

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)

2007

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 2007 calendar year, or tax year beginning January 1, 2007, and ending December 31, 20 07

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

Please use IRS label or print or type See Specific Instructions	C Name of organization Americans for Nonsmokers' Rights	
	Number and street (or P O box if mail is not delivered to street address)	Room/suite
	2530 San Pablo Ave.	
City or town, state or country, and ZIP + 4		J
Berkeley CA 94702-2000		

D Employer identification number 94 : 2589871
E Telephone number (510) 841-3032
F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 instructions)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ►

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

K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number ►

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► **136,962**

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 (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	76,057	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		76,057
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		58,648
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		2,234
	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 ►)	7			
8a Gross profit from sales of assets other than inventory	(A) Securities			
	(B) Other			
	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 1b)	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		23	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		136,962	
Expenses	13 Program services (from line 44, column (B))	13	77,975	
	14 Management and general (from line 44, column (C))	14	34,792	
	15 Fundraising (from line 44, column (D))	15	18,706	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		131,473
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	5,489	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	79,263	
	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		84,752

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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 (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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0			
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 10,817	5,500	2,200	3,117
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0			
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0			
26	Salaries and wages of employees not included on lines 25a, b, and c	26 43,071	24,873	15,889	2,309
27	Pension plan contributions not included on lines 25a, b, and c	27 0			
28	Employee benefits not included on lines 25a - 27	28 11,693	6,119	4,610	964
29	Payroll taxes	29 4,575	2,439	1,748	388
30	Professional fundraising fees	30			
31	Accounting fees	31 4,690	0	4,690	0
32	Legal fees	32 0			
33	Supplies	33 421	366	181	-126
34	Telephone	34 3,479	557	400	2,522
35	Postage and shipping	35 7,671	3,693	110	3,868
36	Occupancy	36 6,199	3,578	2,259	362
37	Equipment rental and maintenance	37 620	371	213	36
38	Printing and publications	38 13,133	7,494	426	5,215
39	Travel	39 4,947	4,685	259	3
40	Conferences, conventions, and meetings	40 411	29	378	4
41	Interest	41 0			
42	Depreciation, depletion, etc (attach schedule)	42 603	353	204	46
43	Other expenses not covered above (itemize):				
a	Miscellaneous	43a 4,659	3,434	1,225	0
b	Items for Nonsmokers	43b 5,966	5,966	0	0
c	Other Communication Expense	43c 8,518	8,518	0	0
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 131,473	77,975	34,792	18,706

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 \$ 5,830; (ii) the amount allocated to Program services \$ 2,461;
 (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 3,369

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 schedule 2 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 schedule 2 (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ►	

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		44,313	45	50,381	
	46 Savings and temporary cash investments		89,353	46	71,587	
	47a Accounts receivable	47a	1,657			
	b Less: allowance for doubtful accounts	47b		5,000	47c	1,398
	48a Pledges receivable	48a			48c	
	b Less: allowance for doubtful accounts	48b				
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			12,156	52	
	53 Prepaid expenses and deferred charges				53	18,788
	54a Investments—publicly-traded securities				54a	
	b Investments—other securities (attach schedule)				54b	
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	16,270				
b Less: accumulated depreciation (attach schedule)	57b	15,636	1,003	57c	634	
58 Other assets, including program-related investments (describe ► Employee advances, deposits)			1,397	58	1,524	
59 Total assets (must equal line 74). Add lines 45 through 58			153,222	59	144,312	
Liabilities	60 Accounts payable and accrued expenses		73,959	60	59,559	
	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 ►)				65	
66 Total liabilities. Add lines 60 through 65			73,959	66	59,559	
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		79,263	67	84,753	
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			79,263	73	84,753
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73			153,222	74	144,312

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	136,962
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	136,962
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	Total revenue (Part I, line 12). Add lines c and d ▶	e	136,962

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

a	Total expenses and losses per audited financial statements	a	131,473
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	131,473
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	Total expenses (Part I, line 17). Add lines c and d ▶	e	131,473

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
See Schedule 3				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	16		
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	✓
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 the organization? See the instructions for the definition of "related organization." . . . See Schedule 4		75c	✓
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?		75d	✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
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		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓	
b	If "Yes," enter the name of the organization ► American Nonsmokers' Rights Foundation and check whether it is <input checked="checked" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		✓

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?		✓
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?	✓	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	✓	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	✓	
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.		✓
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
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	
88a	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	88a	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
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	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	
90a	List the states with which a copy of this return is filed	CA, FL, NC, MD	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	11
91a	The books are in care of	Len Casey Telephone no. (510) 841-3032	
	Located at	2530 San Pablo Ave., Ste. J, Berkeley CA ZIP + 4 94702-2000	
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)?	91b	✓
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country ▶

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** |

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program fees & travel reimbursements					43,702
b Publications & nonsmokers' items					14,946
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			01	2,234	
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 Refund of expense from previous year					23
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				2,257	58,648
105 Total (add line 104, columns (B), (D), and (E)) ▶					60,905

Note: Line 105 plus line 1e, 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 Schedule 5.

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

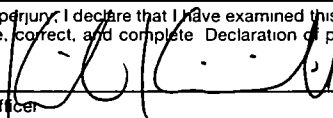
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer:  Date: 11-17-08

Kirk Kleinschmidt, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self- Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

ATTACHMENT TO FORM 990 for 2007
AMERICANS FOR NONSMOKERS' RIGHTS
DEPRECIATION SCHEDULE FOR YEAR ENDED 12/31/07

Updated:
4/1/2008

Reference Part II, #42 / Part IV, #57
 ID# 94-2598713
 (State #D-0929948 / form 199 Part II, line 16)

Schedule 1

ASSET <i>(ANR% if prop shared with ANRF)</i>	% <i>share</i>	L= <i>lease</i>	OFC / COMP?	DATE ACQUIRED	COST	TYPE DEPREC	LIFE	FIRST FULL YR	PRIOR DEPREC	DISPOSITION DATE	DEPREC THIS YR	TOTAL DEPREC	BOOK VALUE
PRIOR - NOT FULLY EXPENSED													
Ceiling Fans (15%)	15%		Ofc	7/31/1998	142	S/L	10	14	120		14	134	8
Conference Room Table (1)	10%		Ofc	3/8/2000	38	S/L	7	5	30		8	38	0
File cabinets (9)	10%		Ofc	6/30/2000	127	S/L	7	18	117		10	127	0
Chairs (3)	10%		Ofc	6/30/2000	56	S/L	7	8	52		4	56	0
Video Tape Rack (1)	10%		Ofc	8/14/2000	35	S/L	7	5	32		3	35	0
Vacuum Cleaners Windsor (2 - 18" & 12")	10%		Ofc	8/21/2000	115	S/L	7	16	102		13	115	0
Phone equip (phone, adapters, headsets)	10%		Ofc	10/9/2000	94	S/L	7	13	81		13	94	0
Audioconference unit Polycom (1)	10%		Ofc	12/31/2000	229	S/L	7	33	198		31	229	0
LCD telephone (Nitsuko)	10%		Ofc	5/13/2003	30	S/L	5	6	22		6	28	2
LCD telephone (Nitsuko)	10%		Ofc	6/10/2003	30	S/L	5	6	21		6	27	3
Canon IR3200 color copier	10%		Ofc	9/30/2003	1,800	S/L	5	360	1,170		360	1,530	270
(11) office chairs, mouse trays, chair arms(10%)	10%		Ofc	1/21/2004	508	S/L	5	102	300		102	402	106
(3)document holders,7 slant boards, 2 monitor bld	10%		Ofc	1/21/2004	69	S/L	5	14	39		14	53	16
(2) computer carts(10%)	10%		Ofc	3/31/2004	27	S/L	5	5	14		5	19	8
Rounding												0	0
Subtotal Prior - Not Fully Expensed					3,300				2,298		589	2,887	413
PRIOR - FULLY EXPENSED													
Misc Office Equipment/Furniture (15%)	15%		Ofc	12/31/1998	57	S/L	5		57		0	57	0
Misc Office Equipment/Furniture (1991)	100%		Ofc	12/31/1991	575	S/L	5		575		0	575	0
Misc Computer Equipment(1996)	100%		Comp	12/31/1996	323	S/L	5		323		0	323	0
5 Bookcases	100%		Ofc	6/1/1982	426	S/L	10	42	426		0	426	0
Tan File	100%		Ofc	7/12/1982	100	S/L	10	10	100		0	100	0
IBM Typewriter II (30%)	30%		Ofc	3/12/1986	152	S/L	7	22	152		0	152	0
Chairs (3)	100%		Ofc	8/24/1987	262	S/L	10	26	262		0	262	0
2-Drawer file cabinet	100%		Ofc	12/10/1987	106	S/L	10	11	106		0	106	0
Epson #286e printer	100%		Comp	5/27/1988	549	S/L	5	110	549	1/1/2007	0	549	0
HP4 Laserjet Printer (1) (43%)	43%		Comp	7/29/1995	920	S/L	5	184	920		0	920	0

ATTACHMENT TO FORM 990 for 2007
AMERICANS FOR NONSMOKERS' RIGHTS
DEPRECIATION SCHEDULE FOR YEAR ENDED 12/31/07

Updated:
4/1/2008

Reference Part II, #42 / Part IV, #57
 ID# 94-2598713
 (State: #D-0929948 / form 199 Part II, line 16)

Schedule 1

ASSET <i>(ANR% if prop. shared with ANRF)</i>	% <i>share</i>	L= <i>lease</i>	OFC / COMP?	DATE ACQUIRED	COST	TYPE DEPREC	LIFE	FIRST FULL YR	PRIOR DEPREC	DISPOSITION DATE	DEPREC THIS YR	TOTAL DEPREC	BOOK VALUE
(1) HP Plain-Paper Faxes (15%)	15%		Comp	3/1/1996	109	S/L	5	22	109		0	109	0
HP 6M Printer (15%)	15%		Comp	12/1/1996	165	S/L	5	33	165	12/31/2007	0	165	0
Iomega Jaz Drive (15%)	15%		Comp	11/1/1996	113	S/L	5	23	113		0	113	0
HP5M Printer (15%)	15%		Comp	6/6/1997	220	S/L	5	44	220		0	220	0
Shredder-Security Engineered (10%)	10%		Ofc	6/10/1997	75	S/L	5	15	75		0	75	0
Nitsuko Phone System (10%)	10%		Ofc	4/22/1997	1,126	S/L	5	225	1,126		0	1,126	0
Network Hardware (10%)	10%		Comp	6/10/1997	52	S/L	5	10	52		0	52	0
Misc Office Furniture (10%)	10%		Ofc	9/10/1997	164	S/L	5	33	164		0	164	0
Mailing Machine (15%)	15%		Ofc	8/10/1998	49	S/L	5	10	49		0	49	0
Dell PowerEdge 2200 Server (15%)	15%		Comp	12/31/1998	642	S/L	5	128	642		0	642	0
Dell Computer (15%)	15%		Comp	2/20/1998	308	S/L	5	62	308		0	308	0
Dell Computer (100%)	100%		Comp	4/15/1998	2,051	S/L	5	410	2,051		0	2,051	0
Fax Machine-HP 520 at Diane's (15%)	15%		Ofc	6/19/1998	65	S/L	5	13	65		0	65	0
Panasonic VCR/TV (100%)	100%		Ofc	11/29/1994	530	S/L	10	53	530		0	530	0
Refrigerator (60% share)	60%		Ofc	12/31/1994	327	S/L	10	33	327		0	327	0
Ikon Aficio 450 Copier (15%)	15%	L	Ofc	4/23/1999	3,198	S/L	5	640	3,198		0	3,198	0
Zip drive (100%)	100%		Comp	3/12/1999	177	S/L	5	35	177		0	177	0
Futon Set (10% chairs,couch,tables,ottomans)	10%		Ofc	9/23/1999	211	S/L	5	42	211		0	211	0
Webramp Router/Firewall	10%		Comp	4/20/2000	73	S/L	5	15	73		0	73	0
Printer Stand (1)	10%		Ofc	6/30/2000	19	S/L	7	3	19		0	19	0
Dell Computer Dimension XPS B866	10%		Comp	8/30/2000	270	S/L	5	54	270		0	270	0
Kodak DC3400EZ digital camera	10%		Comp	6/13/2001	36	S/L	5	7	36		0	36	0
Printer XE90FX Laser All-In-One (1)	10%		Comp	12/31/2000	52	S/L	5	10	52	1/1/2007	0	52	0
Subtotal FULLY EXPENSED					13,502				13,502		0	13,502	0
TOTAL PRIOR					16,802				15,800		589	16,389	413
ACQUISITIONS													
Dell Optilex 745 desktop & 1908FP monitor	10%		Comp	9/10/2007	130	S/L	5	26	0		9	9	121
(2) Office Charirs (for AR & TH)	10%		Ofc	10/23/2007	104	S/L	5	21	0		5	5	99
Rounding												-1	1
Subtotal Acquisitions					234				0		14	13	221
BALANCE BEFORE DISPOSITIONS					17,036				15,800		603	16,402	634
DISPOSITIONS													
Epson #286e printer	100%		Comp	5/27/1988	549	S/L	5	110	549	1/1/2007	0	549	0
HP 6M Printer (15%)	15%		Comp	12/1/1996	165	S/L	5	33	165	12/31/2007	0	165	0
Printer XE90FX Laser All-In-One (1)	10%		Comp	12/31/2000	52	S/L	5	10	52		0	52	0
Subtotal DISPOSITIONS					766				766		0	766	0
ENDING BOOK BALANCE					16,270							15,636	634

Americans for Nonsmokers' Rights **Schedule 2**

FEIN 94-2598713
December 31, 2007

Form 990

Part III: Statement of Program Service Accomplishments.

The organization's primary exempt purpose is to seek smokefree environments through legislation and education on tobacco control policy.

A. Legislation, Lobbying & Supporting Efforts: Grassroots organizing, direct lobbying and other federal, state and local efforts to protect nonsmokers.

Past year:

ANR monitored and/or actively promoted the defeat or passage of the following legislative measures:

- **12** federal bills and/or administrative actions.
- **214** statewide measures in **43** states plus the District of Columbia, Puerto Rico and Guam.
- **702** local communities introducing tobacco control ordinances in **49** states and in the District of Columbia.

In addition to listings in quarterly newsletter mailings, the organization:

- Produced and mailed action alerts to **1,675** individuals and distributed **29,168** such action alerts via its e-mail system, and publicized these action alerts to the public by postings on the organization's website.
- Maintained a legislation and advocacy page on the organization's website.

Distributed **510 copies** of the *Clearing The Air* guidebook, which helps communities pass and implement local tobacco control laws.

Staff participated in the following meetings related to training and educating advocates on smokefree issues::

<u>Region</u>	<u>Description</u>
Alaska	ATCA Stakeholders' Meeting (50 participants)
DC	American Cancer Society Meeting

Iowa	ITCC Conference
Minnesota	National Conference on Tobacco or Health
Ohio	OH States of Change Conference (500 participants)
<u>International</u>	
Brazil	SRNT Latin America Conference

Expenses: **\$54,608** (Grants and Allocations: **\$0**)

B. Public Information, Technical Assistance and Training, and other Advocacy:

Informing and educating tobacco control leaders, activists and the general public nationwide on secondhand smoke issues through publications, trainings, phone consultations, as well as other means.

Past year:

In cooperation with the ANR Foundation, ANR produced **19,500** quarterly newsletters/bulletins, and distributed them in every state, and to contacts in many countries around the world. ANR assisted the ANR Foundation in responding to requests for information nationwide, through phone calls, email or mailed correspondence, from individuals, nonsmokers' rights groups and the media, resulting in **358** informational materials packets being sent. In addition to these informational materials, ANR distributed **440** smokefree air bumper stickers, **2848** "I love smokefree air" bumper stickers, **26,574** smokefree air stickers, **1,621** lapel pins, plus other items with smokefree messages.

With the ANR Foundation, ANR maintained an informational website, which was visited by the public with an estimated monthly average of **53,944** visits.

To continue to promote education and action on state laws preempting local legislation, ANR continued to retain a web site consultant to host and make further enhancements to the Protect Local Control web site (www.protectlocalcontrol.org).

ANR conducted a training of advocates on how to pass local clean indoor air laws in Mankato, MN (50 participants).

Expenses: **\$23,366** (Grants or allocations: **\$0**)

TOTAL PROGRAM SERVICES: \$77,974

Americans for Nonsmokers' Rights

Schedule 3

FEIN 94-2598713
December 31, 2007

Form 990

Part V-A: List of Officers, Directors, Trustees, and Key Employees

(A)	(B)	(C)	(D)	(E)
Cynthia Hallett ** 2530 San Pablo Ave., #J Berkeley CA 94702	Executive Dir. 4 hrs/wk avg.	\$10,187	\$2,067	\$0
Edith Balbach* Tufts University 112 Packard Ave. Medford MA	President < 3 hrs/wk avg	0	0	0
Walter Bilofsky 4804 Paradise Dr. Tiburon, CA 90012	Director < 2 hrs/wk avg	0	0	0
Dr. Robert Clark 2102 21 st Rd. North Arlington, VA 22201	Director < hrs/wk avg	0	0	0
Darwin Farrar 455 Lagunitas Ave.. Oakland, CA 94610	Director < 2 hrs/wk avg	0	0	0
Robin Hobart 150 West 1 st Ave. Denver, CO 80223	Director <2 hrs/wk avg	0	0	0
Armando Jimenez First 5 LA 750 N. Alameda St. Los Angeles CA 90012	Secretary < 2 hrs/wk avg	0	0	0
Kirk Kleinschmidt 326 Steiner St. San Francisco CA 94104	Treasurer < 2 hrs/wk avg	0	0	0
Ingrid Lamirault 1969 Drake Dr. Oakland CA 94611	Director < 2 hrs/wk avg	0	0	0
Patricia Lozada-Santone 10915 Canyon Mesa Lane San Diego, CA 92126	Director < 2 hrs/wk avg	0	0	0
Gary D. Nelson, Ph.D. Healthcare Georgia Foundatn. 50 Hurt Plaza, Ste. 550 Atlanta GA 30303	Director < 2 hrs/wk avg	0	0	0

(A)	(B)	(C)	(D)	(E)
Mark Pertschuk* 2134 Carleton St. Berkeley CA 94704	Director < 4 hrs/wk avg	0	0	0
Dorothy Rice* 13895 Campus Drive Oakland, CA 94605	Director < 4 hrs/wk avg	0	0	0
Mikelle Robinson* 6421 Victoria Shore Dr. Laingsburg, MI 48848	Vice President < 3 hrs/wk avg	0	0	0

*Most Board of Directors devote no more than an hour or two per week on average, in addition to preparing for and attending Board Meetings twice per year. Executive Committee members (indicated with an asterisk *), who include officers, devote more time due to the additional responsibility and time commitment to participate in Executive Committee teleconferences twice per year. The President and the Treasurer spend slightly more time due to their special responsibilities. With the exception of the Executive Director and of those compensated for completing specific tasks on behalf of the organization (see above), none were compensated except for direct reimbursement of travel expenses.*

Schedule 4

Part V-A, Line 75c

ANR shares a common board of directors, staff, office and other expenses with the American Nonsmokers' Rights Foundation (ANRF). Both organizations address issues important to nonsmokers, yet with different approaches. The salary expense for both ANR and ANRF that is applicable to the person(s) referred to in this question is paid through ANRF, and ANR reimburses ANRF for its share.

<u>Name</u>	<u>ANRF 2007 salary</u>	<u>ANR 20072007 salary</u>
Cynthia Hallett	\$99,184	10,187

Americans for Nonsmokers' Rights **Schedule 5**

FEIN 94-2598713
December 31, 2007

Attachment to Form 990

Part VIII: Relationship of Activities to the Accomplishment of Exempt Purposes.

- 93a *Program Fees & Reimbursed Travel:* These amounts were received for providing training and technical assistance on tobacco control, and other similar services. These services provided to various agencies, as well as individuals working on tobacco issues, helped further efforts to protect nonsmokers' and promote other tobacco control benefits within the public at large.
- 93b *Publications and Items for Nonsmokers:* Publications were used to educate agencies and individuals on secondhand smoke and tobacco issues. Items for Nonsmokers helped individuals promote awareness of the importance of a smoke free environment.

4/11 Originals mailed to IRS

Form **8868**
(Rev. April 2007)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Americans for Nonsmokers' Rights	Employer identification number 94 2598713	
	Number, street, and room or suite no. If a P.O. box, see instructions. 2530 San Pablo Ave., Ste. J		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Berkeley CA 94702		

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 ▶ Len Casey

Telephone No. ▶ (510) 841-3032 FAX No. ▶ (510) 841-3060

- 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 section 501(c) corporation required to file Form 990-T) extension of time until August 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

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.	3a	\$
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.	3b	\$
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.	3c	\$

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.

- 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. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

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

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

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

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

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.	8a	\$
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.	8b	\$
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.	8c	\$

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 ▶ **Director of Operations** Date ▶ **4/9/2008**

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
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Original
mailed 8/7/08

- 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. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization Americans for Nonsmokers' Rights		Employer identification number 94 2598713
	Number, street, and room or suite no. If a P.O. box, see instructions. 2530 San Pablo Ave., Ste. J		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Berkeley CA 94702		

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

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 ▶ Len Casey
Telephone No. ▶ (510) 841-3032 FAX No. ▶ (510) 841-3060
- 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.

- I request an additional 3-month extension of time until November 15, 2008.
- For calendar year 2007, or other tax year beginning _____, 20____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension The 990 figures are based on the annual audit. Although the 2007 audit is underway the auditor will not be able to complete it in time for the 990 form to be completed by the current due date. Given the complexity of the organization's accounting, another auditor is not feasible.

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.	8a	\$
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.	8b	\$
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.	8c	\$

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 ▶ Len Casey Title ▶ **Operations Director** Date ▶ **8/5/2008**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input 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 ▶

Telephone No. ▶ (.....) FAX No. ▶ (.....)

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)..... If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until, 20....., to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20.....or

▶ tax year beginning, 20....., and ending, 20.....

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.	3a	\$
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.	3b	\$
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.	3c	\$

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.