

## 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)

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

OMB No 1545-0047

2005

Open to Public  
Inspection

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  
Instruc-  
tions

C Name of organization

AMERICAN HIGHWAY USERS ALLIANCE

Number and street (or P O box if mail is not delivered to street address)

1101 14TH STREET, NW, SUITE 750

Room/suite

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20005

D Employer identification number

53-0186334

E Telephone number

(201) 857-1200

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 ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No(If "No," attach a list)  
H(d) Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

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

G Website: ▶ WWW.HIGHWAYS.ORG

J Organization type (check only one) ☒ 501(c) ( 6 ) (insert no) ☐ 4947(a)(1) or ☐ 527K 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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶

696,348.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a			
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		24,570.	
	3	Membership dues and assessments	3		649,785.	
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		2,099.	
	6a	Gross rents SEE STATEMENT 1	6a	10,150.		
	b	Less rental expenses	6b			
	Expenses	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		10,150.
7		Other investment income (describe ▶ _____)	7			
8a		Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
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			
Net Assets		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		9,744.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		696,348.	
	13	Program services (from line 44, column (B))	13			
	14	Management and general (from line 44, column (C))	14			
	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		741,508.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-45,160.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		140,058.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		-1,178.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		93,720.		

**Part II** Statement of  
Functional ExpensesAll 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
<b>22</b> Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc.	<b>25</b> 204,166.			
<b>26</b> Other salaries and wages	<b>26</b> 102,344.			
<b>27</b> Pension plan contributions	<b>27</b> 23,213.			
<b>28</b> Other employee benefits	<b>28</b> 20,118.			
<b>29</b> Payroll taxes	<b>29</b> 17,445.			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 11,835.			
<b>32</b> Legal fees	<b>32</b> 909.			
<b>33</b> Supplies	<b>33</b> 14,052.			
<b>34</b> Telephone	<b>34</b> 10,048.			
<b>35</b> Postage and shipping	<b>35</b> 2,464.			
<b>36</b> Occupancy	<b>36</b> 70,654.			
<b>37</b> Equipment rental and maintenance	<b>37</b> 12,654.			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 2,149.			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 38,410.			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 1,917.			
<b>43</b> Other expenses not covered above (itemize):				
a	<b>43a</b>			
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
g SEE STATEMENT 3	<b>43g</b> 209,130.			
<b>44</b> Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 741,508.			

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)



**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? ►

PROMOTE U.S. AUTOMOBILITY

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 COMMUNICATIONS & MEDIA RELATIONS: ACTIVITIES AND EXPENSES DEDICATED TO EDUCATING THE GENERAL PUBLIC AND NEWS MEDIA AND PARTICIPATING IN THE DEVELOPMENT OF PUBLIC PERCEPTIONS REGARDING HIGHWAY TRANSPORTATION & ROADWAY SAFETY**

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

**b BUILDS POLITICAL SUPPORT FOR ADDITIONAL HIGHWAY FUNDING, PROVISIONS TO SEPARATE THE HIGHWAY TRUST FUND FROM OTHER ELEMENTS OF THE FEDERAL BUDGET, AND OTHER PRO-MOBILITY POLICIES ADVOCATED BY OUR MEMBERS.**

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

**c ROADWAY SAFETY: ACTIVITIES AND RELATED EXPENSES DIRECTED TO PROGRAMS THAT SAVE LIVES AND REDUCE INJURIES THROUGH ROADWAY IMPROVEMENTS.**

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

**d HIGHWAY/ENERGY & ENVIRONMENT: ACTIVITIES DIRECTED TO ENSURING THAT TAXES COLLECTED FROM HWY USERS ARE REINVESTED INTO A SAFE & EFFICIENT NAT'L HWY SYS AND PROMOTING THE ENVIRONMENTAL & ENERGY SAVING BENEFITS OF TRAFFIC CONGESTION RELIEF.**

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

**e Other program services (attach schedule) SEE STATEMENT 4**

(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) ►**

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	171,343.	46	315,005.
	47 a Accounts receivable	27,240.		
	b Less: allowance for doubtful accounts		47c	27,240.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,986.	53	9,404.
	54 Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	58,036.	54	58,957.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	13,657.			
b Less: accumulated depreciation	8,219.	57c	5,438.	
58 Other assets (describe <b>SECURITY DEPOSIT</b> )		58	30,921.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	265,782.	59	446,965.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	27,552.	60	33,776.
	61 Grants payable		61	
	62 Deferred revenue	98,172.	62	281,282.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>DEFERRED RENT, NONCURRENT</b> )		65	38,187.
66 <b>Total liabilities.</b> Add lines 60 through 65	125,724.	66	353,245.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	140,058.	67	93,720.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	140,058.	73	93,720.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	265,782.	74	446,965.

Form 990 (2005)



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

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

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

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

**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
MICHAEL J. TOOHEY 555 12 STREET, NW WASHINGTON, DC 20004	CHAIRMAN 1.00	0.	0.	0.
JOHN P. GLEASON 5420 OLD ORCHARD ROAD, SUITE A100 SKOKIE, IL 60007-1083	VICE CHAIRMAN - MEMBERSHIP 1.00	0.	0.	0.
LESLIE J. JEZUIT 35 EAST WACKER DRIVE, SUITE 1100 CHICAGO, IL 60601	VICE CHAIRMAN - SAFETY 1.00	0.	0.	0.
ROY E. LITTLEFIELD 1532 POINTER RIDGE PLACE, SUITE E BOWIE, MD 20716-1833	SECRETARY/TREASURER 1.00	0.	0.	0.
GREGORY M COHEN 1101 14 TH STREET, NW, WASHINGTON, DC 20005	PRESIDENT / CEO 50.00	204,166.	15,133.	0.
OTHER BOARD MEMBERS - SEE ATTACHED				
	0.00	0.	0.	0.





**Part VI Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
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	649,785.
d	Section 162(e) lobbying and political expenditures	85d	139,347.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	103,965.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	35,382.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
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	X
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ DC		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	3
91 a	The books are in care of ▶ GREGORY COHEN Telephone no ▶ 202-857-1200 Located at ▶ 1101 14TH STREET, NW, SUITE 750; , WASHINGTON, DC ZIP + 4 ▶ 20004		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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

Form 990 (2005)



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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SPECIAL PROJECT FUNDING					15,000.
b SEMINAR INCOME					9,570.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					649,785.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	2,099.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	10,150.	
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 MISC. INCOME			01	9,744.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		21,993.	674,355.
105 Total (add line 104, columns (B), (D), and (E))					696,348.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

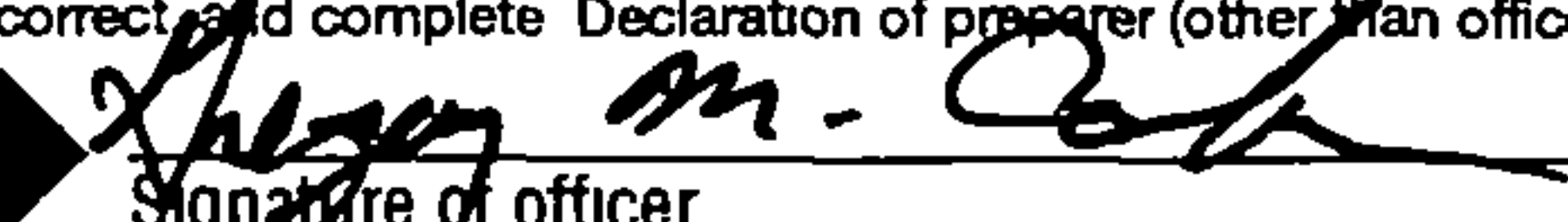

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**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 	Date 11/15/06	Type or print name and title Gregory M. Colan, President + CEO	
Paid Preparer's Use Only	Preparer's signature 	Date NOV 14 2006	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 LANIGAN RYAN MALCOLM & DOYLE 555 QUINCE ORCHARD ROAD SUITE 600 GAITHERSBURG MD 20878	EIN	Phone no 301-258-8900	



**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)

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

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

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>AMERICAN HIGHWAY USERS ALLIANCE</b>	Employer identification number <b>53-0186334</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1101 14TH STREET, NW SUITE 750</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20005</b>	

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

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

• The books are in the care of **► GREGORY COHEN**

Telephone No. **► (202) 857-1200** FAX No. **► (202) 857-1220**

- If the organization does **not** have an office or place of business in the United States, check this box ☐ **►**
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15**, 20 **06** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **05** 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 **\$ \_\_\_\_\_**
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit **\$ \_\_\_\_\_**
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions **\$ \_\_\_\_\_**

**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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)



• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**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	Employer identification number
	AMERICAN HIGHWAY USERS ALLIANCE	53-0186334
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 14TH STREET, NW, SUITE 750	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

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

☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

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

• The books are in the care of **GREGORY COHEN**

Telephone No. **202-857-1200**

FAX No.

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006.**

5 For calendar year **2005**, or other tax year beginning  and ending .

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

7 State in detail why you need the extension

**TAXPAYER NEEDS ADDITIONAL TIME TO OBTAIN INFORMATION FROM OUTSIDE SOURCES IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

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

\$

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

\$

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

\$

N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **[Signature]**

Title **CPA**

Date **8/14/06**

**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

**EXTENSION APPROVED**

**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.

**AUG 31 2006**

Type or print. 523832 05-01-05	Name	LANIGAN, RYAN, MALCOLM & DOYLE, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number	555 QUINCE ORCHARD ROAD, SUITE 600
	City or town, province or state, and country (including postal or ZIP code)	GAITHERSBURG, MD 20878

FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN



FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
SUBLEASE OF OFFICE SPACE 1101 14TH STREET NW, WASH. DC SUITE 750	1	10,150.
TOTAL TO FORM 990, PART I, LINE 6A		10,150.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-1,178.
TOTAL TO FORM 990, PART I, LINE 20	-1,178.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	8,732.			
DIRECT PROGRAM EXPENSES	92,675.			
CONSULTING - DIRECT PROGRAM EXPENSES	78,293.			
POLLING	7,334.			
MISCELLANEOUS	2,428.			
COMMUNICATION	3,491.			
MOVING EXPENSES	7,207.			
SUBSCRIPTIONS	6,714.			
CONSULTING - RETIREMENT PLAN	2,256.			
TOTAL TO FM 990, LN 43	209,130.			

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
GRASSROOTS OUTREACH ISSUES: ACTIVITIES INCLUDE COALESCING AND EDUCATING INTERESTED PARTIES AT THE NATIONAL, STATE, AND LOCAL LEVELS TO PROVIDE SYSTEMATIC OUTREACH TO POLICY-MAKERS ON ISSUES AFFECTING AMERICAN MOBILITY, SAFETY, TAXATION, MOVEMENT OF GOODS, AND HIGHWAY INVESTMENTS.		
TOTAL TO FORM 990, PART III, LINE E		

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	5
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PIMCO FUNDS	FMV			58,957.	58,957.
TO FORM 990, LINE 54, COL B				58,957.	58,957.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	6
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	SPECIAL PROJECT FUNDING - FUNDS RECEIVED TO FUND SPECIAL PROJECTS BOTTLENECK STUDY
93B	SEMINAR - TO EDUCATE MEMBERS AND PUBLIC REGARDING HIGHWAY ISSUES.
94	OPERATION AND ADMINISTRATION OF NON-PROFIT ACTIVITIES.



# American Highway Users Alliance

EI # 53-0186334

Form 990

Year 2005

Part IV Line 57

Book = Internal

FYE Month = December

Sys No	Ext	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Class = CE														
000012		Printer												
	000	04/01/02	1,579.00	P	SLMM	04 00	0.00	1,579.00	12/31/04	1,052.50	394.75	394.75	1,447.25	
000015		Computers (2)												
	000	02/01/02	1,150.00	P	SLMM	04 00	0.00	1,150.00	12/31/04	815.00	287.50	287.50	1,102.50	
000016		Computer (Greg C.)												
	000	02/01/03	2,675.00	P	SLMM	04 00	0.00	2,675.00	12/31/04	1,281.77	668.75	668.75	1,950.52	
		Class = CE	5,404.00				0.00	5,404.00		3,149.27	1,351.00	1,351.00	4,500.27	
		Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
		Count = 0												
		Net Subtotal	5,404.00				0.00	5,404.00		3,149.27	1,351.00	1,351.00	4,500.27	
		Count = 3												
Class = FF														
000001		File Cabinet												
	000	01/01/86	649.00	P	SLMM	10 00	0.00	649.00	12/31/04	649.00	0.00	0.00	649.00	
000002		Sofa												
	000	03/01/86	550.00	P	SLMM	10 00	0.00	550.00	12/31/04	550.00	0.00	0.00	550.00	
000003		File Cabinet #2												
	000	04/01/93	636.00	P	SLMM	05 00	0.00	636.00	12/31/04	636.00	0.00	0.00	636.00	
000004		File Cabinet #3												
	000	02/01/97	773.00	P	SLMM	10 00	0.00	773.00	12/31/04	605.60	77.30	77.30	682.90	
000005		Bookshelves												
	000	01/01/98	1,030.00	P	SLMM	10 00	0.00	1,030.00	12/31/04	712.00	103.00	103.00	815.00	
000020		Conference Table and Reception Desk												
	000	04/28/05	2,750.00	P	SLMM	07 00	0.00	2,750.00		0.00	261.91	261.91	261.91	
		Class = FF	6,388.00				0.00	6,388.00		3,152.60	442.21	442.21	3,594.81	
		Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
		Count = 0												
		Net Subtotal	6,388.00				0.00	6,388.00		3,152.60	442.21	442.21	3,594.81	
		Count = 6												
Class = LI														
000019		Winng and Installation												
	000	04/25/05	1,865.00	P	SLMM	10 00	0.00	1,865.00		0.00	124.33	124.33	124.33	
		Class = LI	1,865.00				0.00	1,865.00		0.00	124.33	124.33	124.33	
		Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
		Count = 0												
		Net Subtotal	1,865.00				0.00	1,865.00		0.00	124.33	124.33	124.33	
		Count = 1												
Grand Total														
		Grand Total	13,657.00				0.00	13,657.00		6,301.87	1,917.54	1,917.54	8,219.41	
		Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
		Count = 0												
		Net Grand Total	13,657.00				0.00	13,657.00		6,301.87	1,917.54	1,917.54	8,219.41	
		Count = 10												

# 2005 Board of Directors

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<b>Chairman</b>	Michael J. Toohey * Director of Government Relations, Ashland Inc.
<b>Vice Chairman - Membership</b>	John P. Gleason * President, Portland Cement Association
<b>Vice Chairman - Safety</b>	Leslie J. Jezuit * Chairman and CEO, Quixote Corporation
<b>Treasurer</b>	Roy Littlefield * Executive Vice President, Tire Industry Association

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President  
Truck Trailer Manufacturers Association

David J. Humphreys \*  
President  
Recreation Vehicle Industry Association

Phillip D. Brady  
President  
National Automobile Dealers Association

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Executive Director  
Asphalt Recycling & Reclaiming Association

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Vice President, Washington Affairs  
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3M

Scott Rowe \*  
VP, Asphalt Marketing & General Mgr.  
CITGO Asphalt Refining Company

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Group VP, Government & Industry Affairs  
Toyota Motor North America, Inc.

Luke Stango \*  
Eastern Region Sales & Marketing Manager  
ChevronTexaco

Kemper Freeman  
President  
Bellevue Square  
Division of Kemper Development Company

William A. Steel  
President  
National Grange

William Graves &  
President & CEO  
American Trucking Associations

Frederick L. Webber \*  
President & CEO  
Alliance of Automobile Manufacturers

Richard L. Hanneman  
President  
Salt Institute

Ann Wilson (Interim for CEO) \*  
Vice President, Government Relations  
Motor & Equipment Manufacturers Association

\* Also member of Executive Committee

10/19/04