

Form **990**

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)

OMB No 1545-0047

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 and ending

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

C Name of organization
AMERICAN HIGHWAY USERS ALLIANCE
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1101 14TH STREET, NW, SUITE 750
 City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

D Employer identification number
53-0186334

E Telephone number
(202) 857-1200

F Accounting method: Cash Accrual
 Other (Specify) **▶**

G Website: **▶ WWW.HIGHWAYS.ORG**

J Organization type (check only one) 501(c) (6) (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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 808,138.**

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

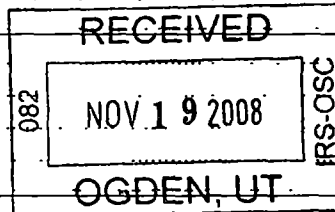
H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶ N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **▶ N/A**

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

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

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			
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	0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	93,253.
3	Membership dues and assessments			3	686,116.
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	4,769.
6a	Gross rents SEE STATEMENT 1	6a	24,000.		
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	24,000.
7	Other investment income (describe ▶)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		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	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	808,138.
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	708,169.
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	99,969.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	87,019.
20	Other changes in net assets or fund balances (attach explanation)			20	0.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	186,988.

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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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a-c Compensation of officers, 26 Salaries and wages, 27 Pension plan contributions, 28 Employee benefits, 29 Payroll taxes, 30-43 Other expenses, and 44 Total functional expenses.

Joint Costs. Check [X] 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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► PROMOTE U.S. AUTOMOBILITY AND SAFETY	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ENVIROMENTAL & ENERGY SAVING BENEFITS OF TRAFFIC CONGESTION RELIEF.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) SEE STATEMENT 3	
(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.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	405,835.	46 133,404.
	47 a Accounts receivable	47a 110,165.	
	b Less: allowance for doubtful accounts	47b	47c 110,165.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	13,692.	53 16,517.
	54 a Investments - publicly-traded securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	61,185.	54a 65,954.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 17,553.		
b Less: accumulated depreciation	57b 11,441.	57c 6,112.	
58 Other assets, including program-related investments (describe ► SECURITY DEPOSIT)	30,921.	58 15,461.	
59 Total assets (must equal line 74). Add lines 45 through 58	520,524.	59 347,613.	
Liabilities	60 Accounts payable and accrued expenses	46,128.	60 23,654.
	61 Grants payable		61
	62 Deferred revenue	323,480.	62 49,035.
	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 ► SEE STATEMENT 4)	63,897.	65 87,936.
66 Total liabilities. Add lines 60 through 65	433,505.	66 160,625.	
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	87,019.	67 186,988.
	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)	87,019.	73 186,988.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	520,524.	74 347,613.

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

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

a Total expenses and losses per audited financial statements		a	N/A
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	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
THE HONORABLE NORMAN Y. MINETA 607 14TH STREET NW, SUITE 300 WASHINGTON, DC 20004	HONORARY CHAIRMAN 0.50	0.	0.	0.
GOVERNOR BILL GRAVES 950 N. GLEBE ROAD ARLINGTON, VA 22203	CHAIRMAN 0.50	0.	0.	0.
LESLIE J. JEZUIT ONE EAST WACKER DRIVE CHICAGO, IL 60601	VICE CHAIRMAN 0.50	0.	0.	0.
ROY E. LITTLEFIELD 1532 POINTER RIDGE PLACE BOWIE, MD 20716	TREASURER 0.50	0.	0.	0.
MICHAEL J. TOOHEY 499 S. CAPITOL STREET SW WASHINGTON, DC 20003	CHAIRMAN EMERITUS 0.50	0.	0.	0.
GREGORY M. COHEN 1101 14TH STREET NW SUITE 750 WASHINGTON, DC 20005	PRESIDENT AND CEO 30.00	200,000.	16,000.	0.
OTHER BOARD MEMBERS - SEE ATTACHED				
	0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 23		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?	75d	X

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
NONE				

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	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78a	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ► ROADWAY SAFETY FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	80a	X
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0	81a	
b Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
			N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	686,116.
d	Section 162(e) lobbying and political expenditures	85d	76,634.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	41,167.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	35,467.
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 a	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	X
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	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
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		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
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	X
90 a	List the states with which a copy of this return is filed <u>DC</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	0
91 a	The books are in care of <u>GREGORY COHEN</u> Telephone no <u>202-857-1200</u> Located at <u>1101 14TH STREET, NW, SUITE 750; WASHINGTON, DC</u> ZIP + 4 <u>20005</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MANAGEMENT FEES - FOR					93,253.
b ROADWAY SAFETY					
c FOUNDATION					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					686,116.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	4,769.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	24,000.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		28,769.	779,369.
105 Total (add line 104, columns (B), (D), and (E))					808,138.

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)
93A	MANAGEMENT FEE CHARGED FOR TIME AND FACILITIES USED TO MANAGE ROADWAY SAFETY FOUNDATION AND PERFORM SERVICE REQUIRED UNDER A GOVERNMENT GRANT.
94	OPERATION AND ADMINISTRATION OF NON-PROFIT ACTIVITIES.

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). N/A

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.

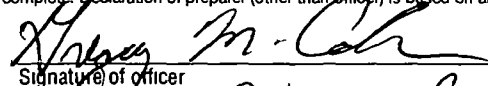
Yes	No

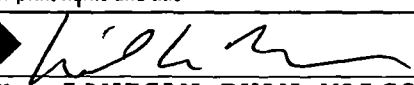
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

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:  Date: 11/12/08
 Signature of officer: Gregory Cohen, President & CEO
 Type of print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: NOV 10 2008 Check if self-employed:
 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

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
SUBLEASE OF OFFICE SPACE 1101 14TH STREET NW, WASH. DC SUITE 750	1	24,000.
TOTAL TO FORM 990, PART I, LINE 6A		24,000.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	8,739.			
DIRECT PROGRAM EXPENSES	63,826.			
CONSULTING	35,617.			
POLLING	3,160.			
MISCELLANEOUS COMMUNICATION EXPENSE	5,253.			
SUBSCRIPTIONS	10,822.			
TEMPORARY SERVICES	3,066.			
	528.			
TOTAL TO FM 990, LN 43	131,011.			

FORM 990 OTHER PROGRAM SERVICES STATEMENT 3

DESCRIPTION OF OTHER PROGRAM SERVICES	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 OTHER LIABILITIES STATEMENT 4

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED RENT, NONCURRENT	63,897.	67,936.
DEFERRED REVENUE - FEES	0.	20,000.
TOTAL TO FORM 990, PART IV, LINE 65	63,897.	87,936.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
PIMCO FUNDS	FMV			65,954.	65,954.
TO FORM 990, LINE 54A, COL B				65,954.	65,954.

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American Highway Users Alliance

Depreciation Expense Report

As of December 31, 2007

Book = Internal

FYE Month = December

Sys No	Ext	In Svc Date	Acquired Value	P T Meth	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
Count = 0														
Net Grand Total			17,553.54				0.00	17,553.54		10,140.14	1,301.18	1,301.18	11,441.32	
Count = 12														

Report Assumptions

Report Name Depreciation Expense
 Source Report <Standard Report>

Calculation Assumptions

Short Year none
 Include Sec 168(k) Allowance & Sec 179 Yes
 Adjustment Convention None

Key Codes.

- a. A depreciation adjustment amount is included in the reporting period
- b. The asset's business-use percentage is less than 100%.
- d. The asset has been disposed
- f. The asset has switched from a MACRS table calculation to the MACRS formula calculation
- l. The asset's depreciation has been limited by luxury auto rules
- m. The asset's depreciation was calculated using the mid-quarter convention
- r. The asset's acquired value was reduced to arrive at the depreciable basis
- s. The asset has switched from declining-balance to a straight-line
- t. The asset was transferred
- v. The asset has switched to remaining value over remaining life due to ACE

Group/Sorting Criteria.

Group = Active Assets
 Include Assets that meet the following conditions
 Activity is currently A,D,F,J,K,L,M,N
 Sorted by: Class (with subtotals), System No, Extension

American Highway Users Alliance

EI # 53-0186334
Form 990
Year 2007
Part IV Line 57

Book = Internal
FYE Month = December

Sys No	In Svc Ext 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	12/31/06	1,545.94	0.00	0.00	1,545.94	
000015	Computers (2)												
	000 02/01/02	1,150.00	P	SLMM	04 00	0.00	1,150.00	12/31/06	1,126.46	0.00	0.00	1,126.46	
000016	Computer (Greg C.)												
	000 02/01/03	2,675.00	P	SLMM	04 00	0.00	2,675.00	12/31/06	2,619.27	55.73	55.73	2,675.00	
	Class = CE	5,404.00				0.00	5,404.00		5,291.67	55.73	55.73	5,347.40	
	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		5,291.67	55.73	55.73	5,347.40	
	Count = 3												
Class = FF													
000001	File Cabinet												
	000 01/01/86	649.00	P	SLMM	10 00	0.00	649.00	12/31/06	649.00	0.00	0.00	649.00	
000002	Sofa												
	000 03/01/86	550.00	P	SLMM	10 00	0.00	550.00	12/31/06	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	12/31/06	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	12/31/06	760.20	6.44	6.44	766.64	
000005	Bookshelves												
	000 01/01/98	1,030.00	P	SLMM	10 00	0.00	1,030.00	12/31/06	918.00	103.00	103.00	1,021.00	
000020	Conference Table and Reception Desk												
	000 04/28/05	2,750.00	P	SLMM	07 00	0.00	2,750.00	12/31/06	654.77	392.86	392.86	1,047.63	
000021	Char												
	000 08/30/06	1,318.93	P	SLMM	07 00	0.00	1,318.93	12/31/06	62.81	188.42	188.42	251.23	
000022	Office Furniture												
	000 03/08/06	2,577.61	P	SLMM	07 00	0.00	2,577.61	12/31/06	306.86	368.23	368.23	675.09	
	Class = FF	10,284.54				0.00	10,284.54		4,537.64	1,058.95	1,058.95	5,596.59	
	Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
	Count = 0												
	Net Subtotal	10,284.54				0.00	10,284.54		4,537.64	1,058.95	1,058.95	5,596.59	
	Count = 8												
Class = LI													
000019	Wiring and Installation												
	000 04/25/05	1,865.00	P	SLMM	10 00	0.00	1,865.00	12/31/06	310.83	186.50	186.50	497.33	
	Class = LI	1,865.00				0.00	1,865.00		310.83	186.50	186.50	497.33	
	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		310.83	186.50	186.50	497.33	
	Count = 1												
Grand Total		17,553.54				0.00	17,553.54		10,140.14	1,301.18	1,301.18	11,441.32	
Less disposals and transfers		0.00				0.00	0.00		0.00			0.00	