

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)

2005

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 2005 calendar year, or tax year beginning _____, and ending _____

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AMERICANS FOR LTD GOVERNMENT INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
20 N. WACKER DRIVE, SUITE 3330

City or town, state or country, and ZIP + 4
CHICAGO IL 60606

D Employer identification no.
36-3975580

E Telephone number
312-920-0080

F Accounting method. Cash Accrual Other (specify)

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

H and I are not applicable to section 527 organizations

- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates
- H(c)** Are all affiliates included? Yes No (If "No," attach a list. See instr.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.GETLIBERTY.ORG**

J Organization type (check only one) 501(c) (**4**) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

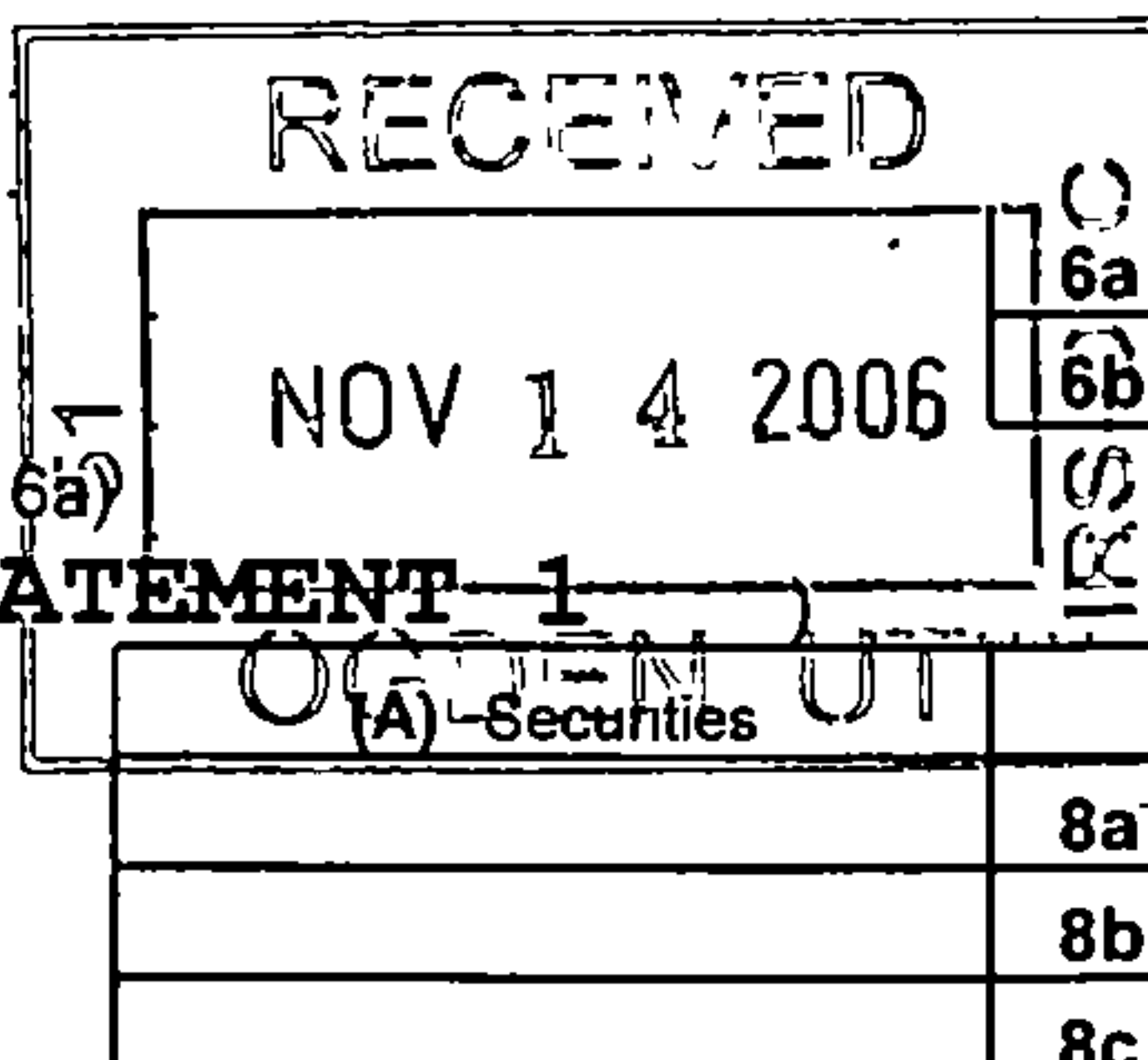
I Group Exemption Number

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **5,458,906**

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

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	5,449,874	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 5,449,874 noncash \$ _____)	1d	5,449,874	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	5,737	
5	Dividends and interest from securities	5		
6a	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 SEE STATEMENT 1)	7	1,295	
8a	Gross amount from sales of assets other than inventory	8a		
b	Less cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
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		
10a	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	2,000	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,458,906	
Expenses	13 Program services (from line 44, column (B))	13	2,744,616	
	14 Management and general (from line 44, column (C))	14	15,422	
	15 Fundraising (from line 44, column (D))	15	75,308	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	2,835,346	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,623,560	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	22,199	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,645,759	



SCANNED DEC 04 2005

Handwritten marks: 9-9 and 19

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 (See the instructions)

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) STMT 2 (cash \$ <u>2,161,859</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	2,161,859	2,161,859		
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	6,370	5,525	650	195
26 Other salaries and wages	26	45,024	30,140	8,050	6,834
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	3,632		3,632	
30 Professional fundraising fees	30				
31 Accounting fees	31	1,461		1,461	
32 Legal fees	32	2,524	2,524		
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35	19,033			19,033
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	3,180	3,180		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	592,263	541,388	1,629	49,246
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,835,346	2,744,616	15,422	75,308

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 (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?

▶ **SEE STATEMENT 4**

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) & (4) orgs, & 4947(a)(1) trusts, but optional for others.)

a RESEARCH AND EDUCATION REGARDING LIMITED GOVERNMENT IDEAS.

(Grants and allocations \$ **2,161,859**) If this amount includes foreign grants, check here ▶ **2,744,616**

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

▶ **2,744,616**

Part IV Balance Sheets (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash-non-interest-bearing			1,280	45	
	46	Savings and temporary cash investments			15,084	46	2,095,022
	47a	Accounts receivable	47a				
	b	Less. allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less. allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a	550,737			
	b	Less allowance for doubtful accounts	51b		106,168	51c	550,737
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments-securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments-land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a				
	b	Less accumulated depreciation (attach schedule)	57b			57c	
58	Other assets (describe ▶)				58		
59	Total assets (must equal line 74) Add lines 45 through 58			122,532	59	2,645,759	
Liabilities	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 5)			100,333	65	
66	Total liabilities. Add lines 60 through 65			100,333	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted				67	
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input checked="" 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			22,199	72	2,645,759
	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)			22,199	73	2,645,759
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73			122,532	74	2,645,759

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

a	Total revenue, gains, and other support per audited financial statements		a	
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	
c	Subtract line b from line a		c	
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	
e	Total revenue (Part I, line 12). Add lines c and d		e	

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not 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	
c	Subtract line b from line a		c	
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	
e	Total expenses (Part I, line 17) Add lines c and d		e	

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) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6				

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
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		
83a	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	
84a	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?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c		0
d	Section 162(e) lobbying and political expenditures		
	85d		0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	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?		
	N/A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 <input type="checkbox"/>		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> IL		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		10
91a	The books are in care of <input type="checkbox"/> THE ORGANIZATION 20 N. WACKER DRIVE Located at <input type="checkbox"/> CHICAGO, IL		
	Telephone no <input type="checkbox"/> 312-920-0080		
	ZIP + 4 <input type="checkbox"/> 60606		
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 <input type="checkbox"/>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
c	If "Yes," enter the name of the foreign country <input type="checkbox"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>		
	92		

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					5,737
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					1,295
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 OTHER INCOME					2,000
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	9,032
105 Total (add line 104, columns (B), (D), and (E))					9,032

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)
N/A	

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)

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: *John Bellman* Date: *11/7/06*
Type or print name and title: *President*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *10/12/06* Check if self-employed: Preparer's SSN or PTIN (See Gen Instr W): *P00142967*

Firm's name (or yours if self-employed), address, and ZIP + 4: *ALLIANT ADVISORS, P.C. 2500 W HIGGINS RD STE 105 HOFFMAN ESTATES, IL 60195-5220* EIN: *36-3473124* Phone no: *847-490-1040*

Forms 990 / 990-PF	Other Notes and Loans Receivable		2005
For calendar year 2005, or tax year beginning _____, and ending _____			

Name AMERICANS FOR LTD GOVERNMENT INC	Employer Identification Number 36-3975580
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FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) AMERICANS FOR LIMITED GOVERNMENT FOU	
(2) U.S. TERM LIMITS	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 225,000	12/31/05	12/31/06	DEMAND	9.000
(2) 320,000	12/31/05	12/31/06	DEMAND	6.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) UNSECURED	WORKING CAPITAL
(2) UNSECURED	WORKING CAPITAL
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	106,168	225,000	
(2)		325,737	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	106,168	550,737	

Federal Statements

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
INVESTMENT INCOME	\$ 1,295
TOTAL	\$ 1,295

ALGC4 Americans for Ltd Government Inc
 36-3975580
 FYE: 12/31/2005

Federal Statements

10/12/2006

Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
VARIOUS				\$ 2,161,859	\$	\$		
TOTAL				\$ 2,161,859	\$ 0	\$ 0		

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING & PROMOTION	161		161	
BANK SERVICE CHARGES	258		258	
CONSULTANT	87,199	87,199		
FEES & PERMITS	200			200
MAILING LISTS	49,046			49,046
MEALS & ENTERTAINMENT	624		624	
MEDIA	337,596	337,596		
MISCELLANEOUS	236		236	
OTHER TAXES	305		305	
PARKING & TOLLS	45		45	
RESEARCH	115,072	115,072		
WEBSITE DEVELOPMENT	1,521	1,521		
TOTAL	<u>\$ 592,263</u>	<u>\$ 541,388</u>	<u>\$ 1,629</u>	<u>\$ 49,246</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

TO INFORM, EDUCATE AND RALLY AMERICANS TO RESTORE A SMALLER
GOVERNMENT BY PROMOTING LIMITED GOVERNMENT IDEAS THAT
REDUCE THE SIZE AND SCOPE OF OUR GOVERNMENT.

Federal Statements

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
NOTE/INT PAY-LEGIS ED ACTION DRIVE	\$ 100,333	\$
TOTAL	<u>\$ 100,333</u>	<u>\$ 0</u>

ALGC4 Americans for Ltd Government Inc
 36-3975580
 FYE: 12/31/2005

Federal Statements

10/12/2006

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
TRAVIS ANDERSON	NEW YORK NY 10019	1775 BROADWAY	DIRECTOR	0	0	0	0
STEVE BAER	RIVERSIDE IL 60546	130 MICHAUX ROAD	DIRECTOR	0	0	0	0
ROBERT COSTELLO	EVANSTON IL	2135 SHERMAN	DIRECTOR	0	0	0	0
ED CRANE	WASHINGTON DC 20001	1000 MASSACHUSETTS AVE NW	DIRECTOR	0	0	0	0
PAUL FARAGO	PORTLAND OR	P.O. BOX 19299	DIRECTOR	0	0	0	0
FRAYDA LEVY	MOUNTAIN LAKE NJ	34 ROBIN HOOD DRIVE	DIRECTOR	0	0	0	0
ERIC O'KEEFE	SPRING GREEN WI	504 E MADISON STREET	TREASURER	0	0	0	0
KELLY O'KEEFE	RICHMOND VA	104 SHOCKOE SLIP #1	DIRECTOR	0	0	0	0
HOWARD RICH	NEW YORK NY	73 SPRING STREET #507	CHAIRMAN	0	0	0	0
JOHN TILLMAN	GOLF IL 60029	52 BRIAR ROAD	PRESIDENT	40	6,500	0	0
DAVID VANDERVEEN	LAGUNA BEACH CA	494 BROOKS STREET	DIRECTOR	0	0	0	0
WILLIAM WILSON	FAIRFAX VA 22032	10424 WOODBURY WOOD COURT	DIRECTOR	0	0	0	0

- 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 File by the extended due date for filing the return See instructions	Name of Exempt Organization AMERICANS FOR LTD GOVERNMENT INC	Employer identification number 36-3975580
	Number, street, and room or suite no If a P O box, see instructions 20 N. WACKER DRIVE, SUITE 3330	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CHICAGO IL 60606	

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

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
Telephone No **312-920-0080** FAX No **312-920-0090**
- 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 11/15/06

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 REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

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

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

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 **8/04/06**

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 ALLIANT ADVISORS, P.C.	EXTENSION APPROVED SEP 01 2006 FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2500 W HIGGINS RD STE 105	
	City or town, province or state, and country (including postal or ZIP code) HOFFMAN ESTATES IL 60195-5220	