE COUNCIL Telephone no. (202) 466-3800
Located at 910 17TH STREET, NW, WASHINGTON, DC ZIP +4 20006

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

	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) CONFERENCES/SEMINARS			07	139,580.	772,244.
(b) PUBLICATIONS					1,695.
(c) TASK FORCES					300,895.
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					53,503.
95 Interest on savings and temporary cash investments			14	54,977.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0.	194,557.	1,128,337.
105 TOTAL (add line 104, columns (B), (D), and (E))					1,322,894.

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

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 FOR STATE LEGISLATORS AND CORPORATE LEADERS ARE HELD APPROXIMATELY FOUR TIMES A YEAR.
93B	SALE OF PUBLICATIONS ON STATE LEGISLATIVE ISSUES TO ALL STATE LEGISLATORS.
93C	FEES RECEIVED FROM TASK FORCES DESCRIBED IN PART III OF THIS RETURN.
94	MEMBERSHIP PROVIDES A FORUM FOR STATE LEGISLATORS TO COMMUNICATE ON COMMON ISSUES AND POLICY AS WELL AS ACCESS TO VARIOUS PROGRAMS.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			

I am preparing this return on the basis of the information provided to me by the taxpayer, and to the best of my knowledge and belief, it is true, correct, and complete in all material respects, and I am not aware of any information of which preparer has any knowledge. (Important: See General Instruction U.)

1/23/00

**SCHEDULE A
(Form 990)**

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

1999

Supplementary Information

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

Employer identification number

52 0140979

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 & deferred compensation	(e) Expense account and other allowances
ROOP MOHUNLALL ----- 910 17TH ST., NW WASHINGTON, DC 20006	DIR-DEVELOP FULL TIME	92,512.	4,782.	0.
NOEL CARD ----- 910 17TH ST., NW WASHINGTON, DC 20006	DIR-PUB AFFR FULL TIME	85,722.	4,782.	0.
A. LINING BURNET ----- 910 17TH ST., NW WASHINGTON, DC 20006	DIR-PROGRAMS FULL TIME	64,109.	4,468.	0.
MICHAEL J. FLYNN ----- 910 17TH ST., NW WASHINGTON, DC 20006	DIR-POLICY FULL TIME	76,450.	11,495.	0.
J. GARY BARRETT ----- 910 17TH ST., NW WASHINGTON, DC 20006	DIR-MEMBER FULL TIME	79,393.	11,495.	0.
Total number of other employees paid over \$50,000 ▶	14			

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
LANG GROUP CHARTERED ----- 7101 WISCONSIN AVE #900, BETHESDA, MD 20814	ACCOUNTING	
----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying activities, property transactions, grants, and annuity plans.

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.
6 [] A school.
7 [] A hospital or a cooperative hospital service organization.
8 [] A Federal, state, or local government or governmental unit.
9 [] A medical research organization operated in conjunction with a hospital.
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b [] A community trust.
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.
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 page 4 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

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

Part IV A

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

Table with columns for calendar year (1998, 1997, 1996, 1995) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12.

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

NONE

Part V Private School Questionnaire

(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.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

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

Check here a If the organization belongs to an affiliated group.
 Check here b If you checked "a" above and "limited control" provisions apply.

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

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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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:			N/A
	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)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

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

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ARTWORK AND GRAPHICS	23,209.	21,063.	2,146.	
BAD DEBT EXPENSE	35,104.		35,104.	
CMPTER SERVICES	68,719.	9,354.	59,365.	
CONSULTANT FEES	111,992.	25,573.	86,419.	
DUES AND MEMBERSHIPS	30,126.	25,387.	4,739.	
INSURANCE	23,188.		23,188.	
MISCELLANEOUS	12,607.	12,196.	411.	
PROMOTIONAL EXPENSE	12,620.	12,620.		
RESEARCH	44,138.	39,877.	4,261.	
OVERHEAD ALLOCATION	0.	521,401.	<521,401.>	
TOTAL TO FM 990, LN 43	361,703.	667,471.	<305,768.>	

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

EXPLANATION

TO ASSIST STATE LEGISLATORS, MEMBERS OF CONGRESS, AND THE GENERAL & BUSINESS PUBLIC BY SHARING RESEARCH AND EDUCATIONAL INFORMATION.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

ALEC HOLDS NATIONAL CONFERENCES, PROVIDING WORKSHOPS ON CURRENT ISSUES WITH LEADING EXPERTS, PUBLIC FIGURES, AND ELECTED OFFICIALS. THE TWO NATIONAL CONFERENCES HELD IN 1998 WERE THE ANNUAL MEETING, AND THE STATES AND NATION POLICY SUMMIT MEETING.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
	1,983,546.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

ALEC'S POLICY TASK FORCES PROVIDE A FORUM FOR LEGISLATORS AND PRIVATE SECTOR TO DISCUSS ISSUES, DEVELOP POLICIES, AND DRAFT MODEL LEGISLATION. THE NINE TASK FORCES ARE: CRIMINAL JUSTICE; CIVIL JUSTICE; EDUCATION; ENERGY, ENVIRONMENT, NATURAL RESOURCES, AND AGRICULTURE; COMMERCE AND ECONOMIC DEVELOPMENT; TRADE AND TRANSPORTATION; TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY; HEALTH AND HUMAN SERVICES; AND TAX AND FISCAL POLICY. EACH TASK FORCE IS CO-CHAIRLED BY A PUBLIC

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

1,317,655.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

PUBLIC AFFAIRS CONDUCTS AN ON-GOING COMMUNICATIONS PROGRAM THAT INTEGRATES ALL DEPARTMENTS OF ALEC TO PROMOTE POLICIES BASED ON JEFFERSONIAN PRINCIPLES AMONG ELECTED OFFICIALS, THE PRIVATE SECTOR, THE GENERAL PUBLIC, AND ALEC'S INSTITUTIONAL GOALS AND OBJECTIVES.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

438,354.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE FOUR

MEMBERSHIP MANAGES THE PROGRAMS FOR THE RECRUITMENT AND RETENTION OF ALEC STATE LEGISLATOR MEMBERS. THIS INCLUDES LIAISON WITH THE ALEC STATE CHAIRS, PRIVATE SECTOR STATE CHAIRS, AND SIX STATE LEADERSHIP TEAMS. IN ADDITION, MEMBERSHIP PROVIDES ASSISTANCE TO ALEC STATE CHAIRS IN RAISING STATE SCHOLARSHIP FUNDS, TRACKING THE EXPENDITURES OF THESE FUNDS, AND ENSURING THAT MEMBERS OF ALEC LEADERSHIP ARE IN ACCORDANCE WITH ALEC POLICIES AND PROCEDURES.

TO FORM 990, PART III, LINE D

GRANTS	EXPENSES
	258,870.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	107,190.	106,172.	1,018.
OFFICE EQUIPMENT	580,179.	472,102.	108,077.
LEASEHOLD IMPROVEMENTS	141,182.	94,127.	47,055.
CAPITAL LEASES	136,061.	132,183.	3,878.
TOTAL TO FORM 990, PART IV, LN 57	964,612.	804,584.	160,028.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 9

LENDER'S NAME TERMS OF REPAYMENT

CHARLES G. KOCH CHARITALE FOUNDATION \$5000/QUARTERLY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
10/10/96	01/15/00	500,000.	6.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

UNSECURED PURSUING ALEC'S CHARITABLE AND EDUCATIONAL ACITVITY

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	80,000.

LENDER'S NAME TERMS OF REPAYMENT

NTFC \$396/MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
04/27/98	04/27/01	9,449.	13.84%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

VOICE MAIL PURCHASE VOICE MAIL SYSTEM

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	5,764.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 85,764.

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p><u>NATIONAL CHAIRMAN</u></p> <p>Senator Ray Haynes (2002) State Capitol, Room 2187 Sacramento, CA 95814</p>	<p>District Office: 6800 Indiana Avenue, Suite 130 Riverside, CA 92506</p>
<p><u>FIRST VICE CHAIRMAN</u></p> <p>Representative Steve McDaniel (2002) TN House of Representatives 103 War Memorial Building Nashville, TN 37243-0172</p>	<p>97 Battleground Drive Parkers Crossroads, TN 38388</p>
<p><u>SECOND VICE CHAIRMAN</u></p> <p>Senator Jim Dunlap (2001) State Capitol, Room 528-A Oklahoma City, OK 73105</p>	<p>H: 1700 Cherokee Place Bartlesville, OK 74003</p>
<p><u>TREASURER</u></p> <p>Representative Donald Ray Kennard (2001) Louisiana State Capitol Building 12th Floor, Room 1203 P. O. Box 78280 Baton Rouge, LA 70818</p>	<p>D: P. O. Box 78280 Baton Rouge, LA 70818 Shipping: 8437 Joor Road Baton Rouge, LA 70818 H: 11155 Sullivan Road Baton Rouge, LA 70818</p>

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p><u>SECRETARY</u></p> <p>Senator Philip Hoffman (2001) Michigan State Capitol Lansing, MI 48913</p>	<p>H: 2064 Little Drive Horton, MI 49246</p>
<p><u>IMMEDIATE PAST NATIONAL CHAIR</u></p> <p>Senate President Brenda Burns (2002) Office of the Senate President 1700 W. Washington, Room 204 Phoenix, AZ 85007</p>	<p>H: 8220 W. Orange Drive Glendale, AZ 85303-6006</p>
<p>BOARD OF DIRECTORS</p>	
<p>Representative Harold J. Brubaker (2000) North Carolina General Assembly State Legislative Bldg., Room 1229 Raleigh, NC 27601-1096</p>	<p>O: 135 Scarboro Street Asheboro, NC 27203 H: 215 Back Creek Church Road Asheboro, NC 27203</p>
<p>Representative Bill Carter (2002) Texas House of Representatives P. O. Box 2910 Austin, TX 78768-2910</p>	<p>D: 3525 Denton Highway, Suite A Fort Worth, TX 76117 H: 412 Havenwood Lane North Fort Worth, TX 76112</p>

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p>Representative Earl Ehrhart (2000) 18 Capitol Square, Suite 408 Atlanta, GA 30334</p>	<p>H: 2233 Lake Park Drive Smyrna, GA 30080</p>
<p>Senator George L. "Doc" Gunther (2002) CT State Capitol Legislative Office Bldg., Room 3400 Hartford, CT 06106</p>	<p>H: 890 Judson Place Stratford, CT 06497</p>
<p>Senator Billy Hewes, III (2001) New Capitol P.O. Box 1018 Jackson, MS 39215-1018</p>	<p>O: P. O. Box 2387 Gulfport, MS 39505-2387 Shipping: 11497 Hwy 49 North Gulfport, MS 39503</p>
<p>Senator Owen H. Johnson (2001) Vice President Pro-Tempore Legislative Office Bldg., Room 811 Albany, NY 12247</p>	<p>D: 23-24 Argyle Square Babylon, NY 11702</p>
<p>Representative Dolores Mertz (2002) State House DesMoines, IA 50319</p>	<p>H: 607 - 110th Street Ottoesen, IA 50570</p>

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p>Senator Dave T. Owen (2000) State Capitol 200 E. Colfax Denver, CO 80203</p>	<p>H: 2722 Buena Vista Drive Greeley, CO 80631</p>
<p>Senator Ray Powers Office of the Senate President 200 E. Colfax Denver, CO 80203</p>	<p>H: 5 N. Marksheffel Road Colorado Springs, CO 80929</p>
<p>Senator William Raggio (2001) Senate Majority Leader 401 S. Carson Street Carson City, NV 89707-4747</p>	<p>O: P. O. Box 281 Reno, NV 89504-0281 Shipping: 100 W. Liberty Street 12th Floor Reno, NV 89504</p>
<p>Senator Dean Rhoads (2001) Legislative Office Building 410 S. Carson Street Carson City, NV 89710</p>	<p>H: P. O. Box 8 Tuscarora, NV 89834 Delivery: Rhoads Ranch Rhoads Road Tuscarora, NV 89834</p>
<p>Representative Debby Sanderson (2000) 221 The Capitol Tallahassee, FL 32399-13007</p>	<p>O: 4800 N.E. 20th Terrace, Suite 401 Fort Lauderdale, FL 33308</p>

2000 ALEC JOINT BOARD OF DIRECTORS
01/03/00

<p>Assemblyman Robert Straniere (2001) Legislative Office Bldg., Room 439 Albany, NY 12248</p>	<p>D: 182 Rose Avenue Staten Island, NY 10306</p>
<p>Representative Dale Van Vyven (2000) House of Representatives 77 South High Street Columbus, OH 43266-0603</p>	<p>O: 11006 Reading Road Sharonville, OH 45241</p>
<p>Representative Susan Wagle (2001) State Capitol Building Topeka, KS 66612-1504</p>	<p>H: 14 N. Sandlewood Street Wichita, KS 57230</p>
<p><u>EX-OFFICIO MEMBER</u></p> <p>Mr. Michael K. Morgan Director, Government Affairs Koch Industries, Inc. P. O. Box 2256 Wichita, KS 67201</p>	<p><u>SHIPPING ADDRESS</u></p> <p>4111 E 37th Street, North Wichita, KS 67220</p>

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p><u>TREASURER</u></p> <p>Mr. Pete Poynter Manager, Governmental Relations BellSouth Telecommunications, Inc. 675 W. Peachtree, NE Suite 36M66 Atlanta, GA 30375</p>	<p>Home 3344 Golf Ridge Boulevard Douglasville, GA 30135</p>
<p><u>SECRETARY</u></p> <p>Mr. Edward D. Failor, Sr. President Iowans for Tax Relief 2610 Park Avenue P. O. Box 747 Muscatine, IA 52761</p>	
<p><u>IMMEDIATE PAST CHAIRMAN</u></p> <p>Mr. Allan E. Auger Director, State Government Affairs Coors Brewing Company NH 270 Golden, CO 80401</p>	<p><u>SHIPPING ADDRESS</u></p> <p>311 10th Street, NH270 Golden, CO 80401</p>

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p><u>CHAIRMAN EMERITUS</u></p> <p>Mr. Ronald F. Scheberle Assistant Vice President, Government Relations GTE P. O. Box 152092, Mail Code: HQE02B60 Irving, TX 75015-2092</p>	<p><u>SHIPPING ADDRESS</u></p> <p>600 Hidden Ridge, HQE02B60 Irving, TX 75015</p>
<p><i>PRIVATE ENTERPRISE BOARD DIRECTORS</i></p>	
<p>Ms. Jane Cahill Regional Executive External Relations PG&E Corporation 700-11th Street, NW, Suite 250 Washington, DC 20001</p>	<p>124 Meadow Lane P. O. Box 506 Deforest, WI 53532</p>
<p>Ms. Marie Chelli Director, State & Local Policy Joseph E. Seagram & Sons, Inc./Universal Studios 1401 Eye Street, NW, Suite 1220 Washington, DC 20005</p>	
<p>Mr. Richard Costigan Director, State Government Relations, Western Division Pfizer Inc. 1201 K Street Sacramento, CA 95814</p>	

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p>Mr. J. Barry Coughlin Director, State Relations Ford Motor Company P. O. Box 1899 The American Road Dearborn, MI 48121-1899</p>	
<p>Mr. John Del Giorno Vice President of Strategy Operations, Professional and State Government Affairs Glaxo Wellcome Inc. 5 Moore Drive Research Triangle Park, NC 27709</p>	
<p>Mr. Scott Fisher Director, Government Affairs - East Philip Morris Management Corporation 400 Technecenter Drive, Suite 302 Milford, OH 45150</p>	
<p>Mr. C. T. "Kip" Howlett Vice President Chlorine Chemistry Council 1300 Wilson Boulevard Arlington, VA 22209</p>	

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p>Mr. Jeffrey A. Lane Vice President, State & Local Gov't Relations Procter & Gamble 1 Procter & Gamble Plaza P. O. Box 599 Cincinnati, OH 45201-0599</p>	
<p>Mr. Kurt L. Malmgren Senior Vice President Government Affairs PhRMA 1100-15th Street, NW, Suite 900 Washington, DC 20005</p>	
<p>Mr. Frank Messersmith Government Consultant Skelding, Labasky, Corry, Hauser, Metz & Daws P. O. Box 669 Tallahassee, FL 32302-1876</p>	<p><u>SHIPPING ADDRESS</u> 318 N. Monroe Street Tallahassee, FL 32301</p>
<p>Mr. Roger L. Mozingo Vice President, State Government Relations R. J. Reynolds Tobacco Company 401 N. Main Street Winston-Salem, NC 27101</p>	

2000 ALEC JOINT BOARD OF DIRECTORS

01/03/00

<p>Mr. J. Patrick Rooney CEO Golden Rule Insurance Company 7440 Woodland Drive Indianapolis, IN 46278</p>	
<p>Mr. Jerry Watson National Association of Bail Insurance Companies 900 West Avenue Austin, TX 78701</p>	

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return.

Name: AMERICAN LEGISLATIVE EXCHANGE COUNCIL
Employer identification number: 52 0140979
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 910 17TH STREET, NW, NO. 5TH FL
City, town, or post office, state, and ZIP code. For a foreign address, see instructions: WASHINGTON, DC 20006

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until AUGUST 15 2000 to file (check only one):
Form 706-GS(D)
Form 706-GS(T)
[X] Form 990 or 990-EZ
Form 990-BL
Form 990-PF
Form 990-T (sec.401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041 (estate)
Form 1041-A
Form 1042
Form 1120-MD (sec. 4951 taxes)
Form 3520-A
Form 4720
Form 5227
Form 6069
Form 8612
Form 8613
Form 8725
Form 8804
Form 8831

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 1999, or other tax year beginning and ending
b If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
3 Has an extension of time to file been previously granted for this tax year? Yes [X] No

4 State in detail why you need the extension
DUE TO THE TIMING OF THE COMPLETION OF THE AUDIT OF THE FINANCIAL STATEMENTS, ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-MD, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. \$
b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. \$ 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: [Handwritten Signature] Title: CPA Date: 5/11/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To Be Completed by IRS

[X] We HAVE approved your application. Please attach this form to your return.
[] We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
[] We HAVE NOT approved your application. After considering your reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
[] We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
[] Other:

EXTENSION APPROVED
MAY 31 2000

Director: By: Date: RICHARD CREAMER, DIRECTOR

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name: LANG GROUP CHARTERED
Number, street and room or suite no. (or P.O. box no. if mail is not delivered to street address): 7101 WISCONSIN AVENUE, SUITE 900
City, town, or post office, state, and ZIP code. For a foreign address, see instructions: BETHESDA, MD 20814-4805

1999 TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 1999

Prepared for	AMERICAN LEGISLATIVE EXCHANGE COUNCIL 910 17TH STREET, NW NO. 5TH FL WASHINGTON, DC 20006
Prepared by	LANG GROUP CHARTERED 7101 WISCONSIN AVENUE, SUITE 900 BETHESDA, MD 20814-4805
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 15, 2000
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED. PLEASE SIGN AND DATE ADDITIONAL COPY OF FORM 990 AND MAIL TO THE D.C DEPARTMENT OF FINANCE AND REVENUE.

Asset Number	Description of property								
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
	MANAGEMENT AND GENERAL								
1	OFFICE FURNITURE								
	VARIABLE	SSL	5.00	19	107,190.		103,393.	2,779.	
2	OFFICE EQUIPMENT								
	VARIABLE	SSL	5.00	19	580,179.		425,531.	46,571.	
3	LEASEHOLD IMPROVEMENTS								
	VARIABLE	SSL	8.00	19	141,182.		76,475.	17,652.	
4	CAPITAL LEASES								
	VARIABLE	SSL	5.00	19	136,061.		113,022.	19,161.	
**	990 PAGE 2 TOTAL MANAGEMENT AND GENERAL				964,612.	0.	718,421.	86,163.	
**	GRAND TOTAL 990 PAGE 2 DEPRECIATION				964,612.	0.	718,421.	86,163.	